

Program and Oversight Benchmarks

Program Benchmark 1: Type of Background Check

A comprehensive background check is required, including using fingerprints to check state and FBI records, checking the child abuse registry and checking the sex offender registry

One of the easiest ways to ensure that children are safe while in child care is for states to conduct background checks on individuals who want to work in a child care center, become licensed to provide child care out of their home, or receive a subsidy to care for low-income children. Given the transitory nature of the child care field, it is important that a full background check is conducted for all those who will have unsupervised contact with children.

It is logical for parents to expect that child care providers and those who come into contact with their children while in child care are screened to ensure that they do not present the potential for harm. Child Care Aware® of America's national polling shows that 85 percent of parents thought all child care providers had to have a background check, and 92 percent of parents supported requiring child care providers to have a background check, including fingerprints.⁸

The reality is that parents cannot conduct effective background checks on child care providers on their own. Even the most motivated, well-financed parent search would still be limited to commercial databases, which the U.S. Department of Justice has said are incomplete.⁹

Parents need to know that individuals hired to work in child care centers as well as those who regularly volunteer in centers:

- Do **not** have a record of violent offenses.

- Do **not** have a substantiated case of child abuse or neglect.
- Are **not** sex offenders.
- Have **not** engaged in other behaviors which indicate that they should not be in the business of caring for children.

A full background check is key to providing this protection. It includes:

- Checking Federal Bureau of Investigation (FBI) criminal records, which is based on fingerprints.
- Using fingerprints to check state criminal history records.
- Checking the child abuse registry.
- Checking the sex offender registry.

Under current law, the Child Care and Development Block Grant (CCDBG), which allocates funds to states and sets the framework for state child care laws, contains no background check requirement. In 2011, the U.S. Department of Health and Human Services, Office of Child Care sent an Information Memorandum to the states, which is the strongest encouragement possible short of a change in the law. The Information Memorandum recommended State Child Care Agencies require comprehensive criminal background checks for child care providers serving children receiving subsidies through CCDBG as well as all licensed child care providers.¹⁰

Use of Fingerprints

Background checks are of limited value unless they are based on fingerprints. Individuals can have very common names or use aliases. Using only a name check can allow an individual to circumvent a criminal records check and be approved to provide child care where a fingerprint check would have revealed a criminal record.

The Criminal Justice Information Services Division of the FBI centralizes criminal justice information and is based on the use of fingerprints.

The Crime Control Act of 1990¹¹ requires a background check for federal government employees who work in federal child care programs. The law requires that the checks be based on fingerprints and that the checks are conducted through the FBI and each state's criminal history records for which an employee lists current or former residence.

A study of the Federal Child Safety Pilot Program¹² found that requiring fingerprints is both reasonably priced and worth the effort:

- Fingerprint checks can be completed in less than a week and can be completed at a modest fee (\$18 - \$24).
- Of the more than 30,000 background checks conducted, about 6.4 percent of volunteers (who sought to work with children) were found to have criminal records.
- More than 25 percent of the individuals with criminal records had committed an offense in a state other than the state in which they were applying to volunteer.

Recent data improvement projects have made it easier and faster to obtain fingerprint checks. *Florida* made a change in 2010 to require live scanning of fingerprints instead of relying on the use of fingerprint ink cards. The background check process, which previously had taken as long as four to six weeks, now is completed in as little as 24 to 48 hours. Digital prints greatly improved the quality and accuracy of the print and eliminated the provisional time when prospective employees could not be hired until a fingerprint-based screening was completed. *Florida* found it could

implement the change without substantial cost to individuals or the state.¹³

In addition to a check against FBI records, a check of state databases is necessary to obtain more comprehensive data. Not all criminal history records involve offenses that states submit to the FBI. In other cases, fingerprints were not of sufficient quality to be entered into the system.¹⁴

Check of Child Abuse registry

A check of the state child abuse and neglect registry helps protect children from child abuse and neglect by child care providers with a history of substantiated abuse – violations that may not appear in a state or federal criminal database.¹⁵ The data can be used by state licensing agencies and child care employers to screen persons who will be entrusted with the care of children.

According to the HHS 2011 Child Maltreatment report, 2,474 child care providers (including child care center staff, family child care home providers and babysitters) abused young children.¹⁶

Check of Sex Offender Registry

A 2011 Government Accountability Office report about sex offenders in child care found cases of past offenders working in child care in various positions such as maintenance worker, cafeteria worker or a cook. Some offenders used their access to take advantage of children again.¹⁷

Given the very serious nature of sex-related crimes, parents and the public need assurance that no sex offenders are caring for children in child care settings. A check of the sex offender registry should be required for everyone who comes into regular contact with children in child care.

State Policies

All states but one (*Nebraska*) require a criminal records check. However, children's safety is put at risk when a criminal history check relies on a background check that is based on a name or a number. Since our last report in 2011:

- Thirteen states improved their background check requirements (*Arizona, Arkansas, Colorado,*

Georgia, Kentucky, Massachusetts, New Hampshire, North Carolina, Oklahoma, Oregon, Utah, Washington and Wyoming).

- Five states (*Colorado, Massachusetts, North Carolina, Oklahoma and Washington*) now have a requirement for a check against FBI records. In *Massachusetts*, the change will be implemented in September 2013. In *Oklahoma*, FBI checks will be required in November 2013.
- In February 2013, *Utah* passed a law, effective July 1, 2013, that eliminates the five-year residency exemption for fingerprint checks.
- In March 2013, legislation was enacted in *Georgia* to require a fingerprint check against federal records, which becomes effective in January 2014.
- *Washington* now requires a check of state records using fingerprints. A similar requirement will become effective in *Oklahoma* in November 2013.
- *North Carolina* now requires a check of the child abuse registry.

Comprehensive background checks

- Overall, 13 states (*Alaska, Colorado, Hawaii, Idaho, Illinois, Mississippi, New Hampshire, New Jersey, North Carolina, South Carolina, South Dakota, Tennessee and Washington*) require a comprehensive check for staff working in a child care center: a fingerprint check against state and FBI records, a check of the child abuse registry and a check of the sex offender registry.
- Nine of these states (*Alaska, Colorado, Hawaii, Illinois, New Hampshire, North Carolina, South Carolina, Tennessee and Washington*) require a comprehensive check of both family child care homes and child care centers.

Fingerprint checks

- Thirty-one states plus *DoD* require a fingerprint check against FBI records for child care center staff.
- Twenty-nine states plus *DoD* require a fingerprint check against state records for child care center employment.

- In *Montana*, a fingerprint check against FBI records and a fingerprint check of state criminal records is required for candidates who have lived in *Montana* for less than five years.
- In *Oregon*, a fingerprint check against FBI records is required for candidates who have lived in *Oregon* for less than 18 months. There is no state fingerprint requirement.

Child abuse registry

- Forty-six states plus *DoD* require a check of the child abuse registry.
- *Arizona* will begin to require background checks using the child abuse registry as of August 2013.
- *Florida* completes a child abuse registry check for all owners, operator and directors, but not for employees.
- In *Oklahoma*, Joshua's List is a Child Care Restricted Registry that records people who have a confirmed finding of child abuse while working in a child care program. While *Oklahoma* checks this list prior to allowing individuals to work in a child care center, the registry is a list of only those with a substantiated child abuse finding who are child care providers and is not a check of the full child abuse registry.

Sex offender registry

- Only 23 states check the sex offender registry.
- In *California* and *Maryland*, a check of the sex offender registry is conducted, but it is not required in regulations or in policy. Child Care Aware® of America recommends such policy be required by regulation or statute.
- In *Florida* and *Michigan*, a check of the sex offender registry is conducted on the address, not on the individual.
- Although the *Massachusetts* Department of Early Education and Care does not conduct a check of the *Massachusetts* Sex Offender database, the *Massachusetts* Sex Offender Registry law requires the local police departments to notify all schools and child care centers about level

2 and level 3 sex offenders in the town in which the sex offender resides and works.

The following table shows the number of states that require the different elements of a comprehensive background check.

