

STATE OF ARIZONA
CHILD CARE REGULATORY REVIEW

Prepared for the
Arizona Department of Economic Security
Division of Children and Family Services
Child Care Administration

as Required by the
Child Care and Development Block Grant Act of 1990
and
State of Arizona Executive Order 92-14

January, 1993



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1717 W. Jefferson • P.O. Box 6123 • Phoenix, AZ 85005

Fife Symington
Governor

Charles E. Cowan
Director

JAN 29 1993

The Honorable Mark Killian
Speaker of the House
Arizona House of Representatives
State Capitol, House Wing
1700 W. Washington
Phoenix, AZ 85007

RECEIVED
JAN 29 1993

Dear Speaker Killian:

The State of Arizona Child Care Regulatory Review Report was developed to comply with federal requirements and is submitted as required by Executive Order.

The federal Child Care and Development Block Grant (CCDBG) Act of 1990 requires the State to "complete a full review of the law applicable to, and the licensing and regulatory requirements and policies of each licensing agency that regulates child care services in the State." Executive Order 92-14 designated the Department of Economic Security as the state agency responsible for conducting the Child Care Regulatory Review.

A Child Care Executive Committee and Interagency Working Committee were established to ensure coordination of the CCDBG. The committees examined current child care regulations, identified specific regulatory issues, and guided research on major policy issues. The Child Care Regulatory Review report describes the regulatory review process and provides a comparison of child care statutes and regulations, and provides information on five major issues including limits for day care homes, monitoring, regulation of child care programs by public schools, ratios for child care centers and provider training.

A Child Care Advisory Committee was established to advise the department on the CCDBG and regulatory review process. The committee will continue to provide ongoing assistance in planning and implementation of the CCDBG.

The Executive and Interagency Committees recommend that the five major policy issues continue to be examined. The complexity of the issues involved requires further research. No proposed statutory changes have been identified at this time. An action plan will be developed for each major issue to ensure progress in improving the state's child care regulations.

Please contact me at 542-5678 or Penny Ladell Willrich, Assistant Director, Division of Children & Family Services, at 542-3598, if you have any questions.

Sincerely,

Charles E. Cowan
for Charles E. Cowan

CEC:BL:ke

Enclosure

EXECUTIVE ORDER 92-14
(Replaces Executive Order 92-13)

STATE OF ARIZONA CHILD CARE REGULATORY REVIEW

Designating the Department of Economic Security as the State Agency responsible for conducting the Child Care Regulatory Review.

WHEREAS, the availability of affordable quality child care is essential for Arizona's families and the development of young children; and

WHEREAS, the federal Child Care and Development Block Grant Act of 1990 was enacted to increase the availability, affordability, and quality of child care; and

WHEREAS, the Department of Economic Security has been designated as the lead state agency to administer the Child Care and Development Block Grant; and

WHEREAS, the Child Care and Development Block Grant requires the State to "complete a full review of the law applicable to, and the licensing and regulatory requirements and policies of, each licensing agency that regulates child care services and programs in the State."

NOW, THEREFORE, I, Fife Symington, Governor of the State of Arizona, do hereby designate the following responsibilities:

1. The Department of Economic Security shall convene and chair a Child Care Executive Committee to ensure interagency coordination and implementation of the Child Care and Development Block Grant requirements, oversee the Child Care Regulatory Review process and, make recommendations for regulatory changes if necessary.
2. The Child Care Executive Committee shall include representatives from the Governor's Office For Children, the Department of Economic Security and the Department of Health Services. The Department of Economic Security shall invite a representative from the Arizona Department of Education to participate in the Child Care Executive Committee.
3. The Department of Economic Security shall conduct a Child Care Regulatory Review to examine regulations affecting all forms of lawful child care and determine the effect of regulations, or lack thereof, on the quality, affordability, and availability of child care in Arizona.
4. The Department of Economic Security shall convene and chair an Interagency Working Committee to identify regulatory issues, options, and impacts. The Interagency Working Committee shall develop a formal process for identifying issues from all affected parties, including but not limited to providers, advocates, and consumers.
5. The Interagency Working Committee shall include representatives from Department of Economic Security, Department of Health Services and Governor's Office for Children. The Department of Economic Security shall invite representatives from Arizona Department of Education and Arizona Attorney General's Office to participate in the Interagency Working Committee.

6. The Department of Economic Security shall review regulatory issues, options, impacts and recommendations with an Advisory Committee comprised of a representative group of providers, advocates and consumers.
7. The Department of Economic Security shall complete the Child Care Regulatory Review by January 31, 1993 and submit a report with recommendations, including proposed statutory changes, to the Governor, Superintendent of Public Instruction, President of Senate, and Speaker of the House.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed on the Great Seal of the State of Arizona.



GOVERNOR

DONE at the Capitol in Phoenix this eighteenth day of May in the Year of Our Lord One Thousand Nine Hundred and Ninety-two and of the Independence of the United States of America the Two Hundred and Sixteenth.

ATTEST:



Secretary of State



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EXECUTIVE SUMMARY

The Child Care and Development Block Grant and Arizona Executive Order 92-14 require Arizona to complete a full review of the law applicable to and the licensing and regulatory requirements of agencies which regulate child care in the state.

The required regulatory review was conducted June-December 1992 and included: a Call for Issues from child care providers, users of child care services and other interested parties; a comparison of existing statutes and regulations applicable to child care in Arizona; and a review of information from national organizations and other states regarding five prioritized child care issues.

The prioritized issues were selected based on input from three sources: the Call for Issues, the Interagency Working Committee (composed of representatives from agencies involved in child care regulation) and an Advisory Committee (composed of a representative group of providers, advocates and consumers). The issues selected for review and a brief summary of findings follow:

Limits for Day Care Homes. Arizona, unlike most states, has no form of regulation of day care homes for four or fewer children for compensation, unless those homes receive public funds. Arizona requires homes for five to ten children for compensation to be certified as day care group homes, whereas the largest number of states consider homes for seven to twelve children to be large (group) day care homes. Large homes typically have more stringent methods of regulation (e.g., licensing compared to registration) and standards which go beyond those required for smaller family day care homes.

Arizona, unlike most states, does not have age-specific limits for day care group homes. Two providers are required for six children, but all five under the care of a single provider can be any age, including infants. Most states (38) have a provider to infant ratio in day care homes of 1:2-4.

Most states (41) count some or all of the provider's own children when calculating the maximum number of children in the day care home. Arizona's approach is rather unique; providers may have an additional five of their own children in the day care group home, raising the maximum in care from ten to fifteen children, with the addition of another caretaker.

At least 25 states, including Arizona, have requirements that day care homes receiving public funds be regulated even if homes caring for the same number of children without public subsidy are not.

Arizona, unlike many states (at least 21), does not allow day care home providers to exceed the stated maximum to care for additional school age children before and after school.

The experiences of some states which license, register and certify day care homes are described. Policy options regarding the regulation of day care homes in Arizona are presented.

Monitoring. In Arizona, unlike most states (37), responsibility for regulation and subsidy of child care programs is in two separate state agencies - the Arizona Department of Economic Security is responsible for subsidy and the Arizona Department of Health Services is responsible for regulation. Like 32 other states, the Child and Adult Care Food Program is administered by the Department of Education in Arizona.

For family day care homes, most states, including Arizona, do not require a separate fire or health/sanitation inspection (except for alternate approval homes participating in the Child and Adult Care Food Program). For day care group homes and centers, most states, like Arizona, do require fire and health/sanitation inspections.

Indicator systems are described as a potentially successful approach to increasing consistency in the application of child care standards in both day care homes and centers. The trend in family day care homes seems to be toward using only one inspector who looks at all aspects of the setting.

Policy options regarding the monitoring of day care homes and centers in Arizona are presented.

Provider Training. Arizona, like most states, has preservice education and experience requirements for center directors and teachers, but Arizona does not have requirements (beyond high school) for assistant teachers, teacher aides or day care home providers. Like many states, Arizona requires orientation, first aid and CPR training for day care group home providers, as well as a specific number of hours of annual training. Many states require center personnel to have first aid and CPR training; Arizona requires only one person with such training on the premises. Arizona requires 12 hours of annual training for center personnel; half of the states require 5-19 hours per year.

Like most states, Arizona does not have a comprehensive, well-established early childhood training or career development system. Examples are given of states which have adopted training and career development systems. Policy options related to provider training are presented.

Ratios for Child Care Centers. It is most difficult to compare Arizona's staff to child ratios to those of other states due to the differences in age groupings, definitions and situational exceptions. The review includes a chart showing the ratios for each state for ages 6 months, 1 year, 1 1/2 years, 2 years, 2 1/2 years, for each year between 3-14 and mixed groups.

Arizona is in the minority of states which do not have group size standards for centers. The review includes a chart showing the group size requirements for each of the 32 states having group size standards.

The experiences of some states which have recently changed or are proposing changes in ratios or group size are described .

Regulation of Child Care Programs Operated By Public Schools. Twenty states license public school operated child care programs. Nine more license child care programs operated by the public schools for children younger than school age but exempt programs for school age children. Twenty-two states, including Arizona, exempt from licensure all child care programs operated by the public schools.

The experiences of some states who handle regulation of public school operated child care programs in various ways are presented. Policy options regarding the regulation of public school operated child care programs in Arizona are presented.

It is very difficult to make comparisons among states on any issue, particularly using secondary data sources, because there are significant differences in definitions and assumptions are not always clearly described.

Given the challenges of trying to compare Arizona with other states on the selected policy issues, the authors believe that the picture presented in this document is accurate; however, the specific situation of any one state could have changed since the date were collected, or could be subject to a different interpretation. Any reference to another state for purposes other than this regulatory review should be confirmed with that state.

BACKGROUND

The Child Care and Development Block Grant (CCDBG) requires that the State "complete a full review of the law applicable to, and the licensing and regulatory requirements and policies of, each licensing agency that regulates child care services and programs in the State unless that State has reviewed such law, requirements and policies..." during the three year period prior to November 5, 1990, the effective date of the Act. The review was to have been completed by January 1993, although this has now been extended to February 1993.

The Governor of the State of Arizona, the Honorable Fife Symington, signed Executive Order 92-14 on May 18, 1992. The order directed that the Arizona Department of Economic Security (ADES) conduct a child care regulatory review to examine regulations affecting all forms of lawful child care.¹ The order included the following responsibilities relevant to this regulatory review:

- ADES shall convene and chair a Child Care Executive Committee to oversee the child care regulatory review process and make recommendations for regulatory change if necessary. The Child Care Executive Committee shall include representatives of the Governor's Office for Children, ADES, the Arizona Department of Health Services (ADHS) and the Arizona Department of Education (ADE).
- ADES shall convene and chair an Interagency Working Committee to identify regulatory issues, options and impacts. The Interagency Working Committee shall develop a formal process for identifying issues from all affected parties, including providers, advocates and consumers. The Interagency Working Committee shall include representatives from ADES, ADHS, ADE, the Governor's Office for Children and the Attorney General's Office.
- ADES shall convene an Advisory Committee composed of a representative group of providers, advocates and consumers to review regulatory issues, options, impacts and recommendations.

In response to a Request for Proposal issued by ADES, a contract was awarded to B.J. Tatro Consulting to conduct the mandated regulatory review.

The regulatory review included the following components:

- A Call for Issues from child care providers, users of child care services and other interested parties;
- A comparison of existing statutes and regulations applicable to child care in Arizona; and
- A review of information from national organizations and other states regarding five prioritized child care issues: limits for day care homes, monitoring, provider training, ratios for child care centers and regulation of public school operated child care programs.

¹ Lawful child care in Arizona includes the following: in-home child care for four or fewer children (for compensation, plus children related to the provider not for compensation), day care group homes caring for five to ten children through the age of twelve (for compensation, plus as many as five children related to the provider not for compensation) certified by the Arizona Department of Health Services (ADHS) and child care centers. Homes receiving subsidy through the Arizona Department of Economic Security (ADES) must be certified by ADES. Day care homes and centers participating in the Child and Adult Care Food Program must be licensed by ADHS, be certified by ADES or ADHS, or receive alternate approval through the Arizona Department of Education.

THE CALL FOR ISSUES

In August 1992, a Call for Issues was sent to approximately 10,000 names on lists which included child care providers, users of child care services and other interested parties. The Call for Issues was not designed to be a survey of concerns; rather, it was designed to elicit a wide range of issues which might be used to set priorities for the regulatory review.

The Call for Issues response form posed the following questions:

- What needs to be changed about the regulation of care in Arizona?
- What specifically do you believe should be done? (Propose a resolution.)
- If this change were made, how would it affect the availability, affordability or quality of child care? (Describe the impact.)

Responses were tabulated to determine who had the concern (i.e., whether the respondent was a provider, user and/or an interested party) and where they were located (i.e., county). Responses were categorized by the type of setting to which they applied (i.e., day care home, child care center, both or unknown). Issues were further categorized into subject area (e.g., training, program, facility) and then grouped into one of three areas: operations issues, regulatory issues or policy issues. *Operations issues* included topics relating to contractual matters or interactions among providers and agency personnel. These issues did not relate to matters of regulation or potential regulation. *Regulatory issues* included comments related to existing requirements and proposed changes to these. Regulatory modifications requiring a change in an existing statute were not included in this category. *Policy issues* included all comments about or proposed changes to state statute and other matters of broad policy related to the regulation of child care.

Table 1 presents a summary of the responses to the Call for Issues. The largest number of respondents designated themselves as providers, followed by interested parties and users. Many respondents fit into more than one of these categories. The majority of the responses came from Maricopa and Pima Counties, although responses came from all counties except Greenlee and La Paz. Comments related almost equally to day care homes and child care centers and were nearly evenly split between regulatory issues and policy issues. The major categories of responses were: day care home limits, general comments about child care in Arizona, provider training, regulation of public school operated child care programs, payment, monitoring, administration and center ratios.

Table 1.
SUMMARY OF CALL FOR ISSUES

Source of Data: Arizona Department of Economic Security, Call for Issues, 1992.

Total Responses	566
Respondents (duplicated count)	695
Providers	307
Users	141
Interested Party	188
Unknown	59
County of Respondent (unduplicated count)	566
Apache	2
Cochise	5
Coconino	27
Gila	3
Graham	3
Greenlee	0
La Paz	0
Maricopa	238
Mohave	4
Navajo	14
Pima	189
Pinal	4
Santa Cruz	4
Yavapai	8
Yuma	10
Unknown	55
Setting To Which Issue Applies (unduplicated count)	980
Centers	390
Homes	373
All Settings	198
Unknown	19
Issue (unduplicated count)	980
Operations	157
Regulatory	406
Policy	417

TABLE 1. (continued)
SUMMARY OF CALL FOR ISSUES

Category of the Issue (unduplicated count)	980
Administration	61
Consumer/Community Education	23
Churches	7
Communication	15
Employer	4
Equipment	4
Facility	27
Fire/Safety	2
Funding	10
General	127
Limits	141
Monitoring	66
Payment	93
Preschools	6
Process	14
Program	37
Public Schools	99
Ratios	53
Recreation	24
Salaries	18
Sanitation	5
Special Needs	14
Tax	20
Training	103
Zoning	7

The results of the Call for Issues were tabulated, analyzed and presented to the Interagency Working Committee and the Advisory Committee. The decision was made to select issues for the regulatory review from the categories of regulatory issues and policy issues only. Operations issues were communicated to the individual agencies involved (i.e., ADES, ADHS and ADE) for their review and action, if necessary.

Based on the Call for Issues, five policy issues were selected for the regulatory review:

- Limits for day care homes,
- Monitoring,
- Provider training,
- Ratios for child care centers, and
- Regulation of public school operated child care programs.

COMPARISON OF CHILD CARE STATUTES AND REGULATIONS IN ARIZONA

The following sources were reviewed:

- Arizona Revised Statutes, Chapter 7.1, Child Day Care Programs, Article 1. Day Care Centers (ARS 36-881 *et seq.*) and Article 4. Day Care Group Homes (ARS 36-897 *et seq.*).
- Arizona Administrative Code, Title 9, Chapter 5, Department of Health Services, Child Care Facilities (R9-5), Article 1, Articles 2-6 (Centers) and Articles 7-10 (Day Care Group Homes).
- Arizona Administrative Code, Title 6, Chapter 5, Social Services (R6-5), Article 52 (Day Care Certification and Supervision) and related Arizona Department of Economic Security instructions (DES-5-52). The Arizona Department of Economic Security child care provider contract was also reviewed.
- The United States Department of Agriculture, Food and Nutrition Service regulations for the Child and Adult Care Food Program (7 CFR 226).

Zoning ordinances were not reviewed, because a review of the impact of zoning ordinances on family day care had recently been conducted by the Children's Action Alliance.

The statutes and regulations were compared and major areas of difference were identified. Gaps (that is, subjects covered in one source but not addressed in another) were also identified. Major differences and gaps are set forth in the *Comparison of Child Care Statutes and Regulations in Arizona*, which is available from the Arizona Department of Economic Security, Child Care Administration. The existence of a difference or gap does not suggest that the variation is inappropriate. One would expect to find differences in regulations for small in-home child care and child care centers. The variations are highlighted so that those reviewing regulations can easily discern where and how regulations differ from setting to setting. Findings are discussed in the section of this report entitled MONITORING.

Both ADES and ADHS have completed or are currently in the process of completing new draft regulations which address some of the identified differences or gaps. ADES has issued policy directives reconciling any differences with ADHS until such time as the draft regulations become effective.

PRIORITIZED CHILD CARE ISSUES

After the issues were identified, members of the Interagency Working Committee identified contacts at the national level and in selected states. The purpose of the contacts was to gather information on what other states were doing with respect to each of the prioritized issues. Contacts included the following organizations:

- National Association of Regulatory Administrators
- Children's Defense Fund
- Center for Career Development in Early Care and Education/Wheelock College
- Work/Family Directions
- National Association for the Education of Young Children
- National Association for Family Day Care
- The Children's Foundation
- National Child Care Association
- Child Care America
- United States Department of Health and Human Services
- National School Age Child Care Alliance

In addition, a variety of researchers and state officials were contacted based on leads provided by the above mentioned organizations, the Interagency Working Committee and the Advisory Committee.

A telephone survey of licensing agencies in all 50 states and the District of Columbia was conducted to gather information not available from secondary sources.

In accordance with the conditions of the contract with ADES, secondary sources of data were to be used (as opposed to reviewing regulations from all states). Sources of data are given for each table throughout the report. Where there was more than one source of the same information, sources were compared and reconciled through reference to the actual state regulations (which were available for 50 of the 51 jurisdictions reviewed). In some cases, discrepancies could not be reconciled and, in these cases, what appeared to be the most recent source of information was used.

It is very difficult to make comparisons among the states. Differing definitions present a major barrier to comparisons among states. For example, a home with the same number of children may be considered a family day care home in one state and a group or large day care home in another. There is considerable variation in the definition of regulatory terms, as well. What is considered to be licensing in one state may be called certification in another.

The ever-changing regulatory environment also makes it very difficult to get an accurate picture of the "state of the states" on any particular child care issue. Even very recent data such as the *1992 Family Day Care Licensing Study* published by the Children's Foundation in August 1992 is already out-of-date for several states, according to its authors and the contacts made during this regulatory review.

Given the challenges of trying to compare Arizona with other states on the selected policy issues, the authors believe that the picture presented in this document is accurate; however, the specific situation of any one state could have changed since the data were collected, or could be subject to a different interpretation. Any reference to another state for purposes other than this regulatory review should be confirmed with that state.

In the ensuing sections devoted to each issue, the following information is provided:

- A statement of the questions posed as a result of the Call for Issues;
- The current Arizona regulations, if any, related to the issue;
- A summary of comments from the Call for Issues;
- A description of regulations in other states relevant to the issue;
- Case studies which describe how other states have approached the issue;
- Options for dealing with the issue; and
- Points to consider when assessing the potential impact of each option on child care availability, affordability and quality.

ISSUE: LIMITS FOR DAY CARE HOMES

QUESTIONS

1. Limits: How many total children are allowed in day care homes: a) before regulation is required, b) with regulation? Are limits individualized to the provider and based on the person's education, experience, space and performance? Are there exceptions to the limits to provide for the care of siblings in the same home?
2. Age Group Limits: What are the limits for children in specified age groups, e.g., under two? Are limits individualized to the provider and based on the person's education, experience, space and performance? Are there exceptions to the limits to provide for the care of siblings in the same home?
3. Provider's Own Children: How many of the provider's own children are allowed in the day care home while enrolled children are present (for compensation)?
4. Before/After School: Are additional school age children allowed in day care homes before and after school?

CURRENT SITUATION IN ARIZONA

Limits:

Persons providing child care in their homes for four or fewer unrelated children for compensation are not required to be licensed, certified or registered in the state of Arizona.¹

Persons who provide care and supervision in their own home for any part of the day for compensation for **one to four children** must be certified by the Arizona Department of Economic Security (ADES) if they are receiving public funds for any of the children in their care (with the exception of specified relatives who are required only to be fingerprinted and registered). These homes are called **family day care homes** and are regulated in accordance with Arizona Administrative Code R6-5-52. As of 11/15/92, there were approximately 1,200 certified family day care homes statewide. Persons who provide these services to all private pay children are not required to be regulated.

Persons who provide care and supervision for compensation in their own home for **five to ten children** are required to be certified by the Arizona Department of Health Services (ADHS). These homes are called **day care group homes** and are regulated in accordance with Arizona Revised Statute 36-897 *et seq.* and Arizona Administrative Code R9-5-701-1006. As of 11/15/92, there were 115 certified day care group homes statewide. Although the process is called certification, it is comparable to licensing in other states; that is, there are statutes and rules governing the process and a provider may not legally operate in the state without a "license" awarded after inspection by ADHS.

¹ *Licensing* typically involves fire, health/sanitation and state agency inspection prior to the issuance of a license required to operate legally and periodic inspections thereafter. *Registration* involves being listed as a provider, and may require compliance with a set of standards with or without outside inspection. *Certification* may be the same as licensing or the same as registration; it may involve inspections or self-inspections. The distinction is neither clear nor consistent across states.

There is no provision in the day care group home regulations for individualized limits based on the provider's education, experience or performance; however, limits may be set based on the amount of space available for use by children in care.

There are no exceptions to limits in the day care group home regulations to allow for the care of siblings in the same home.

Day care homes participating in the Child and Adult Care Food Program (CACFP) must be certified by ADES or ADHS or must have alternate approval through the Arizona Department of Education (ADE). CACFP alternate approval homes are subject to the same rules with regard to limits as ADES certified homes.

Age Group Limits:

ADES regulations currently limit the provider to caring for two children under the age of two, including the provider's own children. The CACFP utilizes the ADES age group ratios and limits.

ADHS regulations currently place limits neither on the number of children under age two nor on any other age group.

There is no provision in the ADHS regulations for individualized age group limits based on the provider's education, experience or performance; however, ADHS limits may be set based on the amount of space available for use by children in care. Space requirements are specific to the ages of the children in care.

There are no exceptions to age group limits in the ADHS regulations to allow for the care of siblings in the same home.

Provider's Own Children:

ADES regulations, as amended by a policy directive, allow the provider to care for up to two children related to the provider not for compensation in addition to four children for compensation, if all children are at least two and under thirteen years of age; or one child related to the provider if there is a child in care (either related to the provider and not for compensation or for compensation) under age two. The CACFP follows the ADES policy with regard to the provider's own children.

ADHS regulations allow the provider to care for up to five of his/her own children under age thirteen, in addition to ten for compensation.

Before/After School:

Neither ADES, ADHS nor the CACFP allow the provider to exceed the stated limits for any period of time, such as before or after school, during school breaks or during the summer.

CALL FOR ISSUES

In the Call for Issues conducted prior to the initiation of this research project, numerous respondents identified issues related to the regulation of day care homes. Following is a sample of the issues raised:

- **Regulation of day care homes.** There were various points of view expressed, ranging from requiring at least some basic level of regulation for all day care homes caring for children for compensation to deregulation of day care homes.
- **Limits for family day care.** Several respondents felt that limits for family day care homes should be increased. The most frequently recommended number was six. Some indicated that the limit should be a flat six, including the provider's own children. Others said the limit should be six, plus the provider's own children. Others felt the limits should be decreased (although the respondents did not specify whether in family day care homes or day care group homes.)
- **Individual limits.** Some felt that limits should be individualized to the capabilities of the provider or be left to the discretion of the parents.
- **Sibling care.** Exceptions to the limits for sibling care was mentioned.
- **Age group limits.** Some recommended increasing the limit on infants in family day care homes; some felt there should be no age-specific limitations. Others felt that there should be age-specific limitations in day care group homes.
- **Provider's own children.** It was suggested that the provider's children over age two or, alternatively, children in school should not be counted in the limits for family day care homes.
- **Before/after school and overlaps.** It was recommended that school age children in care not be included unless in care over a certain number of hours. Overlaps for a period of time were mentioned also, without specifying the age of the children.

STATE OF THE STATES

Limits:

Many states make a distinction between family (or small) day care homes and group (or large) day care homes. There is much variation from state to state in definition of these terms. In addition, states vary considerably in the degree or type of regulation (if any) applied. The state may regulate the homes by licensing, registering or certifying the setting. There may be a visit to the home or the home may self-certify. Regulation may be mandatory or voluntary and may depend on whether or not the home receives public funds. The actual regulations also vary greatly. In addition, many states are in the process of changing their day care home regulations. As of August 1992, over 20 states reported to the Children's Foundation that they had pending legislative or regulatory changes which would affect family or group day care homes.

For purposes of assessing the various state approaches to regulation of day care homes, Table 2 and Table 3 divide day care homes into small (typically 1-6 children) and large (typically 7-12 children). Where states have only one category, the state may appear in both tables. There may or may not be separate regulations for small and large day care homes.

Table 2 shows that 21 states license family day care homes. Of these, four states license homes for even one child; three more begin licensure at two children (may be stated as one in their regulations but with an exemption for the care of children from only one unrelated family); two more at three children; four more at four children; and the remaining seven license if there are five children in the home. One state has voluntary licensure for 1-6 children.

A group of six states certify family day care homes. Two start with one child; three start with four children; and Arizona starts with five children.

Registration is required in 16 states. Half start with one child; one starts with two children; four start with three children; and the remaining three start with four children. An additional eight states have voluntary registration, all starting with one child. In addition to these eight, Kentucky has voluntary registration for 1-3 children and Tennessee for 1-4 children. Larger homes have other forms of regulation in these two states.

Table 3 shows that most states which have group day care homes require licensure (33). (One state allows either licensure or registration.) An additional five require certification and three require registration. The remaining states have no provision for group day care homes. While five states deal with homes caring for six children as group day care homes, the majority (27) start when there are seven children in care. The remaining eight allow more than seven before the home is categorized as a group day care home.

The maximum number of children allowed in the home varies from nine to 20. Children related to the provider, the children of assistants and additional school age children before and after school may also be "added on" to the maximum depicted here for some states.

Table 2.
REGULATORY REQUIREMENTS FOR FAMILY (SMALL) DAY CARE HOMES

Source of Data: The Children's Foundation, 1992 Family Day Care Licensing Study, updated with data collected by the Children's Defense Fund and reference to state regulations where available.

Notes:

There may be exemptions in addition to the ones noted in this chart. For example, at least seven states exempt day care homes caring for children from only one family in addition to the provider's own. This is taken into consideration in this chart, but there may be others. This information was not available for all states.

Many states require day care homes which are otherwise exempt to be regulated if the home is receiving public funds. These additional requirements are not reflected in this table. Some or all of the provider's own children may be counted. These are not included in this table, unless specified. Some states allow additional school age children for a period of time before and after school. These are addressed in the COMMENTS column, if the information was available.

NUMBER OF CHILDREN ALLOWED IN THE HOME	STATES	COMMENTS
Licensure Required (N=20):		
1-5	District of Columbia	
1-6	Alabama Washington	
1-7	Oklahoma	
2-6	California Colorado	+2 before/after school
2-10	Minnesota	
3-6	Wyoming	+3 before/after school
3-12	Maine	may choose licensure or registration
4-6	New Hampshire Utah	+3 before/after school +1-2 before/after school
4-8	Illinois Wisconsin	+4 before/after school
5-6	Nevada New Mexico	
5-7	North Dakota Tennessee	+2 before/after school voluntary registration for 1-4

5-8	Alaska
5-10	Missouri
5-12	Indiana

Licensure Voluntary (N=1):

1-6	Idaho
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Certification Required (N=6):

1-6	Delaware Ohio	self-certification
4-6	Kentucky Rhode Island	voluntary registration for 1-3
4-8	Nebraska	self-certification +2 before/after school
5-10	Arizona	

Registration Required (N=16):

1-5	Florida	+5 before/after school
1-6	Connecticut Kansas Massachusetts Michigan Montana South Carolina	+3 before/after school
1-8	Maryland	
2-6	Vermont	+4 before/after school
3-5	North Carolina	+3 before/after school
3-6	Georgia Hawaii New York	+2 before/after school
4-6	Pennsylvania Texas West Virginia	+6 before/after school

Registration Voluntary (N=8):

1-5	Arkansas Mississippi New Jersey Virginia	
1-6	Iowa Louisiana	+5 before/after school
1-10	Oregon	
1-12	South Dakota	+2 before/after school

Table 3.
REGULATORY REQUIREMENTS FOR GROUP (LARGE) DAY CARE HOMES

Source of Data: The Children's Foundation, 1992 Family Day Care Licensing Study, updated with data collected by the Children's Defense Fund and reference to state regulations where available.

Note: Some or all of the provider's own children may be counted. These are not included in this table, unless specified. Additional children may be allowed before/after school. Current information not available on all states.

NUMBER OF CHILDREN ALLOWED IN THE HOME	STATES	COMMENTS
Licensure Required (N=34):		
3-12	Maine	or may choose to be registered
6-9	Virginia	
6-12	Indiana	
6-15	Mississippi North Carolina	
6-16	Arkansas	
7-11	Wyoming	
7-12	Alabama California Colorado Hawaii Kansas Kentucky Michigan Nevada New Hampshire New Mexico New York Ohio Pennsylvania Rhode Island South Carolina Texas Utah Vermont Washington	
7-18	Georgia	

8-12	Tennessee
8-18	North Dakota
9-12	Alaska Illinois
11-14	Minnesota
11-20	Missouri
13-20	South Dakota

Certification Required (N=5):

5-10	Arizona
7-11	Delaware
7-12	Idaho Oregon
9-12	Nebraska

Registration Required (N=3):

7-11	Iowa
7-12	Connecticut Montana

**No Provision for Group
(Large) Day Care Homes
(N=9):**

District of Columbia
Florida
Louisiana
Maryland
Massachusetts
New Jersey
Oklahoma
West Virginia
Wisconsin

At least half of the states require day care homes which accept public funds to meet regulations, while exempting homes caring for the same number of children if no public funds are accepted. At least the following states have such a requirement:

Alaska	New York
Arizona	North Dakota
Florida	Ohio
Idaho	Oregon
Illinois	Pennsylvania
Kentucky	Rhode Island
Louisiana	South Carolina
Mississippi	South Dakota
Missouri	Tennessee
Nebraska	Texas
New Jersey	Vermont
New Mexico	West Virginia
	Wisconsin

Table 4.
REGULATORY REQUIREMENTS FOR DAY CARE HOMES
BY NUMBER OF CHILDREN ALLOWED IN THE HOME

Source of Data: The Children's Foundation, 1992 Family Day Care Licensing Study. Data have been updated based upon telephone contacts with all states and where changes in regulation have been noted since the study.

Note: This chart does not count additional children allowed in the home before and after school (if a distinction could be made from the available information), nor the provider's children if not counted toward the maximum. The chart does not include additional requirements for homes receiving public funds. Some states exempt homes caring for children of more than one unrelated family; this accounts for some states which start regulation at two children.

INSERT TABLE 4 HERE

Comprehensive information was not available regarding the individualization of day care home limits depending on the provider's education, experience or performance. It is, however, common to establish limits for a given provider based on space available. The State of Washington does base maximum capacity, in part, on the provider's experience and training and the assistant's qualifications. For example, an unassisted provider may care for a maximum of six children (birth-11 yrs.) initially, but may care for eight children (2-11 yrs.) to ten children (5-11 yrs.) with one year's experience. With two years' experience and one early childhood education class, the provider may care for ten children (3-11 yrs.).

Comprehensive information was not available regarding exemptions on limits to allow for the care of siblings in a day care home. Neither the regulations reviewed nor the resource people who were interviewed suggested that such an exemption is in effect. Since an exhaustive review of all regulations was not part of this project, however, the existence of such an exemption cannot be ruled out. It is, however, clearly not the norm.

Table 4. REGULATORY REQUIREMENTS FOR DAY CARE HOMES

NUMBER OF CHILDREN ALLOWED IN THE HOME:	1	2	3	4	5	6
Alabama	L	L	L	L	L	L
Alaska					L	L
Arizona					C	C
Arkansas	VR	VR	VR	VR	VR	L
California		L	L	L	L	L
Colorado		L	L	L	L	L
Connecticut	R	R	R	R	R	R
Delaware	C	C	C	C	C	C
D.C.	L	L	L	L	L	
Florida	L/R	L/R	L/R	L/R	L/R	
Georgia			R	R	R	R
Hawaii			R	R	R	R
Idaho	VL	VL	VL	VL	VL	VL
Illinois				L	L	L
Indiana					L	L
Iowa	VR	VR	VR	VR	VR	VR
Kansas	R	R	R	R	R	R
Kentucky	VR	VR	VR	C	C	C
Louisiana	VR	VR	VR	VR	VR	VR
Maine			L/R	L/R	L/R	L/R
Maryland	R	R	R	R	R	R
Massachusetts	R	R	R	R	R	R
Michigan	R	R	R	R	R	R
Minnesota		L	L	L	L	L
Mississippi	VR	VR	VR	VR	VR	L
Missouri					L	L
Montana	R	R	R	R	R	R
Nebraska				SC	SC	SC
Nevada					L	L
New Hampshire				L	L	L
New Jersey	VR	VR	VR	VR	VR	
New Mexico					L	L
New York			R	R	R	R
North Carolina			R	R	R	L
North Dakota					L	L
Ohio	SC	SC	SC	SC	SC	SC
Oklahoma	L	L	L	L	L	L
Oregon	VR	VR	VR	VR	VR	VR
Pennsylvania				R	R	R
Rhode Island				C	C	C
South Carolina	R	R	R	R	R	R
South Dakota	VR	VR	VR	VR	VR	VR
Tennessee	VR	VR	VR	VR	L	L
Texas				R	R	R
Utah				L	L	L
Vermont		R	R	R	R	R
Virginia	VR	VR	VR	VR	VR	L
Washington	L	L	L	L	L	L
West Virginia				R	R	R
Wisconsin				L	L	L
Wyoming			L	L	L	L

Table 4. REGULATORY REQUIREMENTS FOR DAY CARE HOMES

NUMBER OF CHILDREN ALLOWED IN THE HOME:	7	8	9	10	11	12
Alabama	L	L	L	L	L	L
Alaska	L	L	L	L	L	L
Arizona	C	C	C	C		
Arkansas	L	L	L	L	L	L
California	L	L	L	L	L	L
Colorado	L	L	L	L	L	L
Connecticut	R	R	R	R	R	R
Delaware	C	C	C	C	C	
D.C.						
Florida						
Georgia	L	L	L	L	L	L
Hawaii	L	L	L	L	L	L
Idaho	C	C	C	C	C	C
Illinois	L	L	L	L	L	L
Indiana	L	L	L	L	L	L
Iowa	R	R	R	R	R	R
Kansas	L	L	L	L	L	L
Kentucky	L	L	L	L	L	L
Louisiana	VR					
Maine	L/R	L/R	L/R	L/R	L/R	L/R
Maryland	R	R				
Massachusetts						
Michigan	L	L	L	L	L	L
Minnesota	L	L	L	L	L	L
Mississippi	L	L	L	L	L	L
Missouri	L	L	L	L	L	L
Montana	R	R	R	R	R	R
Nebraska	SC	SC	SC	SC	SC	SC
Nevada	L	L	L	L	L	L
New Hampshire	L	L	L	L	L	L
New Jersey						
New Mexico	L	L	L	L	L	L
New York	L	L	L	L	L	L
North Carolina	L	L	L	L	L	L
North Dakota	L	L	L	L	L	L
Ohio	L	L	L	L	L	L
Oklahoma	L					
Oregon	VR/C(7-12)	VR/C(7-12)	VR/C(7-12)	VR/C(7-12)	C	C
Pennsylvania	L	L	L	L	L	L
Rhode Island	L	L	L	L	L	L
South Carolina	L	L	L	L	L	L
South Dakota	VR	VR	VR	VR	VR	VR
Tennessee	L	L	L	L	L	L
Texas	L	L	L	L	L	L
Utah	L	L	L	L	L	L
Vermont	L	L	L	L	L	L
Virginia	L	L	L			
Washington	L	L	L	L	L	L
West Virginia						
Wisconsin	L	L				
Wyoming	L	L	L	L	L	

Table 4. REGULATORY REQUIREMENTS FOR DAY CARE HOMES

	13	14	15	16	17	18
Alabama						
Alaska						
Arizona	L	L	L	L		
Arkansas						
California						
Colorado						
Connecticut						
Delaware						
D.C.						
Florida	L	L	L	L	L	L
Georgia						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan	L	L				
Minnesota	L	L	L			
Mississippi	L	L	L	L	L	L
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina	L	L	L	L	L	L
North Dakota	L	L				
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee	L	L	L	L	L	L
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

Age Group Limits:

Some states specify a maximum number of children from specified age groups; others do not. Some are stated as maximums; others are stated as ratios. The following table lists the maximum number of children under age two allowed per day care home provider. If there is a difference between family day care homes and group day care homes, and the information was available for both, both are specified.

Table 5 shows that the highest number of states (15) allow a day care home provider to care for two or fewer children under age two. The next largest group of states (14) allow four children under age two per provider. Nine states allow three; seven states allow six; three states allow five; and the remaining three states allow more or have no mandatory regulation.

Table 5.
NUMBER OF CHILDREN UNDER AGE TWO PER DAY CARE HOME PROVIDER

Source: Children's Defense Fund, Who Knows How Safe, 1990; The Children's Foundation, 1992 Family Day Care Study; and individual state regulations.

MAXIMUM NUMBER OF CHILDREN UNDER AGE TWO	STATES	COMMENTS
Two (N=15)	Alaska	up to 30 months
	Colorado	
	Connecticut	
	District of Columbia	
	Hawaii	
	Maryland	
	Massachusetts	
	Michigan	
	New Hampshire	
	New Mexico	
	New York	
	Oregon	
	Rhode Island	
	Washington	
Wyoming		
Three (N=9)	Arkansas	up to 18 months; then 4 allowed
	Illinois	
	Kansas	
	Minnesota	
	Montana	
	New Jersey	
	Ohio	
	Utah	
	Vermont	
	up to 18 months	
	2 if under 1 yr., 3 if under 30 months	
	3 if no preschoolers, 2 otherwise	
	2 if mixed ages	
	2 if mixed ages	

Four (N=14)	California	4 if under 2 yrs. only, 3 if mixed ages	
	Delaware		
	Iowa		
	Maine	4 if under 2 yrs. only, 3 if mixed ages	
	Missouri		
	Nebraska	2 if under 18 months and mixed ages	
	Nevada	of which no more than 2 may be under 1 yr.	
	North Dakota		
	Pennsylvania		
	South Dakota		
Five (N=3)	Tennessee		
	Texas	up to 18 months for licensed homes	
	Virginia		
	Wisconsin		
	Arizona	only 2 under 2 yrs. are permitted in certified family homes for 1-4 children; 5 children are permitted per one provider in certified day care group homes with no age specified	
	Florida		
	Oklahoma		
	Six (N=7)	Alabama	
		Georgia	
		Idaho	
Indiana			
Kentucky			
North Carolina			
Seven (N=1)	South Carolina		
Seven (N=1)	West Virginia		
Nine (N=1)	Mississippi		
Not Applicable (N=1)	Louisiana	no mandated regulation	

Provider's Own Children:

States address the issue of the provider's own children in differing ways. Table 6 describes the number of provider's children, if any, counted in determining the maximum number of children allowed in the day care home. The table shows that most states (21) count the provider's young children, although they differ in the age or definition. Another 11 states count all of the provider's own children and nine count all children up to a certain age beyond school age (e.g., age 11).

Table 6.
PROVIDER'S OWN CHILDREN IN THE DAY CARE HOME

Source of Data: The information contained in this table was obtained from various sources. The original source of data was the Children's Foundation, 1992 Family Day Care Licensing Study. Information contained therein was compared with data in the Children's Defense Fund's publication Who Knows How Safe, 1990. Differences were reconciled, where possible, by review of the day care home regulations from the state in question. There are often definitional issues when dealing with data from multiple sources. Efforts were made to represent the information as correctly and consistently as possible.

STATES	COMMENTS
Provider's Preschool Children Counted Toward Maximum (N=21):	
Arkansas	
Connecticut	
Delaware	
District of Columbia	if under 6 yrs.
Florida	
Hawaii	
Iowa	
Kentucky	if 6 yrs. or under
Maryland	if under 2 yrs. (at discretion of department); fire code requires if under 6 yrs.
Montana	if under 6 yrs.
New Mexico	if under 6 yrs.
New York	not in kindergarten or school
North Carolina	
Ohio	if under 6 yrs.
Oklahoma	if under 5 yrs.
South Dakota	if under 6 yrs.
Utah	if under first grade
Vermont	if under 2 yrs.
Virginia	if under 6 yrs. for licensing (6-9 children); for voluntary registration (1-5 children), unlimited
West Virginia	if under 6 yrs
Wyoming	
Provider's Other Children Counted Toward Maximum (Age Specified) (N=9):	
California	if under 12 yrs.
Idaho	if under 12 yrs.

Illinois	if under 12 yrs.
Indiana	if under 11 yrs.
Michigan	if under 7 yrs.
Minnesota	if under 11 yrs.
Nebraska	if under 8 yrs. for group day care; for family day care, unlimited
New Hampshire	if under 10 yrs.
Wisconsin	if under 7 yrs.