Number of States Requiring Specific Element of Background Checks	
Requirement	Number of States
Federal fingerprints	32*
State fingerprints	30*
Criminal record check	51*
Child abuse registries	47*
Sex offender registries	23
<p>Notes: Arizona will begin to conduct background checks of the child abuse registry as of August 2013.</p> <p>In California, a check of the sex offender registry is conducted, but it is not required in regulations or in policy. We recommend it be required by regulation or policy.</p> <p>Florida completes a child abuse registry check for all owners, operators and directors, but not of employees. A check of the sex offender registry is conducted by address.</p> <p>In Indiana, a fingerprint check against FBI records is required for the child care program applicant only. Employees are not required to have a FBI check.</p> <p>In Maryland, staff are required to undergo a background check that includes using fingerprints for state and federal records and a check of the child abuse and neglect registry. A check of the sex offender registry is not required in regulation.</p> <p>In Massachusetts, legislation passed in January 2013, requiring a fingerprint check against FBI records on all child care center staff. This will become effective on September 1, 2013. Although the Massachusetts Department of Early Education and Care does not require a check of the Massachusetts Sex Offender data base, the Massachusetts Sex Offender Registry law requires the local police departments to notify all schools and child care centers about level 2 and level 3 sex offenders in the town in which the sex offender resides and works.</p> <p>In Michigan, the sex offender check is completed on the address of the program, not the individual.</p> <p>In Montana, a fingerprint check against state and FBI criminal records is required for candidates who have lived in Montana for less than five years.</p> <p>Oklahoma passed legislation in 2011 requiring a fingerprint check of FBI and state records. This law goes into effect in November 2013. The state requires a check against "Joshua's List," a Child Care Restricted Registry that records people who have a confirmed finding of child abuse while working in a child care program (but it is not a check against all individuals with a substantiated finding of child abuse on the state child abuse registry).</p> <p>In Oregon, a fingerprint check against FBI records is required for candidates who have lived in the state for less than 18 months. There is no state fingerprint requirement.</p> <p>In February 2013, Utah passed a law, effective July 1, 2013, that eliminates the five-year residency exemption for fingerprint checks.</p> <p>In March 2013, Georgia passed legislation to require a fingerprint check against federal records. The new law becomes effective January 1, 2014.</p>	
*Includes DoD	

Child Care Aware® of America Recommends Congress:

- Reauthorize CCDBG to require a comprehensive background check for child care providers and those receiving federal subsidies to care for unrelated children. Substitutes, aides and all who may have unsupervised access to children should be included in any background check requirements.
- Prohibit the use of federal funds to pay convicted felons to provide child care.

Child Care Aware® of America Recommends States:

- Require a comprehensive background check, including using fingerprints to check state and FBI records, checking the child abuse registry and checking the sex offender registry.

Program Benchmark 2: Minimum Education for Directors

Child care center directors are required to have a bachelor's degree or higher in early childhood education or a related field.

Child care center directors provide the vision for child care programs. In addition, they are responsible for personnel management and professional development, fiscal management, facilities management, oversight of the program's curriculum, working with parents and many other aspects of a child care program's operations. They provide leadership to staff who often have little experience, training or education.

Education and training in business management, early childhood development and education, and adult learning prepares directors to oversee their programs and provide staff with the training and supervision they need.

State Policies

Children in many states are cared for in child care centers where the directors are subject to only minimal education and training requirements related to child care.

- Ten states (*Arkansas, Connecticut, Idaho, Kentucky, Montana, Nebraska, North Carolina, Oregon, South Carolina and West Virginia*) do not require child care center directors to have **any** college credit or courses in order to assume their responsibilities.
- Seven states (*Alabama, Arizona, Iowa, Louisiana, Maryland, Tennessee and Wyoming*) require directors to have clock hours, credits or a credential in early childhood education that are less than a Child Development Associate (CDA) credential.
- An additional 12 states (*Georgia, Hawaii, Illinois, New Hampshire, New Mexico, New York, North Dakota, Rhode Island, South Dakota, Utah, Vermont and Virginia*) require directors to have a Child Development Associate (CDA) credential.
- Twenty-one states require directors to have clock hours, credits or credential in early childhood education that are more than a CDA credential or to have an associate degree in early childhood education.
- In *Hawaii*, directors in infant/toddler centers must have additional education. They are required to have two years of college with 30 hours in early childhood education.
- In *Rhode Island*, the Head Teacher is the Education Coordinator and has a higher education requirement than the Director. The minimum education for a Head Teacher is a Rhode Island certificate in Early Childhood Education.
- *New Jersey* requires a bachelor's degree, but it can be in an unrelated field.
- Only *DoD* requires center directors to have a bachelor's degree in early childhood education or a related field.



The following table has information about the level of education that is required for directors of child care centers in individual states.

Number of States Requiring a Specific Level of Education for Directors	
Level of Education Required	Number of States
Less than high school diploma or GED	4
High school diploma or GED	6
Clock hours in early childhood education (ECE), credits or a credential less than a CDA	7
CDA	12
Clock hours in ECE, credits or credential more than a CDA	18
Associates degree in ECE or related field	3
Bachelor's degree in unrelated field	1
Bachelor's degree in ECE or related field	1*
Total	52*

*Includes DoD

Notes: In *Missouri*, minimum education was coded for directors for centers with 21-60 children. Additional education is required for directors in centers with 61-99 children and for directors in centers with 100 or more children.

In *Vermont*, minimum education was coded for directors of centers with 13-59 children. Directors in centers with more than 60 children are required to have a bachelor's degree in early childhood education or a related field.

In *West Virginia*, minimum education was coded for directors for centers that serve 31-60 children. Directors in centers that serve more than 60 children are required to have a minimum of an associate degree in early childhood education or a related field.

In *Wisconsin*, this report codes minimum education for directors for centers licensed for 51 or more children.

Child Care Aware® of America Recommends States:

- Require child care center directors to have a bachelor's degree or higher in early childhood education or a related field.
- Expand minimum training requirements for child care center directors that address core management and leadership competencies and result in a national credential for those who administer early care and education programs. The credential should be competency-based and linked to a formal credit-bearing program, preferably a graduate level management degree.

Program Benchmark 3: Minimum Education for Lead Teachers

Lead teachers are required to have a Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree in early childhood education or a related field.

Child care providers who have specialized education in early childhood education are more likely to respond positively to children and to use successful teaching practices than teachers without specialized training or education.¹⁸

Research has found that provider education is related to the quality of care. However, child care center staff generally have little training or education to prepare them for their responsibilities with young children. Studies show that almost half of the individuals in the child care workforce in regulated child care settings enter the profession with no more than a high school education – 20 percent of child care center teachers, 43 percent of center assistants and 44 percent of family child care providers have a high school education or less.¹⁹

Minimal educational requirements and the correspondingly low compensation of child care providers contribute to annual staff turnover rates, which range from 25 to 40 percent a year throughout the country.²⁰ This low level of compensation discourages more highly educated and trained professionals from entering or staying in the child care field.

The ease of entry into the child care workforce by people with minimal skills and knowledge needed for child care affects the quality of care provided. A study by the National Institutes of Child Health and Human Development found that more than 90 percent of the child care in the United States is considered to be of poor or fair quality.²¹

Child Care Aware® of America's position is that child care providers should have a minimum of a Child Development Associate (CDA) credential or an associate degree. A CDA or an associate degree helps individuals better understand child development, health and safety issues and working with parents. In addition, providers should have an individualized professional development plan that

includes progress in higher education and training to address identified needs.

State Policies

Unlike the state requirements for teachers in public schools, states have minimal requirements for staff working in child care centers. Most licensing regulations for lead teachers range from less than a high school diploma to a high school diploma.

- Seventeen states (*Alaska, Arkansas, Florida, Idaho, Iowa, Louisiana, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Utah and Wyoming*) do not require a high school diploma or GED for child care center lead teachers.
- Fourteen states (*Alabama, Arizona, Indiana, Kansas, Kentucky, Maine, North Carolina, North Dakota, Ohio, South Carolina, Tennessee, Texas, Washington and West Virginia*) require only a high school diploma or GED.
- Ten states (*California, Colorado, Delaware, District of Columbia, Maryland, Michigan, New York, Vermont, Virginia and Wisconsin*) require clock hours, credits or a credential that is less than a CDA credential.
- Six states (*Connecticut, Georgia, Hawaii, Illinois, Minnesota and New Jersey*) plus *DoD* require lead teachers to have a CDA credential.
- *Massachusetts* and *New Hampshire* require clock hours, credits or a credential that is more than a CDA.
- *Pennsylvania* requires an associate degree in early childhood education or a related field.
- Only *Rhode Island* requires teachers to have a bachelor's degree in early childhood education.

- *Florida* does not have a “Lead Teacher” designation. For every 20 children, one staff person in the center must have the equivalent of a CDA credential.
- *Missouri* does not have a lead teacher designation. Minimum education for lead teachers is based on general staff requirements.

**Child Care Aware® of America
Recommends States:**

- Require lead teachers to have a Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree in early childhood education or a related field.

The following table shows the number of states with different education requirements.

Number of States Requiring a Specific Level of Education for Child Care Lead Teachers	
Level of Education Required	Number of States
Less than high school diploma or GED	17
High school diploma or GED	14
Clock hours in early childhood education (ECE), credits or credential less than CDA	10
CDA credential	7*
Clock hours in ECE, credits or credential more than CDA	2
Associate degree in ECE or related field	1
Bachelor's degree in ECE or related field	1
Total	52*
*Includes DoD	

Program Benchmark 4: Minimum Initial Training

Child care center staff are required to have an orientation and initial training in child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep, shaken baby prevention, CPR and first aid.

Although education and training are often intertwined, one of the reasons that Child Care Aware® of America recommends minimum initial and annual training requirements is the overall low level of education among individuals in the child care workforce. Relatively low levels of education for child care providers make initial training important for both protecting children's health and safety and for supporting their early development.

Training can mean the difference between life and death, can reduce the likelihood of child injuries, and can promote a stimulating environment linked to children's school readiness. Better trained child care staff lead to higher quality care and more positive outcomes for children. Children in the care of inadequately prepared providers spend more of their day in aimless activity and show delays in language and social development.²²

Orientation to program policies and procedures and initial competency-based training helps ensure individuals who do not have a strong formal education have a foundation of professional knowledge and skills to work with children. At a minimum, states should require an orientation and training in the following key areas:

- Child development.
- Child guidance.
- Child abuse identification and reporting.
- Emergency preparation.
- Licensing regulations.
- Learning activities.
- Health and safety.
- Safe sleep practices.

- Shaken baby prevention.
- CPR.
- First aid.

More than a checklist, training is intended to strengthen skills and improve competency to promote quality care.

Child Care Aware® of America recommends 40 hours as the minimum number of hours child care providers need for initial training either before or shortly after beginning caring for children.

The number of hours matter because the topics related to caring for children quickly fill up the hours. For example, the Red Cross recommends six hours of training for individuals to be certified for CPR.

As mandatory reporters under the Child Abuse Prevention and Treatment Act (CAPTA), child care providers have an important role in identifying potential cases of child abuse. They need to know the applicable state law and know how to carry it out under difficult circumstances. In 2011, more than 14,600 child care providers reported suspicions about potential child abuse.²³ Training about recognizing and reporting child abuse can average eight hours.

CPR and child abuse topics could consume 14 hours of training, which exceeds the number of training hours required by many states.

In the context of other professions working with the public, 40 hours is a modest requirement. States require hundreds of training hours for manicurists or barbers who have important jobs but are not caring for children's lives.

Federal Funding

More than \$10 billion in federal funds through the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF) program is spent on child care every year to enable low-income families to work.

CCDBG currently does not contain a minimum training requirement for child care providers. This places children at risk of possible injury and death in child care programs that receive funds from the federal government.

State Policies

Child Care Aware® of America's national polling has found that parents overwhelmingly assume licensed child care providers have had training.²⁴ The reality is that state requirements vary greatly and most state training requirements are minimal. States sometimes specify training topics, but many do not mention the number of hours needed to complete this training. There is no assurance that topics are covered in a comprehensive or systemic way or whether an array of required topics becomes a checklist only – with little likelihood of strengthening the knowledge and behavior of child care providers.

- Forty-three states plus *DoD* require new staff to have an orientation to their job responsibilities; however, many of these states do not specify any number of hours for this orientation, so the actual training could be minimal (e.g., it could be a 45 minute overview or it could be a comprehensive introduction/orientation).
- Thirty-eight states plus *DoD* require familiarity with relevant licensing regulations.
- Thirty-eight states and *DoD* require child abuse recognition and reporting.
- Forty-four states plus *DoD* require some type of training related to emergency preparation policies.

Topics for initial training

We scored whether states specifically required an orientation and whether they required training in 11 areas related to child safety and healthy development.

- Six states require an orientation and training in 10 or 11 topics related to initial training important to promoting child safety and healthy development.
- *Kansas* requires an orientation and training in all 11 topics.
- **Four other states (*Nevada, Oregon, Washington and Wisconsin*) and *DoD* require an orientation and training in 10 of 11 topic areas.**

Preventing Child Tragedies in Child Care

Parents expect their children to be safe in child care. Every parent's nightmare is an accident that happens when a parent is not there to protect a child. That is why it is particularly important for individuals in the child care workforce to have training about safe sleep practices for infants, the dangers of shaking a baby and CPR certification for everyone. All states should require training in these topics, however, our review shows:

- Thirty-four states plus *DoD* require training about the prevention of Sudden Infant Death Syndrome (e.g., safe sleep positions for infants).
- Only 13 states require initial training in shaken baby prevention.
- **Nine states (*Delaware, Kansas, Minnesota, Nevada, Oregon, Washington, West Virginia, Wisconsin and Wyoming*) plus *DoD* require CPR training for all new staff.**

This is the first year this report reviews whether states require CPR for all staff. Most states require one individual on the premises to have training in CPR; however, in a crisis situation, that requirement is insufficient to ensure that children can be assisted in a potentially life threatening incident.

- Forty-five states plus DoD require training on health and safety practices such as hand washing, diapering, toileting, universal health precautions, universal precautions and administration of medications.

Training related to preventing accidents or assisting during a time of crisis are just as important yet are not addressed by many state policies.

Early Learning and School Readiness

Despite the link between early learning and school readiness, only 20 states plus DoD require initial training in learning activities.

- Twenty-one states plus DoD require training in child development.
- Thirty-four states plus DoD require training in child guidance or ways to address child behavior.

States with Minimal Policies

Some states have very minimal training requirements.

- Eight states (*California, Connecticut, Hawaii, Idaho, Montana, Nebraska, Pennsylvania* and *Vermont*) required three or fewer of the 11 specified topics.
- *Connecticut, Hawaii* and *Pennsylvania* require minimal initial training, but *Connecticut* and *Hawaii* require teachers to have a CDA credential, and *Pennsylvania* requires an associate degree.
- *Idaho, Montana* and *Nebraska* require three or fewer initial training topics and require teachers to have less than a high school diploma.

The following table shows the number of states that require initial training on specific topics.

Number of States that Require Initial Training on Specific Topics	
Topics Required in Initial Training	Number of States
Orientation required	44*
Child development	22*
Child guidance	35*
Child abuse prevention	39*
Emergency preparedness	45*
Licensing regulations	39*
Learning activities	21*
Health and safety	46*
Safe sleep (SIDS prevention)	35*
Shaken baby prevention	13
CPR for all staff	10*
First aid for all staff	14*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require individuals in the child care workforce to have a minimum of 40 hours of initial training, including an orientation and training about child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep, shaken baby prevention, CPR and first aid.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and tied to outcomes.

Program Benchmark 5: Minimum Annual Training

Child care center staff are required to have 24 hours or more of annual training in child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep, shaken baby prevention, CPR and first aid.

Annual training builds on initial training and experience on the job and strengthens an individual's ability to work with children. Annual training helps child care staff to:

- Improve their skills.
- Deepen their understanding about how children learn.
- Stay up-to-date on changes in health and safety practices.

Research shows the training of individuals in the child care workforce makes a difference in the care they provide and has the following advantages.²⁵

- Better trained providers offer better quality care, which leads to more positive outcomes for children.
- The skill level of child care staff helps determine whether children in care are safe and have the early learning experiences they need to succeed in school.
- Children in the care of inadequately prepared providers spend more of their day in aimless activity and show delays in language and social development.

Provider training has also been linked to reducing stress and increasing retention in the early childhood field.²⁶ This is particularly important in a field with an annual turnover rate that ranges from 25 to 40 percent throughout the country.²⁷

Training areas at a minimum should include:

- Child development.
- Child guidance/behavior.
- Child abuse prevention.
- Emergency preparation.
- Licensing regulations.
- Learning activities.
- Health and safety.
- Safe sleep.
- Shaken baby prevention.
- CPR.
- First aid.

In addition, training should be available to help child care providers better address the specific needs of children with special needs and children who speak languages other than English and have limited English proficiency.

Child Care Aware[®] of America recommends 24 hours as the minimum number of hours a child care provider needs in annual training to cover basic topics.

Training is offered by multiple agencies and institutions. Child Care Resource and Referral agencies (CCR&R) are primary deliverers of training and technical assistance to child care in local communities, as are other professional organizations.

In recognition of the importance of ongoing training for the child care workforce, Child Care Aware[®] of America has launched an online training academy that offers both initial and ongoing training for individuals on a variety of early childhood topics.