All Provider's Own Children Counted Toward Maximum (N=11):

Alaska	not in rules, required by fire marshal
Colorado	
Kansas	
Maine	
Massachusetts	
North Dakota	
Oregon	
Rhode Island	all are counted for group day care; for family day care, there are different requirements
South Carolina	
Texas	
Washington	

Maximum Number of Provider's Children Specified (N=2):

Arizona	+5 children related to the provider not for compensation
New Jersey	+3 of the provider's children

Provider's Children Not Counted (N=7):

Alabama	
Georgia	
Mississippi	
Missouri	
Pennsylvania	provider's children are not counted for family day care (4-6); own children 10 yrs. and under are counted in determining ratios for group day care
Nevada	
Tennessee	provider's children under 9 yrs. are counted in determining ratios

Not Applicable (N=1):

Louisiana

Before/After School:

Numerous states have provision for additional children to be in care before and after school. Some also have a maximum number of hours for before and after school care. These exceptions may be written into regulation or may be a matter of policy. At least the following 20 states have an "add-on" for before and after school hours:

- Arkansas (+2)
- Colorado (+2)
- Connecticut (+3)
- Delaware (+2)
- Florida (+5)
- Georgia (+2)
- Illinois (+4)
- Iowa (+5)
- Kansas (+2) (for homes caring for 7-12 children)
- Nebraska (+2)
- New York (+2) (for homes caring for 7-12 children)
- New Hampshire (+3)
- New York (+2) (for homes caring for 7-12 children)
- North Carolina (+3 if school age only, otherwise +2)
- North Dakota (+2)
- South Dakota (+2)
- Texas (+6)
- Utah (+2)
- Vermont (+4)
- Virginia (+5)
- Wyoming (+3)

CASE STUDIES

Licensure: California

California currently licenses family day care homes for 1-12 children under the age of 18 and has been doing so for at least 20 years. The provider's own children under age 12 (and the children of an assistant, if applicable) are included in the maximum. Since the mid-1980s, no license has been required if the provider cares for children from only one family other than his/her own. Providers are also exempted if they care for children without compensation and meet certain other criteria.

There is a single set of regulations governing day care homes, although there are additional standards for homes caring for 7-12 children. There are approximately 48,000 family day care homes; about 10 percent of these are large (7-12 children).

There is an announced visit prior to licensing and unannounced visits every three years thereafter. In addition, unannounced visits are made to an additional 10 percent of the day care homes annually.

Legislation has been passed which will require annual visits. This will take effect when sufficient funds have been accumulated in a fund created through the sale of certain environmental auto license plates.

According to licensing officials, who are responsible for regulation of over 100,000 day care and residential settings, there are no proposed changes to the method of regulating family day care homes in California.

Source of Information: Bill Jordan, California Community Care Licensing Division.

Registration: Texas

Texas currently registers family day care providers caring for 4-12 children (typically 6, plus 6 before/after school) and licenses group day care homes caring for 7-12 children. There are over 15,000 family day care homes and over 900 group day care homes in the state.

According to the Cris Ros-Dukler, Licensing Department, Texas Department of Human Services, the state has the strongest set of standards in the country for registration of family day care homes. Their new minimum standards, which became effective July 1990, require the most hours of orientation and annual training of any states which require both. They require the provider, who must be at least 21 years old, to have a high school diploma or GED, proof of first aid and CPR and mandatory attendance at six hours of orientation.

As of January 1992, an initial inspection is now required prior to registration. There is no annual inspection visit after the initial inspection; visits are made if there is a complaint. The Department recently conducted monitoring visits to a 20 percent sample of all registered family day care homes; 3,065 were monitored between July 1990 and June 1991. The purposes of the visits were to monitor compliance with standards, collect information on registered homes, provide information to registered homes and to strengthen the partnership between the Department and the providers.

The results of the survey were utilized to assess levels of compliance with each standard and the various categories of standards. The study showed that over 50 percent of the providers were out of compliance with five standards:

- Has 40BC (or approved) fire extinguisher. (60% out of compliance)
- Keeps immunization records of children. (58% out of compliance)
- Adults in home have completed TB exam, if required. (56% out of compliance)
- Has all required first aid supplies. (54% out of compliance)
- Keeps TB test records for children in care. (53% out of compliance)

Between 25 percent and 49 percent of the providers in the sample were out of compliance with the following standards:

- Keeps all required phone numbers posted near phone. (44% out of compliance)
- Keeps emergency medical authorization for children. (43% out of compliance)
- Has current certificate in first aid. (39% out of compliance)
- Has current certificate in CPR. (33% out of compliance)
- Emergency forms taken when children away from the home. (32% out of compliance)
- First aid supplies taken when children away from the home. (30% out of compliance)
- Keeps required animal vaccination records for pets. (29% out of compliance)

Although at lower levels of noncompliance, it was found that 20 percent of the homes had caregivers under 21 years old who did not meet qualifications; 19 percent of the homes had some form of citable hazard; and 16 percent had not submitted criminal history forms for other adults in the home.

The factors which were found to increase compliance included: membership in a child care association, membership in a child referral service, a high school diploma, hours of training in child care and attendance at minimum standards training. All providers (100%) agreed that minimum standards promote health and safety of children; 96 percent agreed that monitoring promotes health and safety of children.

This project was the basis for what is now an ongoing program of inspections to a random sample of providers annually. The department is currently doing a 30 percent sample.

Source of Information: Cris Ros-Dukler, Texas Department of Human Services.

Certification: Kentucky

Kentucky has recently changed its method of regulating family day care. Prior to July 15, 1992, day care homes caring for 4-12 children were required to be licensed. Kentucky now requires mandatory certification for day care homes caring for 4-6 children and continues to license day care homes serving 7-12 children.

Kentucky was experiencing a shortage of family day care homes. The rigor of the licensing process was reported to have been a deterrent to potential providers who might have been able to care for more than three children. Providers caring for only three children indicated that it was difficult for them financially to survive with only three children for compensation.

A broad coalition of advocates, family home providers, state staff and legislators supported the change of status from licensure to certification for small day care homes. There was some opposition from licensed family home providers, but this did not impede the movement toward change.

Provider/child ratios were included in the same legislative package with the status change. Prior to this, there had been no ratios for family homes. Supporters saw the change as a good way to increase quality (through the introduction of ratios for homes), while also increasing availability (more homes would apply for certification than for licensure) and maintaining affordability (small homes would not have to charge more to stay in business).

Emergency regulations went into effect in July 1992. A coalition of individuals including providers and advocates assisted in the development of regulations which were approved in November 1992.

Source of Information: Nancy Bruner-Wilson, Kentucky Child Care Services Branch.

Proposal for Change: Wisconsin

Wisconsin is another state which has assessed its family day care regulation process in recent years. In 1989, Wisconsin developed a proposal to change its regulatory process. The proposal called for the regulation of all day care homes serving children, initial inspection and then inspections on a random sampling basis thereafter. At the time, day care homes caring for 1-3 children were required to be certified if they received public funds. Day care homes caring for 4-8 children were required to be licensed. The provider's own children under the age of seven were included in the maximum. Licensed homes were inspected prior to licensing and annually thereafter.

The proposal received a negative response from those who chose to comment on it. It was not pursued further. Rather than providing additional safeguards for children in small, family day care homes, it was viewed as a weakening of safeguards for children in larger group day care homes. No further changes are being pursued at this time, according to the state licensing administration.

Source of Information: David Edie, Wisconsin Division of Community Services.

OPTIONS

The options identified through the Call for Issues and a review of other states are specified below. Inclusion in the list below does not imply a recommendation by the authors. Options are not mutually exclusive.

Option One: Increase regulation of day care homes, through one or more of the following means:

- Require all day care homes caring for one or more children for compensation to be regulated (i.e., licensed, certified or registered), or lower the number of children for whom a day care home provider can care without being regulated.
- Establish age-specific ratios or limits for day care group homes.
- Count more/all of the provider's/assistants' children toward the maximum allowed.

CONSIDERATIONS

Availability - The impact of requiring additional day care homes to be regulated depends on a number of factors. If regulations are perceived as reasonable and there are sufficient incentives (e.g., training, subsidies, referrals), the availability may not be adversely affected. Conversely, if the standards are perceived as onerous, or the process is complex or expensive, some providers may decide to quit providing care or to operate "underground."

Establishing age-specific ratios or limits may affect the continued operation of existing day care group homes. Counting more or all of the provider's children toward the maximum may also affect existing day care group homes.

Affordability - Requiring additional day care homes to be regulated may have an impact on affordability, if providers find that the cost of compliance increases their costs. If regulation of additional homes were accompanied by an increase in the maximum number of children allowed in the home and standards perceived by providers as reasonable were adopted, there might not be a negative impact on affordability, because providers could spread their costs among a larger number of children.

Establishing age-specific ratios or limits may affect the total costs to the provider and, therefore, affect affordability. Counting more or all of the provider's children may limit the number of children and result in costs being spread across fewer children.

In addition, increasing the number of regulated day care homes may result in increased administrative cost at the state level. Costs would include development and enforcement of regulations.

Quality - More homes would be subject to child care standards and would have access to provider training and information helpful to them in improving the quality of the care they provide.

Establishing age-specific ratios or limits would likely decrease the number of infants cared for by a single provider and could result in greater attention to those infants in care.

Option Two: Decrease regulation of day care homes, through one or more of the following means:

- Increase the number of children who can be cared for in a family day care home before regulation is required by law.
- Use a less stringent method of regulating day care group homes (e.g., registration) or less stringent standards.
- Do not count the provider's/assistants' children toward the maximum allowed.
- Allow additional children before and after school and overlaps, of either specified or unspecified duration.

CONSIDERATIONS

Availability - An increase in the number of children who can be lawfully cared for in family day care homes may increase the availability of lawful child care. Provider groups have reported that they feel they can care for more than four children, or are already doing so when their own children are included. These providers feel they can care for more children and that more individuals would begin to provide care if they could take a larger number of children.

Less stringent methods of regulation or less stringent standards may increase the availability of day care homes, if providers previously hesitant to come forward were to do so.

Not counting the provider's own children or allowing additional children before and after school could result in more children in care and, therefore, potentially greater availability.

Affordability - An increase in the number of children who can be lawfully cared for in family day care homes could have a positive effect on affordability. Costs could be spread among a larger number of children.

Less stringent methods of regulation or less stringent standards may cost providers less and result in lower cost of care.

Not counting the provider's own children or allowing additional children before and after school could result in more children in care and, therefore, potentially lower costs.

Quality - The impact on quality which would result from an increase in the number of children who could be lawfully cared for in a family day care home depends on several factors. It would depend on the maximum number. If the number is set at a flat six children, including the provider's own, there should be no change, since providers can have up to two of their own children now. If the increase in maximum is accompanied by a requirement to be regulated in some way, quality could improve. If not, and the maximum is increased, there could be a diminishing of attention for each child.

Less stringent methods of regulation or less stringent standards may decrease quality. Before the impact can be determined, an assessment would need to be made to determine whether or not existing day care group home standards ensure quality. Reduced regulation such as self-certification or registration are likely to result in reduced compliance to standards.

Not counting the provider's own children or allowing additional children before and after school could result in more children in care and, therefore, less attention to each child.

Option Three: Maintain existing processes and standards.

Availability - No impact

Affordability - No impact

Quality - No impact

ISSUE: MONITORING

QUESTIONS

1. Regulations: How is consistency promoted in regulations among various agencies which regulate child care?
2. Monitoring: How many agencies are involved in monitoring child care settings? What are their roles and responsibilities? How is the process coordinated?

CURRENT SITUATION IN ARIZONA

Regulations:

A comparison was made of the regulations applied to:

- Family day care homes certified by the Arizona Department of Economic Security (ADES) when 1-4 children in the home are receiving child care subsidy,
- Day care group homes certified by the Arizona Department of Health Services (ADHS) for 5-10 children,
- Child care centers licensed by ADHS, and
- Homes and centers designated as "alternate approval" settings by the Arizona Department of Education (ADE) in order to receive funding under the Child and Adult Care Food Program (CACFP).

This comparison is available from ADES, Child Care Administration.

There are approximately 1,200 family day care homes certified by ADES, 115 day care group homes certified by ADHS, and 1,300 child care centers licensed by ADHS. According to ADE, there are 1,163 alternate approval day care homes participating in the CACFP, in addition to 923 ADES certified homes, 41 ADHS certified homes and 141 military homes. There are approximately 280 sponsoring organizations. These include military, tribal, center and public school sponsoring organizations. Specific information on the number of center-based programs will be available in early 1993.

The regulatory review comparison shows that there are few requirements across agencies which contradict each other. That is, a provider is not likely to fail to meet one agency's requirement by following another. This is an interesting finding in light of some of the responses generated from the Call for Issues. Some individuals believed that specific regulations applied by one agency opposed another's. What this review does not take into account is the interpretation one may apply to a given requirement. For example, fire and sanitation inspectors may not enforce standards in the same way.

When comparing the regulations, it was found that many differences are differences in processes, and specifically differences in time frames (e.g., ADES requires providers to notify the Department of a change of ownership within at least 15 days of the effective date while ADE requires notification within 30 calendar days. ADHS requires at least a 15 day notification from a certified day care group home operator of additions/deletions of household members or voluntary closure; for centers, the licensee is required to provide at least a 30 day notice of change in ownership).

As significant, or even more significant than this, is the fact that the regulatory comparison shows many gaps in regulation (that is, subjects covered in one set of regulations but not in another). It is observed that many agency requirements are addressed in one set of regulations but not in others. This may be an expected result given each agency's scope of authority.

In addition to the requirements of ADES, ADHS and ADE CACFP, child care providers may be subject to local zoning ordinances. Zoning issues are not included in this analysis. For more information on zoning as it relates to day care homes, see *Zoning: A Barrier to Family Child Care - Arizona 1992*, developed for the American Express Foundation by the Children's Action Alliance.

Monitoring:

ADES requires certified homes to be inspected prior to certification and annually thereafter. Visits to the home are required no less than once every three months (Arizona Administrative Code R6-5-52). Fire and health/sanitation inspections separate from ADES inspection are not required.

ADHS requires inspections of day care group homes prior to licensure and annually thereafter. Visits to the home are required at least two times per year. At least one unannounced visit shall be made annually (ARS 36-897). Current ADHS policy is to make two unannounced visits each year. A fire inspection conducted by a (state or local) fire official is required initially. If meals are served, a health/sanitation inspection is required; this takes the form of an annual self-evaluation.

ADHS requires inspections of child care centers prior to licensure and at least one unannounced visit per year (ARS 36-885). Both fire and health/sanitation inspections are required annually.

ADE is required to review 33.3 percent of participating child care centers (including before/after school programs) and day care home sponsoring organizations annually. Day care home sponsoring organizations conduct annual alternate approval reviews for homes participating in the CACFP if the homes are not certified by ADES or ADHS. Sponsoring organizations are required to visit all alternate approval day care homes or centers three times per year and before/after school programs (called "outside school hours" programs) six times per year (7 CFR 226). In addition, there are the following requirements:

- Child care centers. Centers receiving funding through the CACFP must be licensed by ADHS and, therefore, are subject to the same health and fire inspections as required by ADHS (excluding those operated by the military or tribes or other exempt from licensing).
- Before/after school programs. The sponsoring organization for "outside school hours" programs is required to submit a copy of the cafeteria health/sanitation inspection report and the annual fire inspection report.
- Day care group homes. Day care group homes receiving funding through the CACFP must be certified by ADHS and, therefore, are subject to the same health and fire inspections as required by ADHS.
- ADES certified day care homes. ADES certified homes are not required to have a health/sanitation or fire inspection other than what the ADES inspector performs.
- Alternate approval day care homes. Alternate approval homes are required to have an inspection by a county health inspector. The fire safety inspection may be conducted by the sponsoring organization whose personnel have been trained by fire officials or by the local fire department.

CALL FOR ISSUES

In the Call for Issues conducted prior to the initiation of this research project, numerous respondents identified issues related to the monitoring of day care homes and child care centers in Arizona. Following is a sample of the issues raised:

- **Inspection of centers.** Respondents suggested that more enforcement activity is needed and that more licensing staff are needed to carry out the inspections.
- **Inspection of day care homes.** Respondents cited the need for regular, unannounced visits and uniform enforcement of regulations. At least one respondent expressed the opinion that visits should be announced, and another stated that inspectors should not be allowed to inspect areas of the provider's home not open to children.
- **Identification of homes over the lawful limit of children.** Respondents mentioned that more monitoring of limits in day care homes is needed.
- **Consistency in application of regulations.** Respondents expressed concern about inconsistency in interpretation of regulations by inspectors and the variation in enforcement from program to program.
- **Number of agencies involved in regulation.** Respondents mentioned that too many agencies are involved in the regulatory process and that standards are inconsistent.

STATE OF THE STATES

A telephone survey was conducted to determine how states have organized their child care programs; specifically, how many states have responsibility for child care regulation and subsidy programs in the same department.

According to the responses received, there are 37 states which have child care licensing and subsidy programs in the same department (although they may be in separate divisions of the same department). The states are:

Alabama	New Hampshire
Arkansas	New Jersey
California	New Mexico
Colorado	New York
Florida	North Carolina
Hawaii	North Dakota
Idaho	Ohio
Indiana	Oklahoma
Iowa	Oregon
Louisiana	Pennsylvania
Maine	South Dakota
Maryland	Tennessee
Michigan	Utah
Minnesota	Vermont
Missouri	Virginia
Montana	Washington
Nebraska	West Virginia
Nevada	Wisconsin
	Wyoming

Of these 37 states:

- 11 were in human services departments
- 10 were in social services departments
- 5 were in children and/or family services departments
- 3 were in human resources departments
- 2 were in social and health services departments
- 2 were in health and human services departments
- 1 was in a health services department
- 1 was in a family and social services department
- 1 was in a health and welfare department
- 1 was in a public welfare department

In five states, a single agency has responsibility for child care licensure, child care subsidy programs and the CACFP. These states are: Louisiana (social services), Maine (child and family services), Nebraska (social services), New Mexico (child, youth and families) and Tennessee (human services). In most states (33), the CACFP is operated by the state department of education or public instruction.

In the survey, state licensing personnel were also asked whether child care settings had separate inspections from fire officials or sanitarians. Their responses are summarized below for the various types of child care settings.

Family Day Care Homes

Fire Inspections. For homes that are regulated (either voluntary or mandatory), 34 indicated that they do not require a separate fire inspection of family day care homes. Sixteen indicated that they do require a separate fire inspection, typically conducted by a local fire authority or the state fire marshall.

Health/Sanitation Inspections. For homes that are regulated (either voluntary or mandatory), 37 indicated that they do not require a separate health/sanitation inspection of family day care homes. Thirteen indicated that they do require a separate fire inspection, typically conducted by a county or state health inspector.

Group Day Care Homes

Fire Inspections. Of those states which regulate group day care homes, the majority (30) require a separate fire inspection. Eleven do not require an inspection apart from that conducted by licensing personnel.

Health/Sanitation Inspections. Of those states which regulate group day care homes, the majority (26) require a separate health/sanitation inspection. Fifteen do not require an inspection apart from that conducted by licensing personnel.

Child Care Center

Fire Inspections. Nearly all states (49) require a separate fire inspection for child care centers.

Health/Sanitation. Forty states require a separate health/sanitation inspection. Eleven states either allow licensing personnel to cover areas related to health/sanitation or leave it to the discretion of licensing personnel to request an inspection.

CASE STUDIES

Consistency Among Regulators: Pennsylvania

According to experts in the field of applying regulations, using an indicator system is one of the best approaches to attaining consistency. Specific indicators are developed for licensing standards, typically with criteria for achievement and the method of data collection specified.

Richard Fiene, Ph.D., has been working with the State of Pennsylvania on their indicator system. He is of the opinion that indicator systems are helpful in maintaining high standards of quality and reliability in licensing. Based on his experience in Pennsylvania, he believes that it takes about 18 months to develop and implement a good indicator system.

Some keys to the development of a successful indicator system, according to Dr. Fiene, are:

- Involvement of both providers and licensing staff,
- Support from "the upper echelons of state government,"
- Clear articulation of and agreement on the final product, and
- Tests of reliability.

Pennsylvania licensing staff were very positive in describing their experience with the indicator manual. According to their report, it provides a standardized format for licensing staff and providers. There is some concern about the weighting system which is part of the system, but this area is being reviewed. They are looking at an approach that would designate items along a continuum of low to high risk with enforcement action matched to the level of risk.

For more information, see "Instrument Based Program Monitoring and Indicator Checklist System for Child Care," by Dr. Fiene.

Source of Information: Richard Fiene, Ph.D., Pennsylvania State University; and Susan Miller, Pennsylvania Department of Public Welfare.

Reducing the Number of Inspectors: Delaware

Family homes often lament the number of different inspectors who are required to come into their homes. Delaware has taken steps to address this problem. Only state licensing staff now go into family day care homes. They are responsible for conducting the fire and health/sanitation inspections. If technical assistance or a more thorough review is required, the licensing staff may call upon fire or health/sanitation officials.

In order to ensure that the fire and health/sanitation areas are adequately addressed by licensing workers in family day care homes, Delaware has developed indicators for each standard. These were developed in coordination with the public health agency and joint training was conducted.

For centers, even though separate fire and health/sanitation inspections are carried out, the standards, along with a description of the intent of the standard and the methods of measurement, are included in the child care center licensing manual. This helps to ensure consistency among inspectors, regardless of which agency they represent.

Following is an excerpt from *Delacare: Requirements for Day Care Centers, Indicator Manual*.

HANDWASHING

141. A Center shall ensure that staff and children wash their hands with soap and running water and use single service towels for drying hands.