Federal Funding

More than \$10 billion in federal funds, through the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF) program, is spent on child care every year to enable low-income families to work.

CCDBG does not contain a minimum training requirement for child care providers. This places children at risk of possible injury and death in child care programs that receive funds from the federal government.

State Policies

Child Care Aware® of America's polling of parents and grandparents has repeatedly found that parents logically assume licensed care means that providers are subject to training requirements.²⁸ The reality is that state training requirements vary greatly.

Hours of annual training

- *California* and *Hawaii* do not require ANY annual training.
- Ten states require fewer than 11 hours of annual training.
- Seventeen states plus *DoD* require 18 hour or more of annual training.
- Five states plus *DoD* require 24 hours or more of annual training. *New Mexico*, *Texas* and *DoD* require 24 hours. *Wisconsin* requires 25 hours. *Maine* requires 30 hours, and *Minnesota* requires 40 hours of annual training.
- About half the states (24) require between 12 and 17 hours of annual training.

The following table shows the number of states that require a range of annual training hours.

Number of States that Require Specific Hours of Annual Training	
Hours of Annual Training Required	Number of States
5 or fewer hours	3
6 to 11 hours	7
12 to 17 hours	24
18 to 23 hours	12
24 hours or more	6*
Total	52*
*Includes <i>DoD</i>	

Topics for annual training

- Forty states plus *DoD* require annual training in health and safety, and 38 states plus *DoD* mention child development as a topic for annual training.
- Child care providers are mandatory reporters under the Child Abuse Prevention and Treatment Act (CAPTA); however, only 24 states plus *DoD* require child abuse prevention as a topic for annual training.
- Only 18 states plus *DoD* list safe sleep (SIDS prevention) as a topic for annual training.
- CPR is critical in times of emergency. There can be little time to rush around a center looking for someone who knows CPR, yet only 10 states (*Delaware*, *Iowa*, *Kansas*, *Minnesota*, *Nevada*, *South Dakota*, *Vermont*, *West Virginia*, *Wisconsin* and *Wyoming*) plus *DoD* require all staff to have current certification in CPR. The remaining states require that one or more staff with CPR training be available when children are present.
- Six states (*California*, *Maine*, *Nebraska*, *Nevada*, *North Dakota* and *Washington*) have **no** required topics other than current certification CPR and first aid. *Vermont* only requires current certification in CPR.

The following table shows the number of states that require annual training on specific topics.

Number of States that Require Annual Training on Specific Topics		Number of States
Topics Required in Annual Training		Number of States
Child development		39*
Child guidance		37*
Child abuse prevention		25*
Emergency preparedness		26*
Licensing regulations		17*
Learning activities		32*
Health and safety		41*
Safe sleep (SIDS prevention)		19*
Shaken baby prevention		14*
CPR	For some staff	41
	For all staff	11*
First aid	For some staff	38
	For all staff	12*
*Includes DoD		

Child Care Aware® of America Recommends States:

- Require individuals in the child care workforce to have 24 hours or more of annual training in child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep and shaken baby prevention. All staff should have current certification in CPR and first aid.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and tied to outcomes.
- Create and expand more online training opportunities, training to better address the needs of children with special needs and children whose first language is not English.

Program Benchmark 6: Learning Activities

Child care centers are required to plan learning activities that address language/literacy, dramatic play, active play, cognitive development/math, self-help skills, creative activities, limited screen time, social development, emotional development and culturally sensitive activities.

Child care centers have the potential for promoting children's healthy development and school readiness.

The quality of care that children receive, particularly given the many hours children spend in child care, has a direct impact on their short and long-term development.²⁹

Research over the past 20 years describes the phenomenal growth of the human brain from the prenatal period through age 5. During this time, children make significant gains in their social, emotional, physical and cognitive development.

There is evidence that children who are reading well by third grade entered kindergarten "ready to learn." Their experiences at home and in child care and other early education settings influenced how ready they were to start school.

A 2010 study by the National Institute of Child Health and Human Development (NICHD) found that children at age 15, who had been in quality child care settings as young children, scored higher than their peers on academic and cognitive achievement and had fewer behavioral problems.³⁰

All states now have early learning guidelines in place that describe what children should know and be able to do at specific ages in all fundamental learning domains. Early learning guidelines help programs make decisions about assessment, curriculum, individualized instruction and professional development.

Curriculum planning related to early childhood domains is important regardless of setting to ensure varied activities designed to promote healthy development among children. Such planning should include all areas of development and should be integrated from birth through preschool and elementary school.

Planning should address the cultural needs of all children, including those who face the added challenge of developing language and literacy skills in a second language.

Yet, many states do not require child care centers to offer activities that promote development in key developmental domains. It is as if state early learning guidelines and child care operate in separate silos.

Recent public awareness of the problem of childhood obesity has highlighted the importance of providing young children with opportunities for physical activity throughout the day. Children need activities that let them exercise both body and mind to learn and grow.

Nearly 25 percent of children under age 5 are overweight or obese. Aside from promoting healthy meals and snacks, pediatric experts also recommend limiting screen time in child care as another way to promote healthy development.

Child Care Aware® of America scored the states' child care center regulations on whether they address the following areas:

- Language/literacy.
- Dramatic play.
- Active play.
- Cognitive development.
- Self-help skills.
- Creative activities.
- Limited screen time.
- Social development.
- Emotional development.
- Culturally sensitive activities.

State Policies

State policies vary greatly.

- Forty-eight states plus *DoD* require centers to plan learning activities; however, this requirement is often vague. Many states only require centers to post daily activities for parents to see.
- With the rise in childhood obesity in the United States, it is important that providers play a role in encouraging physical activity. All but three states (*Alabama, Idaho* and *Wyoming*) require active physical play.
- Twenty-four states plus *DoD* require center staff to teach children self-help skills such as dressing and feeding themselves.
- Twenty-six states and *DoD* limit the use of screen time.

The following table shows the number of states that require learning activities related to child development.

Number of States that Require Learning Activities Related to Child Development	
Child Development Activities	Number of States
Plan learning activities	49*
Language/literacy	44*
Dramatic play	36*
Active play	49*
Cognitive development	42*
Self-help skills	25*
Creative activities	42*
Limited screen time	27*
Social development activities	40*
Emotional development activities	39*
Culturally sensitive activities	25*
*Includes DoD	

- Six states (*Alaska, Arizona, Delaware, Illinois, Kentucky* and *Vermont*) plus *DoD* require centers to address all learning activities.
- In eight states (*Alabama, Arkansas, California, Idaho, Louisiana, Missouri, Nebraska* and *Wyoming*), four or fewer learning activities are required to be addressed.
- *Idaho* does not require any learning activities.

The following table shows the number of areas related to learning activities that are addressed by states.

Number of States and the Number of Areas Addressed in Required Learning Activities	
Number of Domains	Number of States
None	1
1 to 4	7
5 to 7	5
8 to 10	32
All 11	7*
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require child care centers to plan learning activities that address language/literacy, dramatic play, active play, cognitive development, self-help skills, creative activities, limited screen time, social development, emotional development and culturally sensitive activities.
- Require child care centers to use state early learning guidelines as a basis for assessment, curriculum decisions, individualized instruction and professional development plans.

Program Benchmark 7: Basic Health Standards

Child care centers are required to follow recommended health practices in 10 specific areas: hand washing/diapering/toileting, nutritious meals and snacks, immunizations, exclusion of ill children, universal health precautions, administration of medications, toxic/hazardous substances, sanitation, weekend/evening care and incident reporting.

Children in child care should be in settings that protect and promote their health.

One of the few requirements under the Child Care and Development Block Grant (CCDBG) is that states must certify that there are policies in effect within the state, under state or local law, designed to protect the health and safety of children.³¹

While states are free to determine standards based on what they believe will best protect the health and safety of children, Child Care Aware® of America chose 10 individual standards to rate the health requirements in state regulations for child care centers. Each of these basic standards is supported by research and recommendations from experts and organizations in child health.

The following recommended health practices can help reduce the incidence of contagious disease among young children.

1. **Hand washing** is the single most effective way to prevent the transmission of infectious diseases, especially diarrheal diseases. Hygienic diapering and toileting procedures help reduce the spread of germs and reduce the spread of disease through the fecal-oral route.
2. **Nutritious meals and snacks** play an important role in health because the children often spend most of their day in child care centers.
3. **Immunizations** are an effective means of preventing the spread of infectious diseases among young children.
4. **Exclusion of ill children** protects both the sick child and other children in care.

5. **Following universal health precautions** protects adults and children from diseases and helps prevent the spread of human immunodeficiency virus, hepatitis B, hepatitis C and hepatitis D.
6. **Medications must be administered** precisely according to a medical authority's instructions to prevent under- or over-dosing. Medicines must be inaccessible to children to prevent accidental poisoning.
7. **Toxic substances** should be kept out of children's reach. Child care centers should be kept free of cleaning products and other hazardous materials and products that can cause illness, injury or death to children.
8. **Sanitation** and disinfection help reduce the spread of germs in child care settings.
9. **Weekend/evening care** should have special precautions defined.
10. **Incident reporting** helps state agencies track the occurrence of incidents that put children in jeopardy and makes programs more accountable.

State Policies

Twenty-seven states plus DoD address all 10 of the recommended health areas.

- All the states and DoD have regulations regarding nutritious meals and snacks, administration of medication, protection from toxic substances and hazardous materials, and sanitation.
- All the states and DoD (except *Louisiana*) have regulations regarding hand washing/diapering/toileting and immunizations.
- All the states and DoD (except *Idaho* and *Nebraska*) have regulations regarding excluding sick children.

- All the states and DoD (except *Hawaii* and *Nebraska*) have requirements to report serious incidents to the state licensing agency.
- Only 33 states plus DoD have regulations about universal health precautions (e.g., safety related procedures used when coming into contact with bodily fluids).
- Seventeen states require child care centers to address nine of the 10 health areas.
- Nebraska only requires centers to follow six of the recommended health areas.



The following table shows the number of states that have specific health requirements.

Specific Health Practices Required By Number of States	
Health Requirement	Number of States
Hand washing, diapering and toileting	51*
Nutritious meals and snacks	52*
Immunizations	51*
Exclusion of ill children	50*
Universal health requirements	34*
Administration of medication	52*
Toxic substances and hazards	52*
Sanitation	52*
Weekend and evening care	43*
Incidence reporting	50*
*Includes DoD	

The following table shows the number of states that require a specific number of health areas.

Number of Health Areas Required By Number of States	
Number of Areas	Number of States
6	1
8	6
9	17
All 10	28*
Total	52*
*Includes DoD	

Two Categories of Centers Can Be Confusing for Parents

Louisiana has two types of child care regulations: Class A and Class B. Class A programs are eligible to receive state and federal funding and have important health and safety protections for children. For *Louisiana* children receiving a child care subsidy in licensed care (34,800), Class A care provides important protections for children. However, the most recent Census Bureau data shows that about 237,200 children under age 6 in *Louisiana* have working parents and therefore could need child care.

Because it is unclear whether these parents understand the difference between Class A and Class B centers, this report scores Class B which:

- Allows corporal punishment.
- Does not require a background check and allows convicted felons to work in child care centers.
- Requires three hours of annual training or continuing education compared to 12 hours in Class A centers, AND there is no approval process for such training compared to Class A centers where courses must be approved by the Department of Social Services.
- Allows for a greater number of children per staff member to be cared for in each classroom compared to Class A centers.

- Does not require additional staff in the case of a child with special needs who may require more attention or more effective interaction.

Parents need to know that their children will be safe in child care. In order for parents to select care that will protect their children, they need to understand various licensing or regulatory requirements that apply to varying types of child care in a state. This is an example of where consumer education can make a difference in helping parents to understand complicated regulatory structures. At the same time, it is an example of a category of care sanctioned by a state that parents might logically assume means it is safe, when in reality, few requirements apply.

Child Care Aware® of America Recommends States:

- Require child care centers to follow recommended health practices in 10 specific areas: hand washing/diapering/toileting, nutritious meals and snacks, immunizations, exclusion of ill children, universal health precautions, administration of medications, toxic/hazardous substances, sanitation, weekend/evening care and incident reporting.

Program Benchmark 8: Basic Safety Standards

Child care centers are required to follow recommended safety practices in 10 specific areas: SIDS prevention, discipline/guidance, fire drills, outdoor playground surfaces, emergency plans, electrical hazards, water hazards, supervision, transportation supervision and firearms (prohibited or access controlled). Corporal punishment is prohibited.

All children should be safe while they are in child care centers.

One of the few requirements under the Child Care and Development Block Grant (CCDBG) is that a state must certify that there are policies in effect within the state, under state or local law, designed to protect the health and safety of children.³²

While states are free to determine standards based on what they believe will best protect the health and safety of children, Child Care Aware® of America chose 10 individual standards to rate the safety requirements in state regulations for child care centers.

Each of these basic standards is supported by research and recommendations from experts and organizations such as the American Academy of Pediatrics and the American Public Health Association. For example, placing infants on their backs to sleep reduces the potential for Sudden Infant Death Syndrome (SIDS).

The following 10 basic safety practices are essential for promoting the safety of children in child care settings.³³

1. **Placing infants on their backs to sleep** and other safe sleeping practices reduces the risk of Sudden Infant Death Syndrome (SIDS).
2. **Appropriate discipline/child guidance** promotes development and protects children from abuse and neglect.
3. **Electrical hazards** can cause serious or fatal injuries through electrical shock. Cords can cause strangulation or tripping.
4. **Water** presents special hazards to children. Every year, young children drown in bathtubs, swimming pools and other bodies of water, large and small.
5. **Fire Drills** prepare child care providers to quickly evacuate infants, toddlers, preschoolers and school-age children in the event of fire or other emergency in order to prevent injury and death.
6. **Outdoor playground surfaces** need adequate impact absorbing surfacing materials to protect children from fractures and concussions due to falls from climbing equipment.
7. **Emergency plans** ensure child care providers are prepared to protect children before and during natural or man-made disasters.
8. **Supervision** is basic to preventing children from being injured. Providers must be able to see and hear children in order to respond quickly to protect them.
9. **Transportation** guidelines should cover strategies for making sure no children are left in parked vehicles. They should also cover use of safety belts and car seats.
10. **Firearm policies** that prohibit or control access protect young children from potentially dangerous situations.

Harsh discipline, especially corporal punishment, is a form of child abuse that should be expressly forbidden in each state. States that allow corporal punishment receive a zero score in the basic safety area.

- *Idaho, Louisiana and South Carolina* do not prohibit corporal punishment. For the safety benchmark, these three states scored zero, even though they required other items.



State Policies

Twenty-eight states address all 10 of the recommended safety areas.

Almost all states address discipline, protection from bodies of water, fire drills and direct supervision of children. Most states also address electrical hazards.

- **Fourteen states plus DoD address nine of the 10 recommended areas.**

- *Idaho* and *Rhode Island* only require centers to address five of the recommended areas.

Whether it is an emergency related to a natural disaster like a tornado or snow storm or a potential emergency related to an intruder who could inflict violence on the children in the center, it is important for child care centers to have an emergency plan.

- All but three states (*Idaho*, *North Carolina* and *Rhode Island*) require an emergency plan for child care centers.

A basic safety practice in child care centers involves placing infants on their back to sleep to reduce the likelihood of accidental suffocation. This type of death can be prevented by appropriate sleeping positions as recommended by the American Academy

of Pediatrics. Yet, only 47 states have specific requirements about safe sleep positions for infants.

- *California*, *Hawaii*, *Idaho*, *Louisiana* and *Nebraska* do not require safe sleep positions for infants in child care centers.

Whether or not in child care settings, playground accidents are the most frequent setting in which children sustain an injury. Child care centers should review their policies to ensure that playgrounds are as safe as possible. More progress is needed to address safety issues involving outdoor playgrounds.

- *Idaho*, *Iowa*, *Louisiana*, *Maryland*, *Minnesota*, *North Dakota* and *South Dakota* do not have requirements with regard to safe playground surfaces.

Particularly in warmer temperatures, children unattended in vehicles, including child care center vans, can lead to tragedy. Yet, many states do not have specific requirements related to transportation safety.

- Twenty-one states explicitly require a head count when children leave vehicles.
- Another 20 states prohibit children from being left unattended in vehicles.

- Ten states (*Connecticut, Hawaii, Idaho, Iowa, Maryland, Mississippi, Nebraska, New Mexico, Rhode Island and South Dakota*) and DoD do not have any requirements related to accounting for children in child care center vehicles.

More supervision and oversight of children in child care vehicles is needed.

The following table shows the number of states that require specific safety areas.