- A. Before eating and handling food;
- B. After toileting or diapering;
- C. After coming into contact with fecal matter, urine, vomit, nasal secretions or other body secretions;
- D. After handling animals or their equipment or after coming into contact with an animal's body secretions;
- E. After caring for a child who may be sick; and
- F. After cleaning.

Intent To prevent the spread of infectious disease, and to teach children good hygiene practices. Health professionals, including the American Academy of Pediatrics, agree that careful hand washing by staff and children is the simplest and most important basic measure to control the spread of infection. They further suggest that written reminders of hand washing policy be posted in each toilet room.

Indicators 141-ICA-IS-1 Ask Chief Administrator and staff about procedures for ensuring proper handwashing as required.

141-0-2 Observe handwashing as specified.

Special Instruction Effective handwashing cannot be accomplished by using a common bucket, pail or sink of water or a common washcloth for children.

Source of Information: Pauline Koch, Delaware Office of Child Care Licensing.

Simplifying the Process: Wisconsin

Wisconsin's efforts to streamline the regulatory process for family day care homes (4-8 children) have been chronicled by William Gormley, Ph.D. Dr. Gormley has done considerable work in the area of simplifying the morass of regulations applied to child care settings.

A few years ago, concerned that there were few regulated family day care homes in the state, child care officials in Wisconsin held a series of public hearings and gathered input from an Advisory Committee. Based on the input received, the Department of Health and Human Services developed new rules for family day care homes. With the new rules came some deregulation.

The requirement for an annual fire inspection by a local fire department was dropped. According to David Edie of the Wisconsin Department of Health and Human Services, the applicable fire regulations were included in the day care rules and were written in "user friendly terms." He indicated that the fire officials were supportive and provided both initial input and review.

A memorandum of understanding with the state Department of Industry, Labor and Human Relations was approved, thereby giving the Department of Health and Human Services responsibility for enforcing the state building code. As a result of these changes, the family day care home provider has to deal with only one inspector. According to Mr. Edie, the most significant of the uniform dwelling codes were included in the day care rules and, like the fire regulations, were written in "user friendly terms" with the assistance of building code experts.

In his review of the Wisconsin experience, Dr. Gormley states:

Despite its simplicity, the streamlining of building inspections may ultimately prove more significant than all of the rules changes combined. With one bold stroke, DHSS and DILHR have reduced the amount of time, the number of requirements, and the amount of money required to obtain a state license. In addition, they have simplified and personalized the regulatory process. Instead of confronting a bureaucratic maze, with dual or multiple inspectors, family day care providers will now interact with one public official - a DHSS inspector. These inspectors understand family day care and empathize with providers. This transforms the regulatory process from an adversarial encounter to more of a supportive relationship. Even if DHSS inspectors require providers to take certain steps or make additional purchases, the providers can have greater confidence that the health and safety of children is the underlying concern and that one inspector's judgment will not be second-guessed by that of another. DHSS inspectors are likely to have more credibility with providers than building inspectors, whether employed by state or local governments. In encounters with building inspectors, providers sense indifference or hostility. To many building inspectors, a family day care home is just another business. In encounters with human services inspectors, providers sense a commitment to day care and a commitment to children. Like providers, human services inspectors are, in a sense, in the day care business. They may be playing different roles but they share a common interest in day care and children. Thus friction between provider and human services inspectors is likely to be far less acute.

According to Mr. Edie, the streamlining of the family day care regulatory process has resulted in a doubling of the number of homes since 1989.

For more information, see Dr. Gormley's article, "Family Day Care Regulation in Wisconsin: The Bureaucracy Heals Itself," a paper prepared for the Annual Meeting of the Association for Public Policy and Management, Arlington, Virginia, November 1989. Dr. Gormley will be making a presentation on related issues to the United States Advisory Committee on Intergovernmental Relations in December 1992. The paper will be available for distribution after that time.

Source of Information: William Gormley, Ph.D., Georgetown University; and David Edie, Wisconsin Department of Health and Human Services.

For More Information

The Government Accounting Office (GAO) is in the process of finalizing a paper on state licensing efforts; the paper should be available after January 1993.

See also Office of Inspector General (OIG), Office of Evaluations and Inspections, "Enforcing Child Care Regulations," and "Effective Practices in Enforcing Child Care Regulations," February 1990.

OPTIONS

The options identified through the Call for Issues and a review of other states are specified below. Inclusion in the list below does not imply a recommendation by the authors.

Option One: Improve consistency of applications through one or more of the following means:

- Develop indicators for standards.
- Have one inspector per site conduct all required inspections.
- Jointly train inspectors from various agencies.
- Make organizational changes such that enforcement of all child care regulations is the responsibility of one agency.

CONSIDERATIONS

Availability - Particularly for home settings, having one inspector may encourage potential providers and thereby increase the number of homes in operation. Consistency in application may have a positive effect on maintaining homes.

Having one inspector is less feasible in centers, although consistency is likely to be welcomed by centers.

Affordability - Consistently applied standards may not cost less, but are likely to allow providers to better project and, therefore, better control their costs. Reducing the number of inspectors may cut down on administrative time and may reduce this cost.

Quality - Consistently applied standards with clear criteria for compliance are likely to improve quality. Indicators often serve a training function and provide clear guidelines for compliance monitoring. Having to deal with fewer inspectors and better trained inspectors may reduce the time required of the provider and allow more time for interaction with children, especially in a home setting.

Option Two: Maintain current inspection approaches.

CONSIDERATIONS

Availability - No impact

Affordability - No impact

Quality - No impact

ISSUE: PROVIDER TRAINING FOR DAY CARE HOMES AND CENTERS

QUESTIONS

1. **Qualifications:** What qualifications are required for all child care providers, including directors, in centers and in day care homes?
2. **Training Requirements:** What ongoing training is required?
3. **Affordability and Accessibility:** How is training made affordable and accessible?

CURRENT SITUATION IN ARIZONA

Qualifications:

Family Day Care Homes (Arizona Administrative Code R6-5-5206)

The Arizona Department of Economic Security (ADES) requires family day care providers to meet the following: caregivers must be at least 18 years of age; adult members of the family must have a fingerprint and background check.

Day Care Group Homes (Arizona Administrative Code R9-5-801)

The Arizona Department of Health Services (ADHS) requires day care group home providers to meet the following: providers must have a high school diploma or its equivalent, have current certification in first aid and infant/child CPR; the primary caregiver must be 21 or older and any assistant 18 years of age or older. All adults in the home must submit to fingerprinting and a background check.

Child Care Centers (Arizona Administrative Code R9-5-402)

Child care centers licensed by ADHS must comply with the following:

- Center directors shall be at least 21 years of age and meet one of the following sets of minimum academic and qualifying experience requirements:

Academic Course Work

A high school diploma or its equivalent with at least six hours of academic course work or 90 hours of documented workshop experience in Early Childhood Education or Child Development.

A Child Development Associate's credential or its equivalent with at least six hours of academic course work or 90 hours of documented workshop experience in Early Childhood Education or Child Development.

Child Care Qualifying Experience

2 years

18 months

One year of college with at least six hours of academic course work in Early Childhood Education, Child Development or closely related field. 18 months

An Associate's Degree in Early Childhood Education, Child Development or closely related field. 6 months

A Bachelor's degree in Early Childhood Education, Child Development or closely related field. 3 months

- Teacher-caregivers must be at least 18 years of age and meet one of the following sets of minimum academic and qualifying experience requirements:

<u>Academic Course Work</u>	<u>Child Care Qualifying Experience</u>
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High school diploma or its equivalent.	6 months
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Child Development Associate's credential or equivalent.	N/A
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Associate's or Bachelor's degree in Early Childhood Education, Child Development or closely related field.	N/A
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- Assistant teacher-caregivers must be at least 16 years old and meet one of the following sets of minimum academic and qualifying experience requirements:

<u>Academic Course Work</u>	<u>Child Care Qualifying Experience</u>
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High school diploma or its equivalent and an interest in working with children.	N/A
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Enrolled in high school H.E.R.O. program or similar educational program approved by the school governing board.	N/A
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Enrolled in high school classes or equivalent and an interest in working with children in summer camps.	N/A
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Training Requirements:

Family Day Care Homes (Arizona Administrative Code R6-5-5208.G)

ADES requires family day care providers to attend orientation which is conducted by local ADES staff. The orientation includes information on applicable law, rules and regulations, procedures, health and safety requirements, the precertification home visit, the communication process, guiding behavior, nutrition, creative activity and use of material, record keeping and community resources.

There is no ongoing training requirement for family child care providers.

Day Care Group Homes (Arizona Administrative Code R9-5-801 & 802)

ADHS requires day care group home providers to receive orientation provided by the Department. The provider must orient each of the facility's personnel and each household member to the statutes and rules governing day care group homes and to the facility's policies and procedures.

In addition, the provider must be certified in first aid and infant/child CPR (through a course approved by the Department). Caregivers must attend nine hours of inservice training each year which covers the following content areas:

- a. Orientation of all new employees to the day care group home and its policies and procedures;
- b. On-the-job training for all new personnel who need training in specific areas to meet their job responsibilities;
- c. Personnel responsibilities in complying with these statutes and rules;
- d. Child health and safety procedures including recognition of illness and disease and training in basic disease control techniques;
- e. Child growth and development;
- f. Child abuse prevention, detection and reporting;
- g. Positive guidance and discipline;
- h. Nutrition and good eating habits;
- i. Availability of community services;
- j. Family involvement and communication with families; and
- k. Program planning and development.

Child Care Centers (Arizona Administrative Code R9-5-205, R9-5-401.E and R9-5-403.A)

ADHS requires the applicant (for center license) to complete orientation for new owners and directors of child day care centers within four months from the submission date of a licensure application.

In addition, one staff member with current certification in first aid training from a Department-approved program and one staff member with current certification in CPR from a program approved by the American Heart Association must be on the center premises at all times when the center is open and on field trips.

The Center director shall:

- Provide, or make available, a minimum of 12 hours of inservice training each year for all teacher-caregivers, assistant teacher-caregivers and other personnel as appropriate, depending upon the needs of the program and qualifications of staff and volunteers. The training shall include at least the following:
 - See a-k under Day Care Group Homes and add;
 - Creating a classroom environment

Arizona Department of Education

Child and Adult Care Food Program (7 CFR 226.6 and 226.16)

State agency administrative responsibilities include the following:

- Each state agency shall provide sufficient consultative, technical and managerial personnel to administer the program, provide sufficient training and technical assistance to institutions and monitor performance to facilitate expansion and effective operation of the program...
- Each sponsoring organization shall ensure that fingerprint checks are conducted of all child care personnel receiving federal child care food program monies...
- Each sponsoring organization shall provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all child care...facilities under its jurisdiction. At a minimum, such program assistance shall include:...
 - Staff training for all child care...facilities in program duties and responsibilities prior to beginning program operations; and
 - Additional training sessions, to be provided not less frequently than annually.

CALL FOR ISSUES

In the Call for Issues conducted prior to the initiation of this research project, numerous respondents identified issues pertaining to training. The majority of responses could be categorized into two major areas: staff/provider qualifications and training requirements (preservice and inservice). Following is a sample of the issues raised:

- **Center director requirements.** A few respondents felt that preservice qualifications for center directors should be upgraded or that qualifications for this group need clarification. In addition, a few respondents indicated that center directors should be required to receive more training.
- **General staff qualifications.** Many respondents believed that center staff and providers should meet more stringent qualifications to effectively carry out their roles. In addition to general comments on this issue, some respondents specifically mentioned the positions of child care worker, assistant caregiver and teacher. Most suggestions related to teachers. Respondents had varying opinions as to what these qualifications should include:
 - **Teacher.** Some of the options included combinations of education, experience and training. The following are some proposed examples: High school diploma and Child Development Associate's credential (CDA), an Associate's degree in Early Childhood Education or Development and experience, Bachelor's degree or specific number of training hours, and teacher certification. Other responses were more general (e.g., teachers should have an education and experience in child care and teaching).
 - **Assistant Caregiver.** At least one respondent felt that assistant caregivers should be required to complete a specific number of modules per semester leading to a CDA.
 - **Child care workers or caregivers.** A few respondents felt that educational standards for child care workers or caregivers should be required.

It was clear that the terms child care worker, caregiver and assistant caregiver meant different things to different respondents. Some used the above terms generically and others were more specific. Therefore, in some cases, it was difficult to determine the applicability of the comments made related to these groups.

- **Availability of training.** Many respondents felt that there needs to be more training provided for all child care staff and providers. Most often, respondents indicated that the amount and type of inservice training should be increased. A few respondents felt that specific training content should be covered prior to service. Many respondents felt that training offered should be more specialized and target specific types of caregivers. Some topic areas mentioned were: behavior management, child interactions, special needs, health education, safety, training on laws and rules and regulations, programming and nutrition. A significant number of respondents felt that CPR and first aid training should be mandatory.
- **Affordability of training.** Several respondents felt that training should be provided at low or no cost.
- **Accessibility of training.** Some respondents offered suggestions for how training could be made more accessible to child care staff and providers. These recommendations included providing training on videotape and disseminating training information through licensing specialists. Several respondents mentioned the need for training to be more accessible to them.

STATE OF THE STATES

Qualifications:

States differ greatly in their qualifications for child care personnel as well as their training requirements. State educational certification systems generally concentrate on one role, the classroom teacher who works with children from kindergarten through eighth grade, while licensing systems may define several roles in centers and day care homes. Educational certification systems typically require individuals to have completed a college degree prior to employment, but licensing systems may include a variety of alternative routes to qualification, including professional education after employment in the field.¹

The Center for Career Development in Early Care and Education at Wheelock College is currently in process of publishing data from a comprehensive national study of career development in the field of early care and education. The study was designed to present baseline information, or a "snapshot" of the country, before the implementation of the Child Care and Development Block Grant. The primary focus of the study is on early care and education programs in private settings and preschool programs in schools and the findings reported are current as of May 1991. The only information currently released from the study relates to the role of the teacher. The study defined certification narrowly to exclude certificates that only cover kindergarten and above. The following represents the research findings:

*Certification*²

- In all, 34 states have an early childhood teaching certificate. States issue three different types of certificates to qualify teachers to work with preschool children:
 - A specialized certificate for individuals to work only with children of prekindergarten age (7 states);
 - An early childhood certificate that spans preschool and some elementary grades (14 states); and
 - An early childhood endorsement added on to an elementary teaching certificate (11 states).

In the 17 states with no early childhood teaching certificate, an individual certified for kindergarten and above only is considered qualified to teach younger children.

Of the 34 states with early childhood certification or endorsement, all but two require a Bachelor's degree. A wide range of degrees acceptable for certification/endorsement exist, from degrees in Early Childhood Education to degrees in any field. Four states allow for alternative means of certification at the CDA/Associate's degree level. Ten states require a competency test that includes Human Growth and Development. Twenty-two of the 34 states with early childhood certification require a practicum with children younger than kindergarten.

¹ Gwen Morgan and Bettina McGimsey, "States' Policies on Qualifications for Roles in Early Care and Education," The Center for Career Development in Early Care and Education, 1992.

² *Ibid.*

Licensing

According to the Center for Career Development in Early Care and Education, states list alternative methods of qualifying for various roles combining more college coursework with less experience or vice versa. For example, in 11 states the highest alternative specified for a classroom or master teacher is an Associate's degree, a CDA, or a specified number of hours of coursework. Another 17 states include the Bachelor's degree or above as their highest alternative for teachers. Only New York City requires teachers in licensed centers to hold a state teaching certificate (covering K-8). The study further found that licensing requirements typically place greater emphasis on experience working with preschool children than on professional education qualifications. Some states will allow an individual to substitute experience for education. Nine of the 17 states in which the highest alternative qualification for master or classroom teachers is at least a Bachelor's degree still require experience over and above that degree.

Table 7 summarizes the preservice education, experience and training requirements for child care center personnel classifications. It shows that 43 states require center directors to meet preservice education and/or experience requirements. The number is far less for teachers. Thirty states require teachers to meet preservice education and/or experience requirements. Another eight states require teachers to have a high school diploma or equivalent with two of these requiring additional experience beyond high school. Twenty-five states have mandated preservice education and/or experience for assistant teachers while 18 states require the same for teacher aides. For this group, the largest number of states (26) have no requirement or the requirement is unknown. Table 8 provides a more detailed breakdown of preservice requirements by state for each personnel classification. Many states are currently making changes in qualification requirements and this should be kept in mind when reviewing this information. When known, the information on a particular state was modified to include recent changes in qualification requirements.

Table 7.
SUMMARY OF CHILD CARE CENTER PERSONNEL QUALIFICATIONS

Source of Data: The Children's Foundation 1991 Day Care Center Licensing Study; and Children's Defense Fund, Who Knows How Safe, 1990.

Position	None or Unknown	High School or GED	High School/ GED and Experience	Preservice Education and Experience	Preservice Education and/or Experience	Certificate	Training	Literacy
Directors	2		2	26	17	2	2	
Teachers	11	6	2	18	12		2	
Assistant Teachers	18	5	1	16	9		1	1
Teacher Aides	26	4		13	5		2	1

STATE ABBREVIATIONS

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of Columbia	DC	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
		Wyoming	WY

Table 8.
CHILD CARE CENTER PERSONNEL QUALIFICATIONS

Source of Data: *The Children's Foundation 1991 Day Care Center Licensing Study*; and *Children's Defense Fund, Who Knows How Safe, 1990*.
Note: If multiple options were listed, the information was listed under the lowest required option and specified by footnote.

Position	None or Unknown	High School or GED	High School/GED and Experience	Preservice Education and Experience	Preservice Education and/or Experience	Certificate	Training	Literacy
Directors	ID, RI (2)		AR ¹ , TN (2)	AL, AZ ² , CA, CO, CT, DE, HI, IL, IN, IA, KS, KY, LA, MI ³ , MS, NE, NV, NY, OH, OK, PA, SC ⁴ , TX, VT, VI, WI (26)	AK, DC, GA, ME, MD, MA, MN, MO ⁵ , MT ⁶ , NH, NJ, NM ⁷ , NC ND, SD, WA, WY (17)	UT ⁸ , WV ⁹ (2)	FL, OR ¹⁰ (2)	

¹ Arkansas. Requirement specifies high school plus 4 years experience or a CDA or AA with emphasis in Early Childhood Education or Bachelor's degree.

² Arizona. Center directors may meet a combination of educational requirements with a corresponding amount of experience. For example, a high school diploma or its equivalent with at least 6 hours of academic course work or 90 hours of documented workshop experience in Early Childhood Education or Child Development and 2 years of experience. For specific information, refer to Qualifications section.

³ Michigan. CDA or 60 semester hours.

⁴ South Carolina. Three years experience in a licensed facility or a high school diploma with 1 year experience in a group day care home.

⁵ Missouri. Sixty hours of college credit including 12 hours child related classes. May substitute 2 years experience for 48 hours of general college.

⁶ Montana. Two years experience or Bachelor's degree in Education or related field and CPR.

⁷ New Mexico. Preservice education only.

⁸ Utah. CDA or better in a related field and 2 years of experience.

⁹ West Virginia. High school diploma or GED, 9 college credits in Early Childhood Education or CDA and 1 year work experience with young children.

¹⁰ Oregon. One year of training or experience.

Table 8. (continued)
CHILD CARE CENTER PERSONNEL QUALIFICATIONS

Position	None or Unknown	High School or GED	High School/GED and Experience	Preservice Education and Experience	Preservice Education and/or Experience	Certificate	Training	Literacy
Teachers	AK, ID, IA, KY, LA, MI, MO, NM, SC, WA, WY (11)	AR, OH ¹¹ , OK, TN, UT, WV (6)	AL, VI ¹² (2)	AZ ¹³ , CA, CO, CT, DE, HI, IL, IN, KS, MS, NE, NV, NY, PA, RI, TX, VT, WI ¹⁴ (18)	DC, GA, MA, MD, ME ¹⁵ , MN, MT, NH ¹⁶ , NJ, NC, ND, SD (12)		FL, OR ¹⁷ (2)	

¹¹ Ohio. For teachers, assistant teachers and aides, the requirement is high school or vocational-technical training course.

¹² Virginia. Child care supervisors - high school/GED and 1 year experience or CDA.

¹³ Arizona. Qualifying experience required only for teachers who have a high school diploma or equivalent. Refer to Qualifications section for specific requirements.

¹⁴ Wisconsin. Applies to categories teachers/head teachers, and assistant teachers.

¹⁵ Maine. Kindergarten programs run in centers must have certified teachers.

¹⁶ New Hampshire. Teachers - 12 hours college credit.

¹⁷ Oregon. For teachers, requirement is 1 year of training or experience; head teachers are required to have 2 years of training or experience or Early Childhood Education/Development.

Table 8. (continued)
CHILD CARE CENTER PERSONNEL QUALIFICATIONS

Position	None or Unknown	High School or GED	High School/GED and Experience	Preservice Education and Experience	Preservice Education and/or Experience	Certificate	Training	Literacy
Assistant Teachers	AK, CT, IA, ID, KY, LA, MA ¹⁸ , ME, MI, MO, NJ, NM, OR, SC, VI, WA, WV, WY (18)	AR, AZ ¹⁹ , OH ²⁰ , OK, UT (5)	AL (1)	CA, CO, DE, HI, IL, IN, KS, MS, NE, NV, NY, PA, RI, TX, VT, WI (16)	DC, GA, MN, MT, NC, ND, NH ²¹ , MD ²² , SD (9)		FL (1)	TN (1)

¹⁸ Massachusetts. No requirements if the assistant teacher is at least 16 years of age.

¹⁹ Arizona. Assistant teacher-caregivers must meet some educational requirements but are not required to have experience. For example, an assistant teacher-caregiver may have a high school diploma or its equivalent and an interest in working with children. Refer to Qualifications section for more detailed information regarding requirements.

²⁰ Ohio. High school or vocational-technical training course.

²¹ New Hampshire. Six college credits.

²² Maryland. Regulations refer to school age group leaders, not assistant teachers.

Table 8. (continued)
CHILD CARE CENTER PERSONNEL QUALIFICATIONS

Position	None or Unknown ²³	High School or GED	High School/GED and Experience	Preservice Education and Experience	Preservice Education and/or Experience	Certificate	Training	Literacy
Teachers Aide	AK, AL, AZ, CT, DE, IA, ID, KY, LA, MA, MD, ME, MI, MN, MO, ND, NH, NJ, NM, OR, RI, SC, VI, WA, WV ²⁴ , WY (26)	AR, OH ²⁵ , OK, UT (4)		CA, CO ²⁶ , HI, IL, IN, KS, MS, NE, NV, NY, PA, TX, VT (13)	DC, GA, NC, SD, WI (5)		FL, MT (2)	TN (1)

²³ Some states may not have a specific aide designation (e.g., Arizona). Others may have only a minimum age requirement. The category none may mean: that the state has no classification, teacher's aide; or that they do, but with no requirements or that the requirements are unknown.

²⁴ West Virginia. No requirement for full-time aides; part-time must work under the supervision of a full-time teacher and have a work permit.

²⁵ Ohio. High school or vocational-technical training course.

²⁶ Colorado. Applies to infants and toddlers only.

Table 9 identifies the preservice education, experience, and training requirements for day care home providers. Many states are reviewing their existing qualifications for day care home staff and adding new requirements. The most current source containing information on preservice qualifications for day care homes is the Children's Foundation's *1991 Family Day Care Licensing Study*. In a few cases, information taken from the Children's Foundation was updated based on state regulations.

The following table identifies 17 states which have specific qualifications for group day care home staff. States requiring only a high school diploma or equivalent are not included. These requirements may apply to only the primary caregiver or to all personnel working in the home. Most states which specify requirements for group day care homes require staff to receive both education or training and experience and offer varying alternatives to achieving the requirement. Eight states currently require family day care providers to meet preservice qualifications. Six of these states mandate separate preservice requirements for group day care staff. Generally, the requirements for family day care providers are not as extensive as those for group day care home providers.

Table 9.
DAY CARE HOME PROVIDER QUALIFICATIONS

Source of Data: Children's Foundation, 1992 Family Day Care Licensing Study; updated with information from state regulations.

STATE	TYPE OF FACILITY	REQUIREMENTS
California	Group Day Care	One year experience as a regulated small family day care home operator or as an administrator of a day care center (waiver by director upon finding that applicant has sufficient qualifying experience).
Colorado	Group Day Care	Three years experience, OR two years of college and one year experience in a group day care home, OR certification as a Child Development Associate (CDA), OR 40 hours of training and two years experience as a licensed provider and two years experience in a day care home.
Georgia	Group Day Care	One year child care experience as determined by the Department, OR high school graduate or equivalent.
Kansas	Group Day Care	Within 60 days following the initial application for license or employment, meet one of the following: Six months supervised employment in a licensed facility with same age children, OR 10 hours directed reading and five sessions of observation (not less than 2 1/2 hours each), OR a CDA, OR complete a minimum of three hours of academic credit OR equivalent training in Child Development, Early Childhood Education and curriculum resources and supervised observation in high school or college, OR three months experience with children of same age group as enrolled in group day care center.

Kansas	Family Day Care	Providers must submit documentation within 60 days that one of the following has been met: five sessions of observations (not less than 2 1/2 hours each), OR a CDA, OR fifteen hours of directed readings, video tapes, etc., OR employment not less than three months in a licensed family day care home, group family day care home or child care center.
Kentucky	Group Day Care	Master's degree in Early Childhood Education or Child Development, no experience required, OR Bachelor's degree in Early Childhood Education or Child Development, no experience required, OR Master's or Bachelor's in any field other than Early Childhood Education or Child Development and two years of paid experience (full-time) in working with young children in a group, OR Master's or Bachelor's degree in any field other than Early Childhood Education or Child Development and 12 hours of Child Development training, OR a CDA and 12 hours of Child Development training, OR Associate's degree and 12 hours of Child Development training, OR competency based vocational training in Early Childhood Education plus 12 hours of Child Development training, OR a high school diploma/GED and 12 hours of Child Development training.
Massachusetts	Family Day Care	The applicant shall meet one of the following: One year full-time experience or equivalent in caring for children younger than seven years of age, OR nine months full-time experience and have completed 15 hours of training, not including orientation approved by the Office, OR six months full-time experience and completed 30 hours of training, not including orientation approved by the Office, OR Certificate of Staff Qualifications issued by Group Day Care Licensing Program, Office of Children.
Minnesota	Group Day Care	Must meet one of three separate qualification requirements to begin care: One year experience as a licensed family day care provider, OR combination of experience as a provider, teaching assistant, nurse, etc. and specific hours of training, OR a Child Development education.

Nebraska	Group Day Care	Must meet one of the following: Two years experience as a licensed family day care home provider, OR one year experience in a large group day care home, OR two credit hours or 20 clock hours in Early Childhood Education, Child Development or Child Care Administration.
Nevada	Family Day Care and Group Day Care	Caregivers must be at least 16 years old and have had a Child Development course (if under 18 years old).
New Hampshire	Family Day Care	Family day care providers between 18-21 years of age must have a child care vocational course approved by the State Department of Education.
North Carolina	Group Day Care	One year experience as a caregiver in a day care home or center.
North Dakota	Family Day Care and Group Day Care	Education requirements vary for different levels of care.
Ohio	Group Day Care Administrator	High school diploma and two years of experience or college and 15 hours inservice training annually until 45 hours are completed.
	Family Day Care	Twelve hours of inservice training the first year and six hours annually unless educationally exempt and six hours in health and safety in Family Day Care during the first year of certification.
Pennsylvania	Group Day Care Primary Caregiver	Must meet one of the following: High School or GED and 30 hours from an accredited college in Early Childhood Education or Child Development, Special Education, Elementary Education or the Human Services Field, OR high school/GED including 600 or more hours of secondary training, OR high school/GED and 15 hours of college in Early Childhood Education, Child Development, Special Education, Elementary Education, or the Human Services Field and one year experience with children, OR high school/GED and completion of a postsecondary training curriculum, OR high school/GED and two years of experience with children.

South Carolina	Group Day Care	High school diploma/GED and CDA plus one year of experience in a licensed/approved child care facility as a caregiver. Registered providers have no requirements.
South Dakota	Group Day Care	If 18 years old, Child Development Technician diploma or a CDA required.
Vermont	Group Day Care	A person responsible for developing and implementing the program in a facility of 12 or fewer children shall have one of the following: Associate's degree in Early Childhood or Human/Child Development (including pediatric nursing), OR a CDA, OR two years of experience working with groups of children and at least one completed course of higher education in early childhood related topics (completed within nine months).
Washington	Group Day Care	One course in Early Childhood Education and two years experience in child care to care for 12 children.
Wisconsin	Family Day Care	Forty hours of Early Childhood Education required within six months of licensing. Ten hours of training in Infant/Toddler care is required within six months after accepting infants or toddlers.
Wyoming	Family Day Care and Group Day Care	Provider must possess or have done at least one of the following: High school/GED or three months of supervised experience or education (at least six months for providers in group day care homes), OR have completed five clock hours of Family Day Care training prior to certification, OR have received a professional credential from a nationally recognized organization.

Training Requirements:

States vary greatly in their requirements for continuing education of child care personnel. There are variations not only in the hours of training required annually for staff but also the type of training required. For example, more states require inservice training for center personnel than for home caregivers. However, more states mandate orientation for home caregivers than for center staff.

Table 10 shows the continuing education requirements for child care center personnel and for day care home providers.

States listed have indicated that they do require the listed training. States not included **may** require the listed training, but did not specify this in the Children's Foundation survey which was the primary source of information.

Orientation is required for day care home caregivers in at least 17 states, for center directors in at least three states and for other center staff in at least seven states.

First aid is required for day care home providers in at least 20 states and CPR in 15. First aid and CPR are required for center directors in very few states, but other center personnel are required to have first aid in 21 states and CPR in 14.

Several states listed no continuing education requirements for day care home providers (18), center directors (44) or other center staff (9).

Some states indicated that they had a requirement, but did not specify the amount of time or the topics.

For day care home caregivers, the highest number of states (16) require 5-10 hours of continuing education per year. For center personnel, the highest number of states (25) require 5-19 hours per year. Few states have listed annual training requirements for center directors.

Table 10.
CONTINUING EDUCATION REQUIREMENTS

Source of Data: The Children's Foundation, 1991 Day Care Center Licensing Study; Children's Defense Fund, Who Knows How Safe, 1990; and State licensing regulations.

Note: States listed have indicated that they do require the listed training. States not included may require the listed training, but did not specify this in the Children's Foundation Survey.

TYPE OF TRAINING	Day Care Home Caregivers ¹	Child Care Center Directors	Other Direct Care Center Staff
Required Orientation	AZ, CA, DE, LA, MA, ME ² , MD, MI ³ , MT ⁴ , NY, OR, PA ⁵ , TN, TX ⁶ , UT, VT, WA ⁷ (17)	AZ ⁸ , TN, WI (3)	AL, FL, LA, MN ⁹ , TN, VI, WI (7)

¹ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

² Maine. Provider must supply orientation for aides and assistants.

³ Michigan. Required orientation is for Family Day Care Providers only.

⁴ Montana. Large Family Day Care - required to attend orientation within 60 days of certification.

⁵ Pennsylvania. Applies to Large Family Day Care Homes.

⁶ Texas. Family Day Care - 6 hours required.

⁷ Washington. Family Day Care - 5 hours required.

⁸ Arizona. ADHS requires the applicant for center licensure to complete orientation for new owners and directors of child day care centers within 4 months from the submission date of a licensure application.

⁹ Minnesota. Orientation required for teacher aides.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ¹⁰	Child Care Center Directors	Other Direct Care Center Staff
First Aid ¹¹ (States may require as preservice or ongoing training requirement)	AZ(DHS), AK, CO, CT, DC, GA ¹² , IN, MA, ME, MI, MN, NE, NH, NJ, NM, OH, PA, TX ¹³ , WA ¹⁴ , WY (20)	IA, MA, OK (3)	CA ¹⁵ , DC, GA, IA, IN, KS, LA, MA, MN, MS, MT, NE, NM, NV, OH, OK, SD, UT, WA, WV, WY (21)

¹⁰ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

¹¹ States which require child care centers to have at least one caregiver on duty at all times during hours of operation with first aid only: Connecticut, Hawaii, Oregon, Pennsylvania, Rhode Island and Virginia. States which require one staff member to be trained in first aid and CPR include: Alaska, Arizona, California, Colorado, Delaware, Florida, Illinois, Kentucky, Maine, Maryland, New Hampshire, North Carolina, North Dakota, Tennessee, Texas and Utah.

¹² Georgia. For Large Day Care Homes, first aid and CPR are required. For Family Day Care, only first aid is required.

¹³ Texas. Registered providers - first aid and CPR (infants and toddlers) only.

¹⁴ Washington. Includes HIV/AIDS training.

¹⁵ California. CPR and first aid required for all centers which care for mildly ill children.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ¹⁶	Child Care Center Directors	Other Direct Care Center Staff
CPR Training or Certification ¹⁷	AZ(DHS), AK, CO, CT, GA ¹⁸ , MA, ME, MI, NC, NE, ND ¹⁹ , NH, TX ²⁰ , WA, WY (15)		CA ²¹ , DC, GA, IN, KS, LA, MS, MT, NE, NM, SD, UT, WA, WY, (14)

¹⁶ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

¹⁷ States which require centers to have at least 1 caregiver on duty at all times during hours of operation with CPR training or certification include: Massachusetts and Minnesota. States requiring a caregiver on duty at all times with first aid and CPR training or certification include: Alaska, Arizona, California, Colorado, Delaware, Florida, Illinois, Kentucky, Maine, Maryland, New Hampshire, North Carolina, North Dakota, Tennessee, Texas and Utah.

¹⁸ Georgia. For Large Day Care Homes, first aid and CPR are required. For Family Day Care only first aid is required.

¹⁹ North Dakota. Required CPR for supervisor only.

²⁰ Texas. Registered providers - first aid and CPR (infants and toddlers) only.

²¹ California. CPR and first aid required for all centers which care for mildly ill children.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ²²	Child Care Center Directors	Other Direct Care Center Staff
No Continuing Education Requirements (other than first aid and/or CPR)	AK, AZ(DES), DC, GA, HI, ID, IL, IN, MA ²³ , MS, MT, NH, OK, OR ²⁴ , SC, SD, VI ²⁵ , WA (18)	AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, UT, VI, VT, WA, WV, WY (44)	CA, CO, HI, ID, MI, MT, NH, NJ, SC (9)

²² The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

²³ Massachusetts. Effective September 1, 1993, at the time of renewal, Family Day Care providers shall submit evidence of having completed within the past 3 years, at least 15 hours of training, approved by the Office of Children and relevant to caring for young children.

²⁴ Oregon. Family Day Care - no requirements; Large Family Day Care - 15 hours annually.

²⁵ Virginia. The provider is invited to 6 training sessions per year; hours unspecified.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ²⁶	Child Care Center Directors	Other Direct Care Center Staff
Unspecified Continuing Education Requirement (Content/Amount)	CT ²⁷ , LA, MD, WV ²⁸ (4)		DC, LA ²⁹ , MN ³⁰ , NC ³¹ , NY ³² , RI ³³ , WA ³⁴ , WV ³⁵ (8)

²⁶ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

²⁷ Connecticut. For Large Day Care Homes, the requirement is 1 staff development activity per year; hours unspecified.

²⁸ West Virginia. Specific guidelines in developmental process, at minimum health and safety, are mandated for block grant providers.

²⁹ Louisiana. Training required quarterly for direct care personnel; hours unspecified.

³⁰ Minnesota. Training requirement for direct care personnel is 2% of hours employed.

³¹ North Carolina. Annual requirement; hours vary with education and experience.

³² New York. Annual requirement; hours unspecified.

³³ Rhode Island. Annual requirement; hours unspecified.

³⁴ Washington. Annual requirement; hours unspecified.

³⁵ West Virginia. Annual requirement; hours unspecified.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ³⁶	Child Care Center Directors	Other Direct Care Center Staff
0-4 Hours Per Year or as Specified	AL ³⁷ , IA ³⁸ , NJ, NV, TN ³⁹ (5)		AL, MD, NV (3)

³⁶ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

³⁷ Alabama. Training requirement is 4 hours every 2 years.

³⁸ Iowa. Training requirement is 2 hours every 5 years in child abuse identification and reporting.

³⁹ Tennessee. Family Day Care - 4 hours annually; Large Day Care Homes - 8 hours annually.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ⁴⁰	Child Care Center Directors	Other Direct Care Center Staff
5-10 Hours Per Year or as Specified	AZ (DHS), AR, KS ⁴¹ , KY, ME ⁴² , MN, NM ⁴³ , ND ⁴⁴ , OH ⁴⁵ , PA ⁴⁶ , RI ⁴⁷ , SD ⁴⁸ , TN ⁴⁹ , UT, VT ⁵⁰ , WY (16)	AL, KS, MD (3)	AR, GA, IA, KS, KY, ND, OK, PA, TN, VT, VI, WY (12)

⁴⁰ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

⁴¹ Kansas. Licensed providers only - 5 hours training or directed reading or current accreditation by National Association of Family Day Care.

⁴² Maine. For licensed homes - 6 hours in child care, early childhood education, business administration or child development within the first year and annually.

⁴³ New Mexico. Family Day Care - 6 hours annually; Large Day Care Homes - 12 hours annually.

⁴⁴ North Dakota. Large Day Care Home supervisor - 6 hours annually; Caregiver - up to 6 hours training annually depending on percent of full-time job.

⁴⁵ Ohio. Type A Home - 15 hours annually until 45 hours is completed; Type B Home - 6 hours annually until 30 hours completed unless educationally exempt; Type B Family Day Care - no requirements.

⁴⁶ Pennsylvania. Applies to Large Day Care Homes. Family Day Care Home providers are required to receive 12 hours of biennial training.

⁴⁷ Rhode Island. Day Care Homes are required to have 10 hours of training every 2 years if caring for children under 6; Large Day Care Homes - 8 hours annually.

⁴⁸ South Dakota. Family Day Care - 6 hours every 2 years; Large Day Care Homes - 10 hours annually.

⁴⁹ Tennessee. Family Day Care - 4 hours annually; Large Day Care Homes - 8 hours annually.

⁵⁰ Vermont. All licensed providers and staff - 6 hours annually.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ⁵¹	Child Care Center Directors	Other Direct Care Center Staff
11-19 Hours Per Year or as Specified	CO ⁵² , NM ⁵³ , NY ⁵⁴ , OH ⁵⁵ , OR ⁵⁶ PA ⁵⁷ , MO, WI (8)	OH, TN, WI (3)	AK, AZ, CT, DE, IL, IN, MO, MS, NE, OH, OR, TX, WI (13)

⁵¹ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

⁵² Colorado. Family Day Care - does not specify whether requirement is annually.

⁵³ New Mexico. Family Day Care - 6 hours annually; Large Day Care Homes - 12 hours annually.

⁵⁴ New York. Large Day Care Homes - 15 hours required during first year; 15 hours every 2 years thereafter.

⁵⁵ Ohio. Type A Home - 15 hours annually until 45 hours are completed; Type B Home - 6 hours annually until 30 hours completed unless educationally exempt; Type B Family Day Care Homes - no requirements.

⁵⁶ Oregon. Family Day Care - no requirements; Large Day Care Homes - 15 hours annually.

⁵⁷ Pennsylvania. Family Dare Care - 12 hours every 2 years.

Table 10. (continued)
CONTINUING EDUCATION REQUIREMENTS

TYPE OF TRAINING	Day Care Home Caregivers ⁵⁸	Child Care Center Directors	Other Direct Care Center Staff
20 + Hours Per Year or as Specified	CO ⁵⁹ , FL, MI ⁶⁰ , NC ⁶¹ , TX (5)	TX (1)	FL, MA, ME ⁶² , NM, SD, UT ⁶³ (6)

⁵⁸ The information provided on the table includes small and large day care homes and in some cases may require only the provider rather than all personnel in the home to meet the requirements. For specific information related to training requirements, refer to the footnote for the identified state.

⁵⁹ Colorado. Large Day Care Homes do not specify whether requirement is annually.

⁶⁰ Michigan. Large Day Care Homes - 20 hours of training related to child care within 2 years of licensure.

⁶¹ North Carolina. Large Day Care Homes - 20 hours annually.

⁶² Maine. This requirement is for staff working more than 20 hours per week. Staff working under 20 hours per week are required to attend 12 hours of annual training.

⁶³ Utah. Forty hours required for the first year (10 of these, health and safety); 20 hours required annually thereafter (5 hours of which are health related).

CASE STUDIES

Massachusetts

Massachusetts is a state which has continued to strengthen its staff training and qualifications requirements since at least 1988. In 1990 the state launched an effort to improve and encourage training. Massachusetts began to issue "certificates of qualification" to individual staff members specifying the level of position (such as aide, teacher or director) they are qualified to fill. This has provided increased incentives for child care staff to acquire additional training and has created more structured career ladders for child care staff. Massachusetts provides an example of a state which has developed specific qualification requirements for a variety of personnel classifications which include teachers, lead teachers for both infant and toddler programs and lead teachers for preschool programs, as well as for different designations of child care center directors.¹ Table 11 represents the preservice qualifications required by the state of Massachusetts.

According to the Children's Defense Fund, the United Way in Massachusetts has initiated the development of the Massachusetts Child Care Careers Institute, funded with \$2 million over the next five years. Although this effort receives no state funds, it is an interesting model which could easily be used by states. This institute is a collaboration of colleges, Resource and Referral agencies, community education and advocacy groups and provider agencies, and its mission is to develop a child care career development system which addresses issues of recruitment, retention, training and career mobility.² Training is offered to child care center teachers as well as individuals who wish to enter the field, and includes a component focusing on working with children with special needs.

¹ Massachusetts' regulations also specify qualifications for personnel in school-age programs (e.g., Kindergarten Coordinator, Assistant Leader). These have not been included in this table.

² Children's Defense Fund, *Who Knows How Safe*, 1990.

Table 11.
MASSACHUSETTS

QUALIFICATIONS FOR TEACHERS

Source of Data: Massachusetts Standards for the Licensure or Approval of Group Day Care Centers, 102 CMR, March 3, 1992.

CATEGORY	Age	High School/ GED	Education	Experience ¹	Education and Experience	Certificate
	21 years old (or)	yes (and)	meet one of 1-3			
1			completed 3 credits in Child Growth and Development (birth to 8 years) (and)	9 months ² work experience ³ or practicum ⁴		

¹ Substitutions: Associate's or Bachelor's in Early Childhood Education or related field equals 6 months experience; a Bachelor's in an unrelated field is equal to 3 months experience; and for infant/toddler teachers, 1 continuing education unit (10 hours of instruction) in Infant and Toddler Development, Care and/or Program Planning is equal to 3 months experience.