Specific Safety Practices Required By Number of States	
Safety Requirement	Number of States
SIDS prevention	47*
Discipline	51*
Fire drills	51*
Outdoor playground surfaces	45*
Emergency plans	49*
Electrical hazards	50*
Water hazards	51*
Supervision	52*
Transportation supervision	41
Firearms regulation	41 [^]
Prohibit corporal punishment	49*
*Includes DoD	
<p>Note: <i>Idaho, Louisiana</i> and <i>South Carolina</i> scored zero on this benchmark because they do not prohibit corporal punishment.</p> <p>[^] In <i>Maryland</i>, firearms are prohibited except in small centers in residences. In <i>Utah</i>, firearms are regulated, but regulations permit carrying concealed weapons.</p>	

The following table shows the number of safety areas that states require.

Number of Safety Areas Required By Number of States	
Number of Areas	Number of States
5	2
7	3
8	4
9	15*
All 10	28
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require child care centers to follow recommended safety practices in 10 specific areas: SIDS prevention, discipline/ guidance, fire drills, outdoor playground surfaces, emergency plans, electrical hazards, water hazards, supervision, transportation (with head count) and firearms (prohibited or access controlled). Corporal punishment is prohibited.

Program Benchmark 9: Parent Communication

Child care centers are required to encourage parent involvement, communicate regularly with parents, allow parents access to the center and share written policies with parents.

Families and child care providers are partners in the care of children. Involving families in their children's programs benefits everyone. Families have valuable information about their individual child's needs and preferences, and child care providers have an important perspective about child development.

Open and Frequent Communication

Ongoing communication with families allows providers and families to give children individualized learning opportunities and use consistent discipline approaches. Informal, daily communication during arrival and departure lets parents and providers share information related to children's daily activities, special diets and allergies, accidents, physical and emotional well-being, specific fears and traumas, and family events.

Communication is especially important when care is provided for infants, toddlers and nonverbal children when parents need to know about feeding, sleeping and other routine activities. Such communication is most successful when providers respect families' cultural differences.

Parental Access

Parents should have access to child care centers when their children are receiving child care services without prior notice during all hours of operation. Access should not disrupt instructional activities and classroom routines, but parents should feel welcome at any time as long as their child is in attendance.

The Child Care and Development Block Grant (CCDBG), the law that allocates funds to states for child care and sets the framework for state child care laws, contains few requirements. However, under the act, states are required to certify that procedures are in force within the state to ensure that child care providers who receive CCDBG assistance, *afford parents unlimited access to their children and to the*

*providers caring for their children, during the normal hours of operation of such providers and whenever such children are in the care of such providers and provide a detailed description of such procedures.*³⁴

Written Policies

Sharing written policies with families allows families the chance to understand and commit to program policies and practices. Families need information about policies such as:

- Medication administration.
- Field trips.
- Transportation.
- Behavior guidance.
- Immunizations.
- Verification about individuals authorized to pick up a child.
- Consequences if a child is not picked up at the designated time.
- Care of sick children.
- Use of screen time, including TV and video games.
- Reporting suspicions of child abuse or neglect.
- Availability of inspection reports.
- Plans for emergencies.

Encourage Family Involvement

Family involvement opportunities range from attending family meetings, to volunteering in activities to support the center, to participating in policy board/committees. Involvement also includes involving parents in planning to meet the needs of their children, including Individualized Education Plans, if needed.

State Policies

Considering the fact that parents are a child care center's primary customer, it is noteworthy that states have little emphasis on practices related to working with parents.

- All states and *DoD* require centers to allow parents access to the child care program while their child is in care.
- Twenty-six states plus *DoD* require centers to encourage parents to be involved in the center.
- Only 29 states plus *DoD* require daily or regular communication with all parents about how their child's day went. An additional 11 states require regular communication with parents of infants and toddlers.
- Forty-two states plus *DoD* require that providers share written policies with parents.

The following table shows the number of states that require specific strategies related to communicating and working with parents.

Number of States with Specific Requirements Related to Parents	
Parent Strategies	Number of States
Encourage parent involvement	27*
Ongoing communication with parents	41*
Only for parents of infants and toddlers	11
All parents	30*
Allow parent access when child is present	52*
Share written policies	43*
*Includes DoD	

- Only 21 states and *DoD* met all four parent communication requirements.
- In four states (*Arkansas, Idaho, Nebraska* and *South Dakota*), the only requirement for centers is to allow parents access to their children.

The following table shows the number of states that require a specific number of parent involvement elements.

Number of States that Require Specific Parent Involvement Elements	
Number of Elements	Number of States
4	22*
3	19
2	7
1	4
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require child care centers to encourage parent involvement, communicate regularly with parents, allow parents access to the center and share written policies with parents.

Program Benchmark 10: Staff:Child Ratios

Staff:child ratio requirements comply with NAEYC accreditation standards for seven age groups.

Staff:child ratios are a major determinant of the quality of the experience children have in early childhood programs.

Low ratios are an important predictor of caregiver behavior, especially for caregivers of infants and toddlers and young children. The following benefits of lower ratios have been cited in numerous research studies:

Health

- There are lower rates of disease because providers are better able to monitor and promote healthy practices and behaviors.³⁵
- There are fewer situations involving potential danger (such as children climbing on furniture).³⁶

Behavior

- Children feel more emotionally secure when there are more caregivers. There are higher rates of secure attachments between toddlers and their providers.³⁷ Children are more likely to have positive interactions with providers.³⁸
- When there are more caregivers, infants and toddlers appear less distressed. Toddlers appear less apathetic.³⁹
- Children are more likely to be engaged in activities rated as good or very good.⁴⁰

Adult behavior

- Providers offer more individualized attention that is stimulating, responsive, warm and supportive.⁴¹
- Providers engage in more verbal interactive communication with children.⁴²
- Providers engage in more educational activities (e.g., teaching and promoting problem solving) with children.⁴³



- Providers are better able to monitor children's behavior, less restrictive of children's behavior and spend less time addressing behavior issues.⁴⁴
- There are fewer incidents of child abuse.⁴⁵

Standards for Staff:Child Ratios

Child Care Aware® of America uses the staff:child ratios that are recommended by the National Association for the Education of Young Children (NAEYC) in its accreditation standards. Children with special needs may require the presence of additional adults.

The following table shows NAEYC's accreditation standards for staff:child ratios in centers for six age groups.

NAEYC Accreditation Standards for Staff:Child Ratios	
Age of Child	Staff:Child Ratio
Birth to 15 months	1:3 to 1:4
12 to 28 months	1:3 to 1:4
21 to 36 months	1:4 to 1:6
2 to 3 years	1:6 to 1:9
4 years	1:8 to 1:10
5 years	1:8 to 1:10

State Policies

There is considerable variance among the states in the staff:child ratios they require for child care centers.

Infants: Thirty-five states and DoD meet NAEYC accreditation standards for staff:child ratios for infants (6 months and 9 months).

Toddlers: Fourteen states (*Connecticut, District of Columbia, Iowa, Maryland, Massachusetts, Michigan, Missouri, Montana, North Dakota, Oregon, Utah, Vermont, West Virginia and Wisconsin*) require the recommended ratios for 18-month-olds. Twenty states meet recommended staff:child ratios for 27-month-olds.

- **3-Year-Olds:** Nine states (*District of Columbia, Iowa, Maine, Montana, New Hampshire, New York, North Dakota, Rhode Island and Tennessee*) require the recommended ratios for 3-year-olds.
- **4-Year-Olds:** Nineteen states require the recommended ratios for 4-year-olds.
- **5-Year-Olds:** Nine states (*Connecticut, District of Columbia, Minnesota, Montana, New York, Pennsylvania, South Dakota, Vermont and Washington*) require the recommended ratios for 5-year-olds.

The following table shows the number and percent of states that require NAEYC staff:child ratios for seven specific ages that Child Care Aware® of America chose for comparison purposes.

Number of States That Meet NAEYC Accreditation Standards for Staff:Child Ratios for Specific Ages	
Age of Child	Number of States Requiring NAEYC Ratios
6 months	37*
9 months	36*
18 months	14
27 months	20
3 years	9
4 years	19
5 years	9
*Includes DoD	

Some states require NAEYC staff:child ratios for one specific age but not for other age groups.

- The *District of Columbia* is the only state that requires NAEYC recommended staff:child ratios for all seven age groups.
- Thirty-two states and DoD require NAEYC staff:child ratios for three or fewer age groups.
- Thirteen states (*Alabama, Arizona, Arkansas, Colorado, Georgia, Idaho, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio and South Carolina*) do not require NAEYC recommended staff:child ratios for any age.

The following table shows the number and percent of states that require centers to meet NAEYC accreditation standards for staff:child ratios for one or more of the seven specified ages that Child Care Aware® of America chose for comparison purposes.