² To be qualified as a preschool teacher, 3 months (of 9) must be in caregiving to preschool age children. To be qualified as an infant/toddler teacher, 3 months (of 9) must be in caregiving to infants and toddlers.

³ Work Experience. Experience in providing direct care and teaching during all types of program activities to a group of children, 1 month to 7 years of age, or special needs children up to age 16, at least 12 hours per week, on a regular basis, in periods of at least 4 weeks in 1 program. Work experience of less than 12 hours per week may count as follows: 50 hours of consistent work at one program is equivalent to 1 month of work experience. Work experience, whether paid or unpaid, must meet the staff development requirements in 102 CMR 7.06(14), Staff Development. Work experience must be in a licensed group day care center, family day care home or equivalent program accepted by the Office.

⁴ Practicum. The successful completion of a minimum of 150 hours, over at least an 8 week period, of direct work with infants and toddlers or preschoolers, supervised by personnel from an institution of higher learning or an alternative early childhood training program, with at least 3 site visits, including conferencing, and placement with a lead teacher qualified staff member. Responsibilities of the student intern shall include program planning, parent relations, and management of the whole group for a portion of placement. The practicum must be with the appropriate chronological or developmental age to qualify staff to work with the corresponding age group. One practicum may substitute for 9 months of work experience.

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR TEACHERS (continued)

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
2						Child Develop- ment Associate's Certification (CDA)
3			graduated from a 2 year vocational program in Early Childhood Education, approved by the Office and have been evaluated and recommended by the instructor			

Table 11. (continued)
MASSACHUSETTS

QUALIFICATIONS FOR LEAD TEACHERS (INFANTS AND TODDLERS)

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
	21 years old (and)	meet one of 1-6		9 months experience or 1 practicum with infants/ toddlers (reduced by 1/3 if all work experience is with infants and toddlers)		
1		yes (and)	12 credits in at least 4 categories of study (a-k), including 3 credits from each category (a) and (g), (and)	36 months of work experience		
2		yes (and)	3 credits in category (a), (and)	36 months of work experience (and)		CDA with infant/ toddler endorse- ment
3			12 credits in at least 4 categories (a-k) including 3 credits in each (a) and (g), (and)	18 months work experience (and)	Associate's degree in Early Childhood Education or related field ⁵	

⁵ Related field of study. A program at an accredited institution of higher learning which includes the study of caregiving, development, education, health care, or psychology of children, birth to 8 years of age, or provision of direct services to children and their families.

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR LEAD TEACHERS (INFANTS AND TODDLERS) (continued)

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
4			12 credits in at least 4 categories (a-k) including 3 credits in each (a) and (g), (and)	18 months work experience (and)	Bachelor's degree in unrelated field	
5			12 credits in at least 4 categories (a-k) including 3 credits in each (a) and (g), (and)	9 months of work experience (and)	Bachelor's degree or advanced degree in Early Childhood Education or related field	
6			Alternative Early Childhood Training Program ⁶ (and) 12 credits in at least 4 categories (a-k) including 3 credits in each (a) and (g), (and)	27 months of work experience		

⁶ Alternative early childhood training program. The successful completion of a post-secondary early childhood teacher training program approved by the Office, which includes both academic study of the categories in 102 CMR 7.06(3) and at least 1 practicum.

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR LEAD TEACHERS (PRESCHOOL)

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
	21 years old (and)		meet one of 1-6	9 months of work experience or 1 practicum must be with preschoolers		
1		yes (and)	12 credits in at least 4 categories (a-k), including 3 credits in each (a-d), (and)	36 months of work experience		
2		yes (and)	3 credits in Child Growth and Development, (and)	27 months of work experience (and)		CDA with preschool endorse- ment
3			12 credits in at least 4 categories (a-k), including 3 credits in each (a-d), (and)	18 months of work experience (and)	Associate's Degree in Early Childhood Education or related field	

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR LEAD TEACHERS (PRESCHOOL) (continued)

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
4			12 credits in at least 4 categories (a-k), including 3 credits in each (a-d), (and)	18 months of work experience (and)	Bachelor's degree in unrelated field	
5			12 credits in at least 4 categories (a-k), including 3 credits each in (a-d), (and)	9 months of work experience (and)	Bachelor's or advanced degree in Early Childhood Education, K-3, Teacher of Young Children with Special Needs Certification from Department of Education or in a related field	
6			Alternative Child Care Training Program and 12 credits in at least 4 categories (a-k), including 3 credits in each (a-d), (and)	27 months of work experience		

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR DIRECTOR I

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
Must meet all of the requirements of lead teacher (and)			Satisfactory completion of at least 2 credits or 3 continuing education units ⁷ in day care administration and have evidence of satisfactory completion of at least 2 credits or 3 continuing education units in any category (a-k) (and)	6 months of work experience		

⁷ Early Childhood Continuing Education Unit (CEU). An Early Childhood Continuing Education Unit is recognition for participation in an early childhood learning program designed for staff at day care centers. One CEU is granted for each 10 hours of instruction. CEU's must be approved by organizations designated by the Office.

Table 11. (continued)
 MASSACHUSETTS

QUALIFICATIONS FOR DIRECTOR II

CATEGORY	Age	High School/ GED	Education	Experience	Education and Experience	Certificate
Must meet the requirements of Director I and have evidence of satisfactory completion of...			an additional 2 credits or 3 continuing education credits in any category (h-l)			

MASSACHUSETTS
Early Childhood Education CATEGORIES OF STUDY

The requirement for a category of study must be met with credits from an accredited institution of higher learning, alternative early childhood training program or with an Early Childhood Continuing Education Unit (CEU). Four CEU's are equal to three credits, three CEU's are equal to two credits. CEU's will not apply to category (a), Child Growth and Development. No more than three of the required twelve credits for lead teacher certification may be met with CEU's.

The study of Early Childhood Education shall be categorized as follows:

- (a) Child Growth and Development, Birth-8 years
- (b) Planning Programs and Environments for Young Children
- (c) Curriculum for Early Childhood Settings
- (d) Child and Classroom Management
- (e) Advanced or Specialized Early Childhood Education or Development
- (f) Children with Special Needs, Birth-16 years
- (g) Infant and Toddler Development, Care and/or Program Planning
- (h) Health and Safety in Early Childhood
- (i) Families and Community
- (j) Day Care Policy
- (k) Supervision or Staff Development in Early Childhood Education
- (l) Day Care Administration

Delaware

In recent years, Delaware has recognized a need for a comprehensive approach to training. *Delaware First...Again* describes the state's plan for training of child care staff.³ The following represents information obtained from *Delaware First...Again* which discusses the process involved in the development of the plan. In October 1989, The Department of Services for Children, Youth and Their Families awarded a contract to consultants from North Carolina State University and Wheelock College to investigate alternatives for establishing a comprehensive statewide training plan for Delaware and make recommendations for its implementation. Through focus groups and individual interviews, the team collected data and some of their findings included:

- A high turnover of staff and difficulty filling entry level positions with applicants in both centers and family day care homes;
- Many of the training opportunities available were not designed to address the needs of most caregiving staff;
- Child care personnel lacked access to the resources they needed to improve their programs;
- There was a general perception among family day care providers that their services were not as highly valued as those in centers;
- The staff qualifications and pay scale system in public education were not consistent with the staff qualifications and pay scale system in private licensed agencies, and there was no mechanism to move toward greater consistency; and
- Interdisciplinary collaboration among state agencies and between the public and private sectors needed improvement.

In reviewing the research, the consultants found that child growth and development, professionalism, communication skills, health and safety and curriculum development topics should be the training content from beginning through advanced levels of training. A combination of specialized training and supervised experience was found to offer the greatest potential for improving practice, and inservice could be as effective as preservice training if well designed. They found a strong positive correlation between retention and opportunities for training and career advancement and that if people remain in the field for more than three years and were involved in training and professional activities, retention rates improved.

The study in Delaware resulted in a proposed plan for a Career Development System. Its key features included a clearly defined Pre-Professional Training System and a Professional Training System bridged by specific procedures and points of articulation as illustrated in Table 12. Progression up the career ladder depends on the availability of training programs that correspond to the steps in a feasible way. It was believed that the career ladder must be applicable to both center staff and day care home providers and should provide for at least three levels of competency and experience: apprentice, competent practitioner and master practitioner. At every level, training content would address an identified basic core of knowledge, adapted to the level of participants and appropriate to the needs of the particular type of child care. Inservice training in one role would be viewed as preservice training for the next role in the ladder. The model necessitated the establishment of a training approval system and a personnel registry.

³ Nancy Brown, Joan Costley, Gwen Morgan, *Delaware First...Again: The First Comprehensive State Training Plan for Child Care Staff, Executive Summary*, May 31, 1990.

Table 12.
DELAWARE

CAREER DEVELOPMENT SYSTEM MODEL

Pre-Professional Training System

Independent Workshops/
Training
"Approved" Workshops

CEU Training

Meets Licensing Requirements

Transitional System*

CEU Training and Approved Workshops

Competency Demonstration via
tests, performance, demonstration,
on-site observation of skills

and

Transform to academic credit

Professional Training System

Competency Demonstration for College Credits

Certificate Programs for College Credit

Associate's Degree Programs
for Adult Learners

Meets Licensing Requirements

* The Pre-Professional and Professional Training Systems are "bridged" by the Transitional System. Units in the Professional System are fully articulated with one another.

In addition, a ten year implementation plan was recommended with annual re-planning based on evaluation and changing conditions. The plan called for Delaware to:

- Establish an interdisciplinary Implementation Committee for ongoing planning and action, with three subcommittees to address the Training System, Training Approval System and the Personnel Registry.
- Establish a Career Development Unit in the Office of Child Care Licensing with a new professional position to implement the action steps and support future planning.
- Plan for the development of a career path for both center teachers and family day care providers that includes the three levels: apprentice, competent practitioner and master practitioner, with a separate category beyond master practitioner level for administrators.
- Establish a Higher Education Task Force to review and improve articulation among accredited offerings, and to establish college credit equivalencies and criteria for measuring and awarding credit for competency demonstration.
- Make applications jointly for state training funds, identifying the roles of each institution.
- Establish an Associate's degree program designed so that working practitioners could participate.
- Establish three Resource Centers for child care in three parts of the state administered by Child Care Connections.
- Establish a computerized information system containing a Personnel Registry for child care which serves as a information clearinghouse about child care training information and manages the evaluation system for the Career Development system.
- Use state training funds, and seek federal and private partnership funds, to meet the specific needs of the Career Development System.
- Establish an early childhood teacher credential for public schools which encompassed ages 3-8 with required coursework in early childhood growth and development and a practicum of at least 150 hours with children younger than kindergarten age.
- Establish standards for quality of early childhood programs in school systems, regardless of funding, and assure that programs operated by schools follow them. Standards would be at least as stringent as those applicable to community programs through licensing.

Derived from this process a comprehensive career development system has been developed and will be attached to the Office of Child Care Licensing of the Department of Services for Children, Youth and Their Families in the State of Delaware. The system will be directed by a Career Development System Manager, with ongoing consultation from the Career System Advisory Board. The Advisory Board will consist of 15 to 18 members drawn from all segments of the child care community, public and private schools, higher

education, professional associations and other relevant sectors such as the business community.

There are three community-based Resource Centers, one in each of Delaware's three counties. The Resource Centers have been developed by a collaboration involving Child Care Connection (the state's Resource and Referral Agency), child care providers, higher education and community agencies. The Resource Centers make materials and ideas available to early childhood practitioners including: a toy lending library; curriculum materials available below retail cost; a swap and exchange board for resources and ideas; tools and equipment for practitioners to make their own curriculum materials; an early childhood library including books, videos, and tapes; and resources for curriculum planning. The Resource Centers also provide meeting and gathering places for practitioners and community-based training sites. Practitioners volunteer time to help staff the Centers so that the hours of use can be expanded for the early childhood community. The Early Childhood Resource Centers are also linked with other state curriculum resource centers to provide early childhood practitioners with access to an even broader range of materials and ideas.

A Training Approval Board will be authorized to: approve individual trainers who will be authorized to provide workshops and other training which will be part of the Delaware First...Again Career System, and approve training sequences which can award continuing education units to participants for successful completion. All training approved for the Career System will be advertised with a training identification number which will enable the practitioner to know the topic area and level of difficulty of each training experience. Once the training approval system is fully in place, only workshops and CEU accredited training approved by the system may be used to meet preservice training requirements. The Training Approval Board will include the Career Development System Manager and representatives from the child care community, higher education and other interested sectors.

The Personnel Registry is one part of the computerized information system for the Delaware First...Again Early Care and Education Career System. The Registry will serve three major purposes:

- Individual early childhood practitioners may use the Personnel Registry to accumulate a record of all of the training experiences they complete during their career, not only to meet licensing requirements, but also to meet their personal career development goals. Each practitioner listed in the Registry will receive:
 - A qualification card that identifies the positions or roles s/he is eligible to hold in licensed facilities and programs;
 - A complete transcript of all of the practitioner's completed training experiences listed in the Personnel Registry, grouped by topic and level, available upon request;
 - Eligibility to receive special recognitions for completing training that exceeds licensing requirements.
- The Office of Child Care Licensing will be able to easily review and monitor the compliance of licensed facilities and providers with staff and provider qualification requirements.
- The Career Development System Manager and the Advisory Board will be able to identify the training needs of the early childhood practitioners of Delaware.

Pennsylvania

Pennsylvania is one state which has recently implemented an ongoing training requirement for child care personnel in child care centers and in day care homes. These changes have been outlined in their new set of regulations, effective September 1992. However, the actual requirement in training hours will be effective one year following the effective date of the regulations. In addition, Pennsylvania now acknowledges training provided through institutions which offer postsecondary education but are not collegiate if their curriculum is approved by the United States Department of Education and includes at least a minimum of 600 hours of training. If an individual is 16 years old, and completes a program offered by one of these institutions, they may be employed as an aide in a child care facility.

Pennsylvania officials report that their new training system will cost an estimated \$3 million per year. This year alone, it is anticipated that 30,000 people associated with child care centers, day care homes and unregulated facilities will receive training in their local communities. The workshops selected were based on information collected from a needs assessment. The results of the needs assessment also indicated that 70% of the respondents felt that funds should be allocated for training efforts.

The training system is articulated. That is, individuals wanting to apply it toward college credit may do so. If pursuing college credit, the state will pay one-third of the cost. If not applied toward college coursework, the state will pay the full cost of training.

The training workshops will be delivered by 10 contractors including large provider agencies and university staff. All workshops will include an outcome evaluation (e.g., post test).

Advocates and center proprietors have been supportive of the changes made. Family day care providers, especially those who are located in rural areas, have found the regulations more difficult to meet. The goal of Pennsylvania's licensing division is to eventually implement a professional development system.

Center staff and group day care home personnel are required to obtain an annual minimum of six clock hours of child care training in one or more of the following settings:⁴

- By a secondary or postsecondary institution approved by the Department of Education and accredited by an accrediting agency recognized by the United States Department of Education or the Council of Postsecondary Accreditation and acceptable to the Department of Education;
- By an entity that is licensed or certified professionally competent in the training topic;
- In conferences or workshops; and/or
- With audio-visual materials recognized by child care professionals.

Acceptable training topics include the following:⁵

- Child or staff health;
- Child Development, Early Childhood Education and special education;

⁴ Family day care staff must obtain 12 clock hours of biennial training.

⁵ The training topics listing apply to center personnel and day care home staff.

- Supervision, discipline and guidance of children;
- Nutrition for children;
- Child care program development; and,
- Child care staff person or volunteer professional development.

Other training topics may be submitted for the Department's review and approval. Depending on the provisions of appropriate regulation, training may be required for certain staff persons.

In addition to making changes in the content of training required, Pennsylvania has added the following training requirements:⁶

- First aid training - One or more facility persons competent in first aid techniques are required to be in the facility when one or more children are in care. Competence is the completion of training by a professional in the field of first aid. First aid training shall be renewed on or before expiration of certification or every three years, as applicable.
- Firesafety training - All staff persons in centers shall participate, at least annually, in firesafety training conducted by a fire protection professional. Staff persons and volunteers shall receive training in maintenance of smoke detectors, the duties of facility persons during a fire drill and during a fire and the use of the facility's fire extinguishers, not including discharge of the fire suppressant agent.
- Lifeguard training - This requirement applies only when water activities are part of the program offered. Competence is the completion of lifeguard training, including first aid training and cardiopulmonary resuscitation (CPR) for child and infant; and
- Water safety instruction - Competence is the completion of basic instruction in water safety from a certified lifeguard. This requirement applies only if water activities are part of the program offered.

Source of Information: Susan Miller, Department of Child Care Licensure, Pennsylvania; and Richard Fiene, Ph.D., Pennsylvania State University

The Children's Defense Fund's publication, *Who Knows How Safe*, identifies specific state efforts which impact and address barriers related to the affordability and accessibility of training. Some of these include:

- Arkansas has used funds from a child care provider's training fund to contract with colleges and universities to provide free one-day workshops around the state. The state has developed a strategy to finance child care training by requiring the state to match the annual child care licensing fees paid by providers. These funds are placed into a child care provider's training fund and have been used to provide workshops. Some of these funds will be used to establish a video and text resource library for providers. Early evidence suggests that these fees have not discouraged providers from becoming regulated and that the training may even serve as an incentive to become licensed.
- Minnesota has increased funding for child care training efforts. The state offers competitive grants to pay half of the fee for family day care providers to obtain their CDA.

⁶ Pennsylvania Code, Commonwealth of Pennsylvania, Title 55, Chapter 3270-3290, September 1992.

- Maine has started a \$30,000 scholarship fund (1989) to help providers already in the profession obtain two- and four-year college degrees in Early Childhood Education or a related field.
- Oklahoma has funded a mobile toy lending library - the Rainbow Fleet - to help family day care providers have access to toys and training, as well as a statewide network of volunteers, called Child Care Careers, to train providers.
- Virginia supported three child care media resource centers that loan materials such as books, toys, videos, records and training materials to licensed or certified providers.

Child Care America

Child Care America is a national organization representing the interests of not-for-profit, commercial for-profit and religious sector child care providers. The organization's position on training is that a broad and diverse array of voluntary educational options should be available and recognized as viable alternatives for qualifying child care professionals. An example of this includes moving toward greater acceptance of credentials other than the CDA; such as the Child Care Professional Certificate available through the Child Care Association as well as the Certified Professional in Child Care (CPC) available through Child Care America. Child Care America believes that all educational/training options should be voluntary until such a time that an adequate supply of programs are in place. Only when this occurs can mandated requirements be considered.

Source of Information: Vernon Holliman, President, Child Care America

National Association for Family Day Care (NAFDC)

The National Association for Family Day Care is a non-profit organization which serves as a network and provides a mechanism for accreditation of family day care homes offering high quality child care. Accreditation is intended for those providers who meet and exceed the child care standards defined by state licensing and registration agencies.

The accreditation process includes in-depth evaluation of the Family Day Care Home by involving the provider, a parent and representative from NAFDC. An Assessment Profile or structured observation guide is used to evaluate seven dimensions of child care. These include: indoor safety, health, nutrition, interacting, indoor play environment, outdoor play environment and professional responsibility.

In order to meet NAFDC's eligibility requirements for accreditation, the provider must be currently caring for children as a family day care primary caregiver in his/her own home and must have been doing so for a minimum of 18 months. In addition the provider must be providing legal care. Pre-service training is not a requirement. Accreditation renewal does not require a set number of training hours; however, the provider is required to complete an individualized professional development plan which specifies training the person will provide or attend.

Source of Information: Early Care and Education Training Requirements and Opportunities Arizona 1991, Arizona Child Care Resource and Referral Project of the Children's Action Alliance, 1991 and Diane Abel, Director of the Arizona Association for Family Day Care Providers.

National Association For The Education Of Young Children (NAEYC)
National Academy of Early Childhood Programs

The National Academy of Early Childhood Programs (NAECP) has well-established criteria and procedures for early childhood personnel who wish to become accredited. According to NAEYC, NAECP's criteria are based on the consensus of professionals working in the field of Early Childhood Education and serve as a standard of excellence for both new and existing programs.

- D-1. The program is staffed by individuals who are 18 years of age or older, who have been trained in Early Childhood Education/Child Development, and who demonstrate the appropriate personal characteristics for working with children as exemplified in the criteria for Interactions among Staff and Children (Component A) and Curriculum (Component B). Staff working with school-age children have been trained in early childhood, elementary education, child development, recreation, or a related field. The amount of training required will vary depending on the level of professional responsibility of the position. Staff who are in charge of a group of children should have at least a CDA Credential or an Associate's degree in Early Childhood Education/Child Development. In cases where staff members do not meet the specified qualifications, a training plan, both individualized and program-wide, has been developed and is being implemented for those staff members. The training is appropriate to the age group with which the staff member is working. Volunteers should be 16 years of age or older, receive orientation, and only work with children under supervision of qualified staff members. (See Table 13 for suggested staffing structure that differentiates qualifications and responsibilities.)
- D-2. An early childhood specialist is employed to direct the educational program. The qualifications of an early childhood specialist are a baccalaureate degree in Early Childhood Education/Child Development and at least three years of full-time teaching experience with young children and/or a graduate degree in ECE/CD. This individual may or may not be the chief administrative officer of the program. The chief administrative officer has training and/or experience relevant to early childhood program administration such as human resource and financial management. In public schools, the individual who provides support to prekindergarten and kindergarten teachers and/or who is responsible for program development is a qualified early education specialist.

NAECP's criteria related to orientation and training are as follows:

- D-3. New staff are adequately oriented about the goals and philosophy of the program, emergency health and safety procedures, special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, planned daily activities of the program, and expectations for ethical conduct.
- D-4. The program provides regular training opportunities for staff to improve skills in working with children and families and expects staff to participate in staff development. These may include attendance at workshops and seminars, visits to other children's programs, access to resource materials, inservice sessions, or enrollment in college level/technical school courses. Training addresses the following areas: health and safety, child growth and development, planning learning activities, guidance and discipline techniques, linkages with community services, communication and relations with families,

detection of child abuse, advocacy for early childhood programs and the professional, and the profession's code of ethical conduct. The program provides training and other opportunities for staff to keep abreast of the latest developments in the field, including new programs and practices and pending policy, legislation, or regulatory changes.

- D-5. Accurate and current records are kept of staff qualifications including transcripts, certificates or other documentation of continuing inservice education.

Table 13.
 SAMPLE DIFFERENTIATED STAFFING STRUCTURE
 FOR EDUCATIONAL PERSONNEL
 WITH SUGGESTED EDUCATIONAL QUALIFICATIONS

Note: This table was taken by NAECP from *Reaching the Full Cost of Quality in Early Childhood Programs* (p.67) by B. Willer, 1990, Washington DC: National Association for the Education of Young Children.

STAFF ROLE	Relevant Master's	Relevant Bachelor's	Relevant Associate's	CDA Credential	Some training	No training
Director	<-----	Degree and 3 years experience				
Master Teacher	<-----	Degree and 3 years experience				
Teacher	<-----	-----	-----	-----		
Assistant Teacher		<-----	-----	-----		
Teaching Assistant			<-----	-----	-----	

OPTIONS

The options identified through the Call for Issues and a review of other states are specified below. Inclusion in the list below does not imply a recommendation by the authors.

Option One: Adopt uniform qualification and training requirements for all child care personnel carrying out similar roles and functions. These requirements may include the same education, experience and training standards for all child care personnel despite the setting from which services are provided (e.g., day care home or child care center) or the number of children being cared for. The process for qualifying child care personnel may include the establishment of a career development system .

CONSIDERATIONS:

Availability - Depending on the qualifications and training requirements established, some caregivers may elect not to provide child care services if these requirements are more stringent than currently exists. This may be addressed by excluding (grandfathering) current providers to ensure a continued supply of child care and/or subsidizing the cost of continuing education. Conversely, the supply of child care could increase, should individuals view child care as an attractive career option.

Affordability - Standards which are elevated may result in increased cost to child care providers who do may not have the means to pay for schooling. Other options, such as instituting a mentoring program, may have less of a direct impact on affordability for providers depending on how such a program would be implemented. Some states have addressed this issue by providing financial assistance (e.g., scholarships) to child care staff.

Quality - According to research in the field of training, staff education and/or college level training is an important indicator of quality care for children especially for some age groups (infants and toddlers). In addition, training opportunities along with other factors (e.g., wages), have been shown to positively correlate with teacher retention and compliance with family day care home standards.

Option Two: Maintain current qualification and training requirements consistent with the type of setting in which child care is provided as well as the number of children cared for in the setting.

CONSIDERATIONS:

Availability - No impact

Affordability - No impact

Quality - No impact

ISSUE: RATIOS FOR CHILD CARE CENTERS

QUESTIONS

1. Ratios: What are the ratios for various age groups in child care centers?
2. Group Size: Are there group size standards? If so, what are they?

CURRENT SITUATION IN ARIZONA

Child care center staffing requirements are enforced by the Arizona Department of Health Services (ADHS) as established in ARS 36-881 *et seq.* and Title 9, Chapter 5, Article 4 of the Arizona Administrative Code.

Ratios:

Arizona Administrative Code R9-5-404 states:

Children shall be grouped for supervision according to age and maturity and center personnel shall supervise all children at all times. There shall be at least the following ratios of personnel directly engaged in the care and supervision of children in the center's care:

Infants	1:5 or 2:11
One-year-old children	1:6 or 2:13
Two-year-old children	1:8
Three-year-old children	1:13
Four-year-old children	1:15
Five-year-old children who are not yet school-age	1:20
School-age children	1:20

In groups of children of mixed ages, the number of personnel required is based upon the staffing ratio required for the youngest child in the group. If six or more children are present in the center, infants may not be mixed with older children for supervision.

Center personnel under 18 years of age may be included in the required personnel/child ratios if working under the supervision of adult personnel.

ADHS includes other staffing requirements in this regulation which do not pertain to the scope of this project. Refer to R9-5-404 for more specific information .

The Arizona Department of Education, Child and Adult Care Food Program requires exempt child care centers (e.g., outside school hours programs operated by a public school) to meet minimum ratio requirements. These are stated in 7 CFR 226.6.d.2 and include the following:

For children ages 6 years up to 10 years	1:15
For children ages 10 and above	1:20

Group Size:

Arizona does not place any requirements on group size.

CALL FOR ISSUES

In the Call for Issues conducted prior to the initiation of this research project, respondents provided comments on current ratio requirements. The following is a sample of the issues raised:

- **Enforcement of ratios.** Some respondents felt that ratio requirements are not adhered to in public care and that they should be better enforced.
- **Ratios for child care centers.** Some respondents felt that ratios for child care centers should be increased. Of these respondents, some suggested increasing ratios for specific age groups (e.g., infants up to one year to 1:6 or 1:8; two-year-olds to 1:10; after-school to 1:30). In a few instances, respondents felt that ratios should be modified for naptime. Others indicated that ratio requirements should be lowered. As in the case of those who felt ratios should be increased, respondents who believed ratios should be lowered in some cases specified age groups (e.g., infants through two-year-olds, 1:4; two to three-year-olds, 1:6; older children, 1:15). In addition, a few respondents felt that ratio requirements for children with special needs should be different or more stringent. Many respondents felt that existing ratio requirements should not be changed.
- **Age group ratios.** It was suggested that the ratio for mixed age groups not be based on the age of the youngest child in the group. In addition, at least one respondent felt that if appropriate, providers should be permitted to mix children of various ages (e.g., infants and one-year-olds).
- **Group size.** Some respondents recommended that the state adopt group size standards.

STATE OF THE STATES

The Children's Foundation provided the most current cumulative national information on state requirements pertaining to child care center ratios and group size (1991 data). However, the information reported by many states is not age-specific but based on categories such as infants, toddlers, preschool age, kindergarten age and school-age children. For the purpose of gathering data so that information can be compared among specific age groups, phone calls were made to the state licensing authority or state licensing standards were reviewed.

For the purposes of assessing the various requirements imposed by each state, refer to Table 14 and Table 15. Table 14 gives the ratio range across all states and compares state ratio requirements. Table 15 gives the ratio range across states and identifies states' group size standards. Because of the multiplicity of definitions and approaches to counting children, it is exceedingly difficult to compare states in these areas.

Table 14.
STATE RATIO REQUIREMENTS

Source of Data: The Children's Foundation, 1991 Day Care Licensing Study; updated with information from telephone contacts and state regulations.

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
Range Across States	1:3-8	1:3-9	1:3-9	1:4-12	1:4-12	1:6-15	1:7-20	1:8-25	1:10-25	1:10-25	1:10-25
Alabama	1:6 ¹	1:6	1:8	1:8	1:12	1:12	1:20	1:20	1:22	1:22	1:25
Alaska ²	1:5	1:6	1:6	1:6	1:10	1:10	1:10	1:15	1:20	1:20	1:20
Arizona	1:5 or 2:11	1:6 or 2:13	1:6 or 2:13	1:8	1:8	1:13	1:15	1:20	1:20	1:20	1:20
Arkansas ³	1:6	1:6	1:9	1:9	1:9	1:12	1:15	1:18			
California	1:3	1:3	1:4	1:4	1:4	1:8 to K	1:14 K-14	1:14	1:14	1:14	1:14
Colorado	1:5	1:5	1:5	1:7	1:8	1:10	1:12	1:15	1:15	1:15	1:15
Connecticut ⁴	1:4	1:4	1:4	1:4	1:4	1:10	1:10	1:10	1:10		
Delaware	1:4	1:7	1:7	1:10	1:10	1:12	1:15	1:25	1:25 & up		
District of Columbia	1:4	1:4	1:4	1:4	1:8	1:8	1:10	1:15	1:15		
Florida	1:4	1:6	1:6	1:11	1:11	1:15	1:20				
Georgia	1:6	1:6/1:8 ⁵	1:6/1:8	1:10	1:10	1:15	1:18	1:20/25	1:25		
Hawaii ⁶	1:3/1:4	1:4/1:5	1:4/1:5/ 1:6	1:8	1:8	1:12	1:16	1:20 & up			
Idaho ⁷											
Illinois ⁸	1:4	1:5	1:5	1:8	1:8	1:10	1:10	1:20	1:20	1:20	
Indiana	1:4	1:4 ⁹	1:5	1:5	1:5	1:10	1:12	1:15	1:20	1:20	1:20

The term "and up" means the upper age is not specified

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
Iowa	1:4 ¹⁰	1:4	1:4	1:6	1:6	1:8	1:12	1:15	1:15	1:15	1:15
Kansas ¹¹	1:3	1:5	1:5	1:5/1:7	1:7/ 1:10	1:10/ 1:12					
Kentucky	1:6	1:6	1:6	1:10	1:10	1:12	1:14	1:15	1:15	1:20/ 1:25 ¹²	
Louisiana	1:6	1:8	1:8	1:12	1:12	1:14	1:16	1:25			
Maine	1:4 ¹³	1:5	1:5	1:5	1:8	1:8/ 1:10	1:8/ 1:10	1:8/ 1:10	1:13	1:13	1:13
Maryland	1:3	1:3	1:3	1:6	1:6	1:10	1:10	1:15			
Massachusetts ¹⁴	1:3 or 2:4-7	1:3 or 2:4-7	1:4 or 2:5-9	1:4 or 2:5-9	1:10	1:10	1:10	1:15	1:15		
Michigan	1:4	1:4	1:4	1:4	1:10	1:10	1:12	1:12	1:20	1:20	1:20
Minnesota ¹⁵	1:4	1:4	1:7	1:7	1:10	1:10	1:10			1:15	1:15
Mississippi	1:3-5	1:7-9	1:7-9	1:10-12	1:10-12	1:12-14	1:14-16	1:14-20	1:14-20	1:14-20	1:14-20
Missouri	1:4	1:4	1:4	1:8	1:8	1:10	1:10	1:16	1:16	1:16	1:16
Montana	1:4	1:4	1:4	1:8	1:8	1:8	1:10	1:10	1:14 & up		
Nebraska	1:4	1:4	1:6	1:6	1:6	1:10	1:12	1:15	1:15 & up		
Nevada ¹⁶	1:4	1:4	1:4/1:8	1:4/1:8	1:10	1:10	1:10/ 1:12	1:10/ 1:12	1:20	1:20	1:20
New Hampshire ¹⁷	1:4	1:5	1:5	1:6	1:6	1:8	1:12	1:15			

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
New Jersey	1:4	1:4	1:7	1:7	1:10	1:10	1:15	1:15			
New Mexico ¹⁸	1:6	1:6	1:6	1:6/ 1:10	1:6/ 1:10	1:12	1:12	1:15	1:15 & up		
New York ¹⁹	1:4	1:4	1:4/ 1:5	1:4/ 1:5	1:4/ 1:5	1:6/ 1:7	1:7/ 1:8	1:8/ 1:9	1:10	1:10	1:10
North Carolina	1:6	1:7	1:7	1:12	1:12	1:15	1:20	1:25			
North Dakota ²⁰	1:4	1:4	1:4/1:5	1:5	1:5	1:7	1:10	1:12	1:18		1:18
Ohio ²¹	1:5 or 2:12	1:6	1:7	1:7	1:8	1:12	1:14	1:14	1:18	1:18	1:18
Oklahoma ²²	1:4	1:6	1:6	1:8	1:8	1:12	1:15	1:15	1:20		
Oregon ²³	1:4	1:4	1:4	1:4	1:10	1:10	1:10	1:15	1:15	1:15	1:15
Pennsylvania ²⁴	1:4	1:5	1:5	1:6	1:6	1:10					
Rhode Island ²⁵	1:4/1:6	1:6	1:6	1:6	1:6	1:8	1:8	1:13			
South Carolina	1:8	1:8	1:8	1:12 ²⁶	1:12	1:15	1:20	1:25 & up			
South Dakota ²⁷	1:5	1:5	1:5	1:5	1:5	1:10	1:10	1:10	1:15	1:15	1:15
Tennessee ²⁸	1:5	1:5/1:7	1:7	1:7	1:7	1:10	1:15	1:20	1:25 & up		
Texas ²⁹	1:5 or 2:15	1:6 or 2:14									
Utah	1:4	1:4	1:4	1:7	1:7	1:12	1:15	1:20	1:20		

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
Vermont ³⁰	1:4	1:4	1:4	1:5	1:5	1:10	1:10	1:10	1:13	1:13	1:13
Virginia ³¹	1:4	1:4	1:5	1:10	1:10	1:10	1:12				
Washington ³²	1:4	1:7	1:7	1:7	1:10	1:10	1:10	1:10/ 1:15	1:15		
West Virginia	1:4	1:4	1:4	1:8	1:8	1:10	1:12	1:15			
Wisconsin	1:4	1:4	1:4	1:6	1:8	1:10	1:13	1:17	1:18	1:18	1:18
Wyoming	1:5	1:5	1:5	1:8	1:8	1:10	1:15	1:20	1:20		

Table 14. (Continued)
STATE RATIO REQUIREMENTS

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed Groups
Range Across States	1:13-25	1:13-25					
Alabama	1:25	1:25					³³
Alaska	1:20	1:20	1:20	1:20	1:20	1:20 ³⁴	Youngest
Arizona	1:20	1:20	1:20				Youngest
Arkansas							Youngest
California	1:14	1:14	1:14	1:14	1:14		1:12
Colorado	1:15	1:15					³⁵
Connecticut							Lower required ratio for youngest child
Delaware							³⁶
District of Columbia	1:15	1:15	1:15	1:15	1:15	1:15	³⁷
Florida							No requirements
Georgia							Youngest if 20% or more in group
Hawaii	1:20	1:20	1:20	1:20			Youngest
Idaho ³⁸							
Illinois							³⁹
Indiana	1:20	1:20					

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed Groups
Iowa	1:15	1:20 & up					Youngest
Kansas							0-6 = 1:4, maximum 8 in one group
Kentucky							⁴⁰
Louisiana							Average ratio as long as none are under 2 years old ⁴¹
Maine	1:13	1:13	1:13	1:13	1:13	1:13	Youngest
Maryland							Varies by age ⁴²
Massachusetts							⁴³
Michigan	1:20	1:20	1:20	1:20	1:30	1:30 ⁴⁴	1:10 not including infants
Minnesota	1:15	1:15	1:15	1:15			Youngest
Mississippi	1:14-20	1:14-20	1:14-20	1:14-20	1:14-20	1:14-20	Youngest
Missouri	1:16	1:16	1:16	1:16			⁴⁵
Montana							
Nebraska							None
Nevada	1:20	1:20	1:20	1:20	1:30		Infants and toddlers up to age 2 = average age ⁴⁶
New Hampshire							⁴⁷

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed Groups
New Jersey							Not allowed
New Mexico							Depends on ages of children, e.g., 2, 3, and 4 year olds = 1:12, 3, 4, and 5 year olds = 1:14
New York	1:15	1:15	1:15				Can't mix children under 3. Over 3 = youngest
North Carolina							⁴⁸
North Dakota	1:18	1:18	1:18				
Ohio	1:18	1:18	1:20	1:20	1:20	1:20	Youngest ⁴⁹
Oklahoma							Two or more ages = average
Oregon	1:15	1:15	1:15	1:15			Youngest - Same as under 13
Pennsylvania							⁵⁰
Rhode Island							⁵¹
South Carolina							
South Dakota	1:15	1:15	1:15	1:15	1:15		
Tennessee							1:6 infants/toddlers; 1:20 4 & 5 year olds
Texas							⁵²
Utah							⁵³

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed
Vermont	1:13	1:13	1:13	1:13	1:13	1:13	Youngest
Virginia							Youngest
Washington							Youngest
West Virginia							
Wisconsin							54
Wyoming							Youngest

Table 14.
STATE RATIO REQUIREMENTS
Endnotes

1. Alabama: 1:6 ratio applies to children who are 3 weeks - 18 months.
2. Alaska: 1:5 ratio applies to children who are 6 weeks through 11 months and older if not walking independently; 1:6 ratio applies to a child who is 12-30 months and walking independently.
3. Arkansas: Depending on their developmental age, a 2 year old may be considered preschool age (1:12).
4. Connecticut: Revised regulations 1/5/90: A child care center can enroll children 3 years or older. There must be at least 1 staff member for every 10 children or fraction thereof (effective 10/28/85). Programs caring for infants (4 weeks and older) and toddlers must maintain a 1:4 ratio and school age programs 1:10.
5. Georgia: 1:6 not walking; 1:8 walking. If child is 5 years old by September, ratio is 1:25.
6. Hawaii: For infants and toddlers (6 weeks - 36 months) ratios are incorporated into group size requirements for Infant/Toddler Centers.
6 weeks-24 months - group size of 6 = 1:3, group size of 8 = 1:4
12-24 months - group size of 10 = 1:5, group size of 12 = 1:4
18-36 months - group size of 10 = 1:5, group size of 12 = 1:6
For 2 years old and above in a group center, ratios are as stated in the chart.
7. Idaho: Ratios are not based on the age of children but on the number of children (1-12 = 1 staff, 13-24 = 2 staff, 25-36 = 3 staff, 37-48 = 4 staff).
8. Illinois: 1:4 ratio applies to infants from 6 weeks of age to 15 months. 1:5 ratio applies to children age 15 months to 2 years. Ratio of 1:20 applies to children 5 years of age and in kindergarten and to school age.
9. Indiana: 1:4 ratio until the child is walking.
10. Iowa: Begins at 2 weeks.
11. Kansas: Ratios overlap (toddlers 12 months-2 1/2 years old walking alone = 1:5; 2-3 year olds = 1:7; 2 1/2 years old to school age = 1:10; 3 years old to school age = 1:12; kindergarten 1:14; and school age 1:16).
12. Kentucky: 1:20 full day of care; 1:25 before and after school.
13. Maine: 6 weeks to 12-15 months = 1:4; 12-15 months to 33-36 months = 1:5; 30 months to 6 years old = 1:8; 36 months to 6 years = 1:10.
14. Massachusetts: Ratio for under 15 months = 1:3 or 2:4-7; 15 to 33 months = 1:4 or 2:5-9; 2 years, 9 months to 4 years, 9 months of age = 1:10; 4 years, 9 months to 7 years of age = 1:15.

15. Minnesota: Ratios are: 2 weeks to 16 months = 1:4; 16 months to 33 months = 1:7; 33 months to kindergarten = 1:10; kindergarten to 13 years of age = 1:15.
16. Nevada: Ratios overlap depending on ages in group. Ratio of 1:4 begins at 2 weeks of age.
17. New Hampshire: Ratio of 1:5 applies to 13-24 months; 1:6 for children 25-35 months.
18. New Mexico: 1:6 ratio applies to children 6 weeks through 24 months; 2 year olds = 1:10. Ratios apply to centers where children are grouped by age.
19. New York: Range depends on group size.
20. North Dakota: Ratios overlap for 18-24 months.
21. Ohio: Ratio for 4 and 5 year olds is 1:14 unless in school.
22. Oklahoma: Ratio of 1:4 applies to 0-9 months; 1:6 applies to 10-23 months.
23. Oregon: Begins at 6 weeks.
24. Pennsylvania: Birth through 12 months = 1:4; 13 months through 24 months = 1:5; 25 months through 36 months = 1:6; 37 months through date of entry into 1st grade = 1:10; 1st grade through 3rd grade = 1:12; 4th grade through age 15 = 1:15.
25. Rhode Island: Infant and toddler ratios overlap. Minimum age for school age = 5 years of age (1:13).
26. South Carolina: 1:12 ratio applies up to 35 months.
27. South Dakota: Ratio of 1:5 begins at 4 weeks of age.
28. Tennessee: Ratio for 6 weeks to 15 months non-walking, non-handicapped is 1:5. Ratio for 12-30 months walking and non-handicapped is 1:7.
29. Texas: Ratios for toddlers and older children depend on age of youngest in group. For example, if 5 or more children in a group are under 2 years of age, 11 children can be cared for by one staff. If no more than 3 are under age 2, 1 staff member can care for 10 children. If the age of the youngest in a group is 18 months and 4 or more children are under age 2, the ratio is 1:9.
30. Vermont: 1:4 ratio applies from 6 weeks through 23 months; 1:13 applies to children 6 years old through 15 years old.
31. Virginia: Ratio of 1:4 applies to 0 to 16 months; ratio of 1:12 applies to school age; and 1:20 applies to children attending public school.
32. Washington: Ratio of 1:4 applies to 1 month through 11 months; preschool ratio = 1:10; school age = 1:15.
33. Alabama: For mixed age groupings, children younger than 2 1/2 are grouped separately. Multiple age = age of youngest if more than 20% are in youngest category. If child in youngest category makes up 20% or less, staffing and group size shall be according to the next highest category.