Number of Age Groups in States that Meet NAEYC Standards for Accreditation for Staff:Child Ratios	
Number of Age Groups Where Standards Met	Number of States Requiring
0	13
1	1
2	9*
3	10
4	6
5	7
6	5
7	1
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require child care centers to meet NAEYC accreditation standards for staff:child ratio requirements for all age groups.

Program Benchmark 11: Group Size

Group size requirements comply with NAEYC accreditation standards in seven age groups.

One of the most important factors related to child safety and healthy development is the size of the group – particularly for young children.

Group size refers to the number of children who are assigned to an individual classroom or distinct space within a larger room. Group sizes should be based on children's ages and should be smaller for younger children in order to ensure safe, nurturing care.

Numerous research studies have noted the benefits to children when the number of children in a group is lower.

Health and safety

- When group sizes are smaller, children have a lower risk of infection. The risk of illness in children between the ages of 1 and 3 years increases as the group size increases to four or more.⁴⁶
- Limiting the number of very young children or infants facilitates evacuating the center in case of a fire or other sudden emergency.

Children's behavior

- Children in smaller groups are more cooperative, compliant and have greater social competence.⁴⁷
- There is evidence of less hyperactivity, anxiety and aggression in the classroom.⁴⁸
- Providers and children have more positive social interactions.⁴⁹
- Children feel more emotionally secure.⁵⁰
- Children use higher levels of language and cognitive skills and engage in more complex play.⁵¹

Adult behavior

- Providers have more positive, nurturing interactions with children and provide children with more individualized attention.⁵²
- Providers offer more developmentally appropriate classroom activities.⁵³

Standards for Group Size

Child Care Aware® of America uses as a benchmark the group size requirements that are recommended by the National Association for the Education of Young Children (NAEYC) in its accreditation criteria. When children with special needs are enrolled, a smaller group size may be required.

The following table shows the group sizes recommended by NAEYC for children at specific ages.

NAEYC Accreditation Standards for Group Sizes	
Age of Child	Size of Group
Birth to 15 months	6-8 children
12 to 28 months	6-8 children
21 to 36 months	8-12 children
2 to 3 years	12-18 children
4 years	16-20 children
5 years	16-20 children

State Policies

There is a considerable difference among the states in their requirements for group size. States that regulate group size are most likely to meet NAEYC group size requirements for infants and young toddlers.

- Eleven states (*Alabama, Arizona, Florida, Idaho, Iowa, Louisiana, Montana, Nevada, New Mexico, South Carolina and Virginia*) do not define maximum group size in regulations.

- Twenty-one states and *DoD* limit the group size for 6-month-olds at or below NAEYC accreditation standards.
- Twenty-two states and *DoD* limit the group size for 9-month-olds at or below NAEYC accreditation standards.
- Only seven states (*Connecticut, Missouri, North Dakota, Oregon, Utah, Vermont and Wisconsin*) require centers to meet NAEYC group size accreditation standards for 18-month-olds.
- Only six states (*District of Columbia, Mississippi, New York, North Dakota, Rhode Island and Tennessee*) require states to meet NAEYC accreditation standards for 3-year-olds.
- Only 18 states require centers to meet NAEYC group size accreditation standards for 4-year-olds.

Some states meet NAEYC group size accreditation standards for one age group but not for other age groups.

No state requires child care centers to meet NAEYC accreditation standards for group size for all age groups.

- Three states (*Connecticut, North Dakota and Vermont*) meet the recommendations for six of the seven age groups.
- Three states (*the District of Columbia, Oregon and Rhode Island*) meet recommendations for five of the seven age groups.
- Sixteen states and *DoD* require NAEYC accreditation group size standards for three or fewer age groups.
- In 22 states, including the 11 states that do not regulate group size, the requirements for group size do not meet NAEYC accreditation standards for any age group.

The following table shows the number of states that meet NAEYC's accreditation standards for maximum group sizes for the seven ages that Child Care Aware® of America chose for comparison purposes.

Number of States That Meet NAEYC Accreditation Standards for Group Sizes for Specific Ages	
Age of Child	Number of States Requiring
6 months	22*
9 months	23*
18 months	7
27 months	16
3 years	6
4 years	18
5 years	10
*Includes DoD	

The following table shows the number of states that require centers to meet NAEYC's accreditation standards for maximum group sizes for seven specific ages that Child Care Aware® of America chose for comparison purposes.

Number of Age Groups in States That Meet NAEYC Accreditation Group Size Standards	
Number of Age Groups Meeting Group Size Standard	Number of States
0	22
1	3
2	9*
3	5
4	7
5	3
6	3
7	0
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require child care centers to comply with NAEYC accreditation standards for group size in seven age groups.

Oversight Benchmark 1: Frequency of Inspections

Child care centers are inspected at least four times per year, including visits by licensing, health and fire personnel.

Inspections help ensure those providing a service for the public good are meeting minimum basic health and safety standards.

Without inspections, consumers (in the case of child care, parents) cannot know whether the service or product they are purchasing is really safe.

Most major services today have regular inspections:

- Restaurants are inspected.
- Hospitals are inspected.
- Roads and bridges are inspected.
- Public buildings are inspected.

Even services that are more consumer oriented are inspected:

- Dog groomers are inspected.
- Beauty salons are inspected.
- The food available in grocery stores is inspected.

Children deserve the same level of protection.

Child care monitoring can include inspections for compliance with licensing requirements, fire standards, building codes, and health and safety requirements.

Frequent, unannounced inspections help ensure children are safe and that child care settings comply with state requirements.

Research Supports Inspections

Research has shown that inspections make a difference in the quality of care:

- Programs that are inspected more frequently are more likely to adhere to required regulations.⁵⁴

- Frequent, unannounced inspections prevent providers from covering up violations, especially when there is a history of violations and/or sanctions or complaints.
- Inspecting child care settings is associated with lower rates of accidents requiring medical attention.⁵⁵
- On-site guidance during inspections helps providers improve the level of care they offer.
- There is increased accountability for how federal and state funds are spent.

Parents Support Inspections

Child Care Aware® of America's nationwide polling of parents with young children found that two-thirds of parents logically assume child care is regularly inspected. Furthermore, 90 percent of parents support regular inspections.

Federal Funding

There is **no** requirement under the current Child Care and Development Block Grant (CCDBG) that child care programs be inspected. In contrast, under the Military Child Care Act, Congress required quarterly inspections of child care programs.

State Policies

Inspection requirements throughout the states vary greatly.

Frequent inspections

- Eleven states (*Arkansas, Florida, Missouri, New Mexico, New York, North Carolina, North Dakota, Oregon, Tennessee, Virginia, and Wyoming*) plus DoD conduct four or more inspections a year, which includes inspections from the licensing office as well as fire marshals and health/sanitation departments.

- Thirty states plus *DoD* inspect child care centers two or more times a year, which includes inspections from the licensing office as well as fire and health/sanitation departments.
- In *Montana*, the number of inspections depends on the licensing type. Montana offers one-, two- and three-year licenses depending on whether the facility meets the criteria for that licensing type. Programs with no violations have extended registration up to three years. Programs with violations receive a regular one-year license. During the period of October 1, 2011-September 30, 2012, 69 percent of centers received a monitoring visit from the licensing office. In addition, fire and health/sanitation inspections occur once a year).
- In *Wisconsin*, the minimum number of required inspections is one visit per year if the center has a capacity of 50 or fewer or two visits per year if the center has a capacity of 50 or more. In addition, a fire inspection is required every year.
- By regulation, *Alaska* inspects facilities once every two years; however, Alaska has an internal practice of conducting at least one announced and one unannounced inspection per program per year.
- In *New Jersey*, regulations indicate child care center renewal inspections occur every three years. However, child care inspection staff currently conduct annual monitoring inspections. Other inspections are conducted as circumstances or concerns arise such as complaint investigations or requests to change the center's license such as new space approval.
- *Vermont* does not have a regulation or policy requiring regular inspections; however, licensing staff strive for annual inspections.

The following table shows the number of states that require specific numbers of inspections each year.

Number and Percent of States by Frequency of Inspections			
Number of Required Inspections Per Year	Number of States	Percent of States	Licensing Office Inspections Per Year
More than Four	4	8%	2
Four	8*	15%	0
Three	10	19%	4
Two	9	17%	13*
One	12	23%	22
Less than 1 Per Year	9	17%	11
*Includes DoD			
Other inspections include fire inspections, health and safety inspections, and building inspections.			

Infrequent inspections

- Nine states (*Alabama, Alaska, California, Colorado, Connecticut, Idaho, Massachusetts, Minnesota and Vermont*) do not require any type of inspection at least once a year.
- *California* is required to conduct licensing inspections of child care centers every five years or less.
- In *Idaho*, the two state licensing staff do not conduct licensing inspections. Contractors handle licensing documentation along with other responsibilities.

Number of Inspections Can Exceed Requirements

Some states inspect more frequently than state regulations require. For purposes of this report, credit for the frequency of inspection is based on what is required in statute or written policy and not on current practice.

Strategies to Strengthen State Monitoring

With the current weak economy and resulting state budget cuts, a number of states are exploring varying strategies to improve child care monitoring and strengthen compliance with basic health and safety standards.

Several states are developing a *key indicator model* for inspections. This strategy allows staff to conduct an abbreviated inspection using a subset of rules that has been statistically shown to predict compliance or noncompliance with all rules.

- Programs that are substantially in compliance with licensing regulations get an abbreviated review.
- Programs with significant compliance issues get a more comprehensive inspection; are monitored more frequently; and receive targeted technical assistance.

The success of this strategy depends on having licensing regulations that are comprehensive, measurable and based on nationally recognized benchmarks. If licensing regulations are weak, strong oversight will be ineffective.

California's Key Indicator Model

The *California* risk-based assessment tool is designed to assess compliance with key indicators of compliance and risk. The Community Care Licensing Division (CCLD) reviewed the 50 most frequently cited regulations. Some violations were classified as “zero tolerance” violations. Each regulation was rated and ranked to see if it was a predictor of compliance and of health and safety risk.

From this information, CCLD developed Key Indicator Tools that use all the licensing regulation elements. The tools were validated with field staff, advocates, administrative actions data and incident reports, and were field tested. Only programs that are currently in compliance with licensing regulations are eligible for the Key Indicator inspection. About 10-15 percent of inspections triggered a comprehensive inspection.⁵⁶ Once all programs have a base review, an assessment can be done to demonstrate the effectiveness of California's system.

More evaluation is needed to see how effective risk-based assessment strategies are, but initial accounts look promising.

Child Care Aware® of America Recommends Congress:

- Require all child care programs to undergo quarterly unannounced inspections (similar to the nation's military child care system).
- Require a set-aside within the Child Care and Development Block Grant (CCDBG) for licensing related activities.
- Require states to demonstrate how they will measure child care provider compliance with state standards, laws and policies.
- Grant the U.S Department of Health and Human Services (HHS) the authority to withhold funds from states without effective oversight.
- Provide discretionary funds to the HHS Office of Child Care to provide better oversight of state implementation of CCDBG.

Child Care Aware® of America Recommends States:

- Require inspections of child care centers before licensing (before children are admitted into care), at least quarterly, and when there is a complaint.

Oversight Benchmark 2: Posting Inspection Reports

Inspection and complaint reports are available to parents on the Internet.

In the United States, a basic premise is that parents are responsible for choosing child care that best suits their family's needs and values.

For parents to make informed choices about the best care for their children, they need access to information.

One of the key sources of information about the health, safety and quality of individual child care programs is the licensing reports that result from routine inspections and inspections conducted in response to complaints.

When parents do not have access to these reports, they have no way of knowing whether a program is in compliance with state requirements.

Posting inspection reports on the Internet is important to ensure that parents have access to relevant information to help them make the best child care choices possible.

Research from *Florida* showed benefits of posting inspection and complaint reports online in a user-friendly and easily accessible format:⁵⁷

- Programs were inspected more frequently.
- Inspectors were more likely to provide more nuanced reviews of programs.
- The quality of child care, especially care received by children from low-income families increased after inspection reports were made available on the Internet.

When states do not make the information available or when parents must visit licensing offices or wait for written responses to inquiries about specific programs, parents do not have easy access to information essential to making an informed decision about child care settings. The result is that some parents unknowingly put their children in unsafe and unhealthy situations.



State Policies

Publicity about tragic accidents in child care and recent changes in technology has resulted in more states making inspection findings available to parents on the Internet.

Currently slightly more than half of the states make inspection reports and complaint reports easily available to parents.

- Twenty-six states have both regular monitoring and complaint reports on the Internet.
- Thirty-one states plus *DoD* have inspection reports online. *Iowa, Kansas, Kentucky, Missouri* and *Utah* have added online reports since our last center-based report in 2011.
- Twenty-eight states have complaint reports online.
- Eighteen states have neither regular monitoring nor complaint reports on the Internet.

Child Care Aware® of America expects to see more progress with regard to posting inspection reports on the Internet in coming years as states continue to develop their data systems and web capabilities.

The following table has information about the number of states that post information about licensing reports and complaints online.

Child Care Center Online Inspection and Complaint Reports by Number of States	
Report	Number of States
Inspection reports online	32*
Complaint reports online	28
Both inspection reports and complaint reports online	26
Neither inspection nor complaint reports online	18
*Includes DoD	

Child Care Aware® of America Recommends States:

- Ensure transparency in licensing by allowing parents to access inspection reports on the Internet.
- Share suspension and violation information with Child Care Resource and Referral agencies so that agencies do not make referrals to programs that may be unsafe.

Oversight Benchmark 3: Oversight Caseloads

Programs to licensing staff ratio does not exceed 50:1.

A manageable caseload for licensing staff protects children from unhealthy and unsafe care and helps improve quality.

A caseload of no more than 50 child care programs per licensing staff member allows more effective monitoring.

States have different ways of assigning programs to licensing staff. In some states, staff are only assigned to child care centers. Other states assign staff to both child care centers and family child care homes. Still other states include both child care programs and other human services programs in determining licensing staff responsibilities.

State policies

There are vast discrepancies in caseloads. In most states, the caseload is too large to allow licensing staff to conduct frequent and meaningful inspections.

- The average caseload is 98.
- Just four states (*Alaska, Oklahoma South Dakota and Tennessee*) plus *DoD* have a staff caseload of 50 programs or fewer per licensing staff.
- Seventeen states that have a caseload of 101 programs or more per licensing staff, which is twice the recommended caseload or more.
- In *Idaho*, there are only two state licensing staff. They do not conduct licensing inspections. Local contractors handle licensing documentation along with other responsibilities.
- Three states (*Connecticut, Rhode Island and Vermont*) have a caseload of more than 200 programs per staff, which is four times or more of the recommended caseload.
- *Vermont* is hiring new licensing staff in 2013 that will reduce caseloads from the 256:1 recorded in our 2011 report to 178:1.

The following table shows the number of states that have specific program:licensing staff ratios.

Number of States with Specific Licensing Staff Caseloads	
Program: Licensing Staff Ratio	Number of States
50:1 or fewer	5*
51 - 60:1	2
61-70:1	12
71-80:1	3
81-90:1	9
91-100:1	3
101 or more	17
State staff do not have inspection caseloads	1
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Ensure adequate oversight by reducing licensing staff caseloads to a ratio of no more than 50:1 to ensure compliance with state standards so that children are safe in child care and in a setting that promotes their healthy development.

Oversight Benchmark 4: Licensing Staff Qualifications

Licensing staff have a bachelor's degree in early childhood education or a related field.

Licensing staff are responsible for understanding and interpreting state child care licensing requirements and assessing whether child care centers are in compliance.

Effective oversight requires knowledge of child development, child care, regulatory requirements and technical assistance resources (such as CCR&Rs, other professional development organizations, fire inspectors and building inspectors).

Staff assignments and responsibilities vary. Some staff are only assigned to child care centers. Other states assign staff to both child care centers and family child care home providers. Still other states include both child care programs and other human services programs under the purview of state licensing offices.

If licensing staff do not fully understand the intent of regulations, they are more likely to ignore situations in which children's health and safety may be jeopardized.

State Policies

State policies with regard to educational requirements for licensing staff vary.

- More than two-thirds of the states (37 plus *DoD*) require at least a bachelor's degree,
- Thirteen states employ licensing staff who have less than an associate degree. Given the complexity of licensing regulations and the need to interpret them for providers, it is beneficial for licensing staff to have appropriate educational preparation and ongoing training.
- Twenty-two states plus *DoD* require licensing staff to have a bachelor's degree or a master's degree in early childhood education or a related field.

The following table shows the number of states that require specific levels of education for licensing staff.

Number of States Requiring Specific Licensing Staff Qualifications	
Licensing Staff Education Requirement	Number of States
Less than an associate degree	13
Associate degree in early childhood education (ECE) or related field	1
Bachelor's in unrelated field	15
Bachelor's in ECE or related field	22*
Masters in ECE or related field	1
Total	52*
*Includes DoD	

Child Care Aware® of America Recommends States:

- Require licensing staff to have a bachelor's degree or higher in early childhood education or a related field.