34. Alaska: Through age 18.
35. Colorado: Mixed group of 2 1/2 - 6 year olds = 1:10. For other age combinations, the staff ratio for the youngest child used if more than 20% is composed of younger children.
36. Delaware: Youngest under 24 months. Largest number of children in group if children are over 24 months.
37. District of Columbia: When children of different ages are in a group, the ratio shall be adjusted subject to the approval of the mayor to protect the welfare of younger children in the group.
38. Idaho: 1-12 children = 1 staff; 13-24 children = 2 staff; 25-36 children = 3 staff; 37-48 = 4 staff.
39. Illinois: Mixed ages: 2-3 years old = 1:8; 2-5 years old = 1:8; 3-5 years old = 1:10; school age = 1:20.
40. Kentucky: When 1 staff present, age of youngest determines ratio. In no case may 1 adult care for more than 10 preschool or 15 school age children.
41. Louisiana: If no children are under 2 years old, ratio for the average age in the group applies. For 10 or fewer children - 1:10 if no more than 2 under 2 years old. 2:10 if 3 or more children are under 2 years old.
42. Maryland: When preschoolers are mixed, group size may not exceed 20. If group includes 13-20 children, no more than 6 can be 2 years old.
43. Massachusetts: 1:5 = up to 2.9 months; 1:10 = 2 years, 9 months and up; 1:20 to 7 years old.
44. Michigan: To 17 years.
45. Missouri: To 2 years old = 1:4; 2 year olds and up = 1:10 with a maximum of four 2 year olds; 1:8 if more than four 2 year olds.
46. Nevada: Number of caretakers for children 2 or older: 1-6 children = 1 caretaker; 7-20 children = 2 caretakers; 21-35 children = 3 caretakers; 36-50 children = 4 caretakers; 51-65 children = 5 caretakers; 66-80 children = 6 caretakers; 81-93 children = 7 caretakers.
47. New Hampshire: Maximum number for mixed ages 6 weeks-35 months = group size of 16. Children under 24 months may not be mixed with children over 47 months. When no more than 6 preschool and 3 school age children are mixed, up to two under 19 months may be mixed with any age under 3 years old.
48. North Carolina: A medical doctor certifies that the developmental age of the child makes this placement appropriate. When determined developmentally appropriate, a 2 year old child or older may be placed one level above his/her age without affecting the ratio for that group. This provision shall be limited to one child per group. Children under 1 year old must be separated from children 2 years old and over. Children who are 12-24 months may not routinely be grouped with older children unless all are under 3 years old.
49. Ohio: Youngest except when no more than one child 30 months or older receives child day care in a group in which all other children are in the next older age group. The maximum number should be that of the older age group. Some provisions also exist for kindergarten to 11 years old.

50. Pennsylvania: Depends on number of infants and toddlers in group. 0-36 months = 1:4 with group size of 8. Preschool and school age = 1:10 with group size of 20. Young toddler and preschool = 1:5 with group size of 10. Oldest toddler and preschool = 1:6 with group size of 12.

51. Rhode Island: Depends on number and age of youngest. 3-6 years old = youngest if youngest make up more than 20% of the group. If less than 20%, use next highest age group.

52. Texas: Depends on age of children, e.g., when a child in the group is under 18 months old, the oldest child in the group cannot be more than 18 months older. Texas is proposing changes in this requirement.

53. Utah: Average, unless more than half of the group is composed of child in youngest age group.

54. Wisconsin: Based on age (prorata). Infants/Toddlers = youngest. Older than 2 years of age - number of children cared for by 2 staff as determined by staff to child prorata requirement.

Table 15.
GROUP SIZE REQUIREMENTS

Source of Data: Children's Defense Fund, *Who Knows How Safe, 1990*; updated with information from telephone contacts and state regulations.

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
Range Across States	4-20	4-20	4-20	6-35	6-35	8-35	10-35	12-40	20-50		
Alabama	6	6	8	12	12	12	20	20	22	22	25
Alaska											
Arizona											
Arkansas											
California											
Colorado	10	10	10	14	14	N/R ¹	N/R				
Connecticut	8	8	8	8	8	20	20	20	20	20	20
Delaware											
District of Columbia	8	8	8	8	16	16	20	25	30	30	30
Florida											
Georgia	12	12/16 ²	12/16	20	20	30	36	40	50		
Hawaii	8	12	8/12 ³	8	8	12	16	20 & up			
Idaho											
Illinois	12	12 ⁴	15	16	16	20	20	20	30		
Indiana	8	10	10	15	15	N/R	N/R				
Iowa											
Kansas ⁵	9	10	10	14	14/20	24	24				

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
Kentucky (proposed)	8	10	10	16	16	20	24	25	25	20/25 ⁶	
Louisiana	2:12	2:16	2:16	1:12	1:12	1:14	1:16				
Maine ⁷	12	12/15	15	15	15/24	24/30	24/30	24/30	N/R		
Maryland	6	6	9	12	12	20	20	30			
Massachusetts ⁸	7	9	9	9	20	20	30	30	30		
Michigan											
Minnesota ⁹	8	8	14	14	14	20	20	30	30	30	30
Mississippi											
Missouri	8	8	8	16	16	N/R	N/R				
Montana											
Nebraska											
Nevada											
New Hampshire	8	8	10	10	10	16	24	30			
New Jersey	20	20	20	20	20	20	20				
New Mexico											
New York	8	8	12	12	12	18	21	24	20		
North Carolina	12	14	14	24	24	25	25	25 & up			

State	6 Mos.	1 Year	1 1/2 Years	2 Years	2 1/2 Years	3 Years	4 Years	5 Years	6 Years	7 Years	8 Years
North Dakota											
Ohio ¹⁰	12	12	14	14	16	24	28	28	36		
Oklahoma ¹¹	8	12	12	16	16	24	30	30	40 & up		
Oregon	8 ¹²	8	8	8	20	20	20	30	30		
Pennsylvania ¹³	8	10	10	12	12	20	20	24			
Rhode Island	4	4-6	4-6	6-8	6-8	8-15	10-20	12-25			
South Carolina											
South Dakota	20	20	20	20	20	20	20	20	20	20	20
Tennessee	10	14	14	16	16	20	20				
Texas (PROPOSED)	12 7	14 9	18 13	35 17	35 17	35 22	35 24	30	30		
Utah	8	8	8	25	25	25	25				
Vermont	8	8	8	10	10	20	20	20	N/R	N/R	N/R
Virginia											
Washington	8	14	14	14	14	20	20	20/30 ¹⁴	30		
West Virginia											
Wisconsin	8	8	8	12	16	20	24	32	32		
Wyoming											

Table 15. (Continued)
GROUP SIZE REQUIREMENTS

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed
Range Across States							
Alabama	25	25	25	25	25	25	
Alaska							
Arizona							
Arkansas							
California							
Colorado							
Connecticut	20	20	20	20	20	20	Group size may not exceed 20 children
Delaware							
District of Columbia	30	30	30	30	30	30	
Florida							
Georgia							
Hawaii							
Idaho							
Illinois							
Indiana							
Iowa							
Kansas							

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed
Kentucky (proposed)							
Louisiana							
Maine							
Maryland							
Massachusetts							2.9 yrs. - Less than 7 yrs. = no mixed groups larger than 20. Infants & toddlers mixed = no larger than 9
Michigan							
Minnesota	30	30	30	30			
Mississippi							
Missouri							
Montana							
Nebraska							
Nevada							
New Hampshire							
New Jersey							
New Mexico							
New York	20	30	30				If ratios are stringent then a larger group size may be allowed.
North Carolina							

State	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	Mixed
North Dakota							
Ohio	36	36	40	40	40	40	
Oklahoma							
Oregon							
Pennsylvania	24	30	30	30	30	30	Mixed groups: Infant/Toddler 8; Infant/Preschool 8 Young Toddler/Preschool 10 Older Toddler/Preschool 12 Preschool/Schoolage 20
Rhode Island							
South Carolina							
South Dakota	20	20	20	20	20		
Tennessee							
Texas (PROPOSED)	30	30	30	30	30	30	
Utah							
Vermont	N/R	N/R	N/R	N/R	N/R	N/R	
Virginia							
Washington							
West Virginia							
Wisconsin							
Wyoming							

Table 15.
GROUP SIZE REQUIREMENTS
Endnotes

1. Colorado: Not regulated.
2. Georgia: 12 not walking; 16 walking.
3. Hawaii: Infant/Toddler Center group size limits are different than for Group Centers (2 and above). For a 1 1/2 year old in an Infant/Toddler Center, maximum group size is 12; in a Group Center, it is 8.
4. Illinois: Group size for 15 months to 2 years old = 15. When infants and toddlers are mixed, group size permitted is 14.
5. Kansas: Group size of 9 begins at 2 weeks old; group size for 1 year old to 2 1/2 years old is 10 if child is walking. Requirement for 2 1/2 year olds overlaps and is based on ratio requirement; the lower the ratio, the higher the group size.
6. Kentucky: 20 full day care; 25 before and after school; Kentucky does not currently regulate group size. Table represents draft regulations.
7. Maine: Group size is tied to ratio requirement and ages of children, e.g., if a ratio of 1:10 is maintained for a child who is 36 months to 6 years of age, a group size of 30 is permitted. If 1:8 is maintained for 30 months to 6 years of age, group size is 24.
8. Massachusetts: Group size requirements are: birth to 15 months = 7; 15 to 33 months = 9; 2 years, 9 months old to 4 years of age = 20; 4 years, 9 months old to 7 years old = 30.
9. Minnesota: Under 16 months, group size maximum is 8; 16 months to 33 months, group size maximum is 14; 33 months to kindergarten, group size is 20; kindergarten to 13 years of age, group size is 30.
10. Ohio: Group size applies if not in school (28). If in kindergarten through age 11, group size allowed is 36.
11. Oklahoma: Group size of 8 applies to 0-9 months; group size of 12 applies for 10-23 months.
12. Oregon: Begins at 6 weeks.
13. Pennsylvania: Group size requirements are: birth through 12 months = 8; 13 through 24 months = 10; 25 through 36 months = 12; 37 months through 1st grade = 20; 1st grade through 3rd grade = 24; 4th grade through age 15 = 30.
14. Washington: Group size of 20 applies to preschool age; group size of 30 applies to schoolage.

CASE STUDIES

At least two states, Georgia and Florida, have made recent changes in ratio requirements. In addition, at least another five states (Georgia, Hawaii, Kentucky, Louisiana and Pennsylvania), have proposed or have added group size limits to their child care standards since the Children's Foundation collected its most recent data in 1991.

Georgia

In 1991 the Georgia General Assembly passed legislation establishing the Georgia Children's Council. The council was charged with developing a child care plan, including policies and procedures, and assisting in the implementation of the Child Care and Development Block Grant 25% set aside. As part of this process of change, Georgia's ratio requirements for child care centers were decreased and group size standards were added. More stringent training requirements were also added. Infant ratios (infancy to 1 1/2 years), previously at 1:3-7, were redefined (infants less than one-year-old or children 18 months who are not walking) and lowered to 1:6. A specific ratio for one-year-olds who are walking (1:8) was added. The Georgia Children's Council had advocated for a change in infant ratios to 1:5 but the above compromise was reached.

Source of Information: Georgia Manley, Georgia Office of Regulatory Services; Roberta Malvenda, Georgia Children's Council.

Florida

In 1991, the Florida Legislature passed significant child care legislation in "Committee Substitute for Senate Bill 2342." The effective date for the changes in ratio was October 1992. The state lowered the ratio for children 0-1 year of age from 1:6 to 1:4, one-year-old children from 1:8 to 1:6, and for two-year-old children from 1:12 to 1:11.

Source of Information: Craig Townsend, Florida Department of Health and Rehabilitation Services.

Kentucky

While Georgia and Florida have made recent changes in child care center ratios, other states are proposing changes. For example, the state of Kentucky has in place draft standards which not only reduce staff/child ratios but include group size standards. They propose the following:

Age of Children	Existing	Proposed Ratio	Proposed Group Size
Birth-1 year	1:6	1:4	8
1 to 2 years	1:6	1:5	10
2 to 3 years	1:10	1:8	16
3 to 4 years	1:12	same	20
4 to 5 years	1:14	same	24
5 to 7 years	1:15	same	25
7 and older	1:20/1:25*	same	20/25*

*1:20 ratio and group size of 20 apply to full day of care; 1:25 ratio and group size of 25 apply to before/after school programs.

Source of Information: Kentucky Child Care Regulations

Texas

The state of Texas has also been reviewing ratio requirements.* Two proposals are currently being reviewed for cost feasibility. One proposal has been developed by an Ad Hoc Committee and the other by a group of individuals who are specifically concerned with the implementation of the standards contained within the Americans with Disabilities Act. Eventually, with possible modification, a proposed plan will be given to the board of Texas' Licensing Authority. The proposals are as follows:

	0-12 Mos.	12-17 Mos.	18-24 Mos.	2 Years	3 Years
Ad Hoc Committee	1:4	1:5	1:7	1:9	1:13
Special Needs	1:3	1:4	1:6	1:8	1:12
	4 Years	5 Years	6-8 Years	9-12 Years	
Ad Hoc Committee	1:16	1:20	1:22	1:25	
Special Needs	1:14	1:18	1:20	1:22	

*Texas' current ratios depend upon the youngest child in the group. For example, the ratio for 0-11 months is currently 1:5 or 2:12; for 12-17 months, the ratio is 1:6 or 2:14. If five or two-year-olds are being cared for, one staff member may care for 11 children; if no more than three are under the age of two, one staff member may care for ten children. If the age of the youngest in a group is 18 and four or more children are under two years of age, one staff member may care for no more than nine children.

Source of Information: Cris Ros-Dukler, Texas Department of Human Services.

National Association For The Education Of Young Children (NAEYC)
National Academy of Early Childhood Programs

NAEYC is a recognized professional organization whose purpose is to improve the professional practice of early childhood educators and to educate the public about the importance of good quality early childhood programs. In 1985, NAEYC launched the National Academy of Early Childhood Programs which administers the only professionally sponsored, national, voluntary accreditation system for all types of early childhood centers and schools. The Academy has established the following criteria:

F-1. The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children. Groups of children may be age-determined or multi-age. Maximum group size is determined by the distribution of ages in the group. Optimal group size would be smaller than the maximum. Group size limitations are applied indoors to the group that children are involved in during most of the day. Group size limitations will vary depending on the type of activity, whether it is indoors or outdoors; the inclusion of children with special needs; and other factors. A *group* is the number of children assigned to a staff member or team of staff members occupying an individual classroom or well-defined space within a larger room (see Table 16).

Table 16.
NAEYC RECOMMENDED STAFF-CHILD RATIOS WITHIN GROUP SIZE¹

AGE OF CHILDREN	GROUP SIZE										
	6	8	10	12	14	16	18	20	22	24	28
Infants (birth to 12 mos.)	1:3	1:4									
Toddlers (12 to 24 mos.)	1:3	1:4	1:5	1:4							
2-year-olds (24 to 30 mos.)		1:4	1:5	1:6							
2 1/2-year-olds (30 to 36 mos.)			1:5	1:6	1:7						
3-year-olds					1:7	1:8	1:9	1:10			
4-year-olds						1:8	1:9	1:10			
5-year-olds						1:8	1:9	1:10			
6-to-8-year-olds								1:10	1:11	1:12	
9-to-12-year-olds										1:12	1:14

F-2. Sufficient staff with primary responsibility for children are available to provide frequent personal contact; meaningful learning activities; supervision; and to offer immediate care as needed. The ratio of staff to children will vary depending on the age of the children, the type of program activity, the inclusion of children with special needs, the time of day, and other factors. Staffing patterns should provide for adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Staff-child ratios are maintained in relation to size of group (see Table 16). Multi-age grouping is both permissible and desirable. When no infants are included, the staff-child ratio and group size requirements shall be based on the age of the majority of the children in the group. When infants are included, ratios and group size for infants must be maintained. Staff-child ratios are maintained through provision of substitutes when regular staff members are absent. Substitutes for infants and toddlers are familiar with the children and oriented to children's schedules and individual differences in a systematic way before assignment. When volunteers are used to meet the staff-child ratios, they must also meet the appropriate staff qualifications unless they are parents (or guardians) of the children. Volunteers who work with children complete a pre-assignment orientation and participate in on-going training.

¹ NAEYC states: "Smaller group sizes and lower-staff-child ratios have been found to be strong predictors of compliance with indicators of quality such as positive interactions among staff and children and developmentally appropriate curriculum. Variations in group sizes and ratios are acceptable in cases where the program demonstrates a very high level of compliance with (NAEYC) criteria for interactions (A), curriculum (B), staff qualifications (D), health and safety (H), and physical environment (G)."

F-3. Each staff member has the primary responsibility for and develops deeper attachment to an identified group of children. Every attempt is made to have continuity of adults who work with children, particularly infants and toddlers. Infants spend the majority of the time interacting with the same person each day. There is specific accountability for each child by one staff member.

F-4. A majority of the child's day is spent in activities utilizing recommended staff-child ratios and group size limitations while minimizing the number of transitions or regroupings children experience.

Research: Ratios and Affordability

Martha Abbot-Shim, a professor in Early Childhood Development at Georgia State University and Ellen Galinsky from the Family and Work Institute in New York are in process of conducting a research project in Georgia on the effect of ratio changes on affordability. Ellen Galinsky is also working on the similar study in Florida following the changes that they have implemented. These two states represent those that have made the most recent changes in ratios across the country and are prime for analyzing the impact of the changes on affordability. The information collected from the Georgia study has not yet been published. What follows was presented by Dr. Galinsky at the NAEYC conference held in November 1992. Since the following information is based on participant notes, caution is urged in the use of the information until Dr. Galinsky's data are published.

The questions which Dr. Galinsky addressed were:

- What happens in centers when you raise quality by improving training, ratios and/or group size?
- What happens to the whole system?

Prior to the effective date of the regulations, several steps occurred:

- Professional associations and providers assisted in the design of a market survey and were trained in educating constituents about the survey to encourage their return of the form.
- The survey was mailed (four pages) and a reminder postcard was sent to those centers which did not respond during the first two weeks. If appropriate, a second copy of the survey was also mailed.
- Classroom observations were performed for descriptive purposes.
- Telephone interviews were conducted with one hundred center directors to discuss the changes made in ratio requirements and the addition of group size standards.

In 1992, one year after the regulations were effective, 408 (out of approximately 1,500) randomly selected centers were again surveyed and the following constitutes the results of this process:

● **Ease of meeting licensing changes:**

40% moderate to easy 30% very easy
25% easy 12% very difficult

● **Changes instituted:**

70% training 45% ratios
25% facilities 20% group size

● **Rate of openings and closings:**

<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
166/150	151/60	185/192	71/49	136/131

● **Average # of teachers/caregivers per program:**

<u>1991</u>	<u>1992</u>
10	11

● **Time to fill vacancies:**

<u>1991</u>	<u>1992</u>
71% able to fill	64% vacancies filled within two weeks

● **Training hours:**

There was improvement in the number receiving increased training hours. Georgia now requires all training to be approved by the Department of Human Resources (DHR). Trainers submit training agendas and credentials to DHR (DHR has thirty staff for 1,500 child care centers).

● **Salaries:**

More programs are paying \$4.26-6.20 and \$6.21-7.99 per hour. This may be a function of increases in minimum wage requirements. For example, in 1991, 17% of church operated programs, which are exempt from licensing, paid \$4.26-6.20; in 1992, 64% of churches paid \$4.26-6.20 although changes did not impact their programs.

● **Staff benefits:**

Staff benefits increased minimally across all categories.

● **Rate increases:**

Rate increases occurred *across all age groups*.

● **Sources of funding:**

There was a slight increase in government spending and employer funding.

● **Enrollment:**

51% of programs experienced no changes in enrollment

49% experienced changes as follows:

65% increased enrollment

34% experienced a decrease in enrollment

The reasons given for decreases: economic factors, changes in licensing,
public school programs.

Dr. Galinsky concluded that ratio and group size changes did not significantly decrease affordability.

In 1988, the *Child Care Review* also explored the relationship between ratios and affordability. The magazine study analyzed the effects the federal standards outlined in the ABC Bill would have on licensed child care nationwide. The ABC Bill was a \$2.5 billion federal child care bill that amassed considerable political support in the U.S. Congress. In their survey, the *Child Care Review* found that federal standards would increase the cost of licensed child care for parents by nearly \$1.2 billion a year. Nationwide, that represented an increase in tuition costs for parents of \$6.76 per child per week (or \$351 per year). The per week cost impact to Arizona's parents was even greater, \$15.45 per week. Other findings cited from the survey suggested that the federal standards would:

- Result in the closing of an estimated 12,630 licensed child care facilities, or 20.3% of all the licensed centers operating in the U.S at that time (10,300 of those centers, 81.6%, were expected in the south; 5,550 from Florida and Texas alone). The result to Arizona was estimated to result in a decline of 330 licensed centers statewide.
- Displace 786,400 children in licensed child care facilities, who for the most part were not receiving government child care subsidies. In 1988 this represented 19.7% of all the children who were enrolled in licensed child care facilities nationwide. The displacement of non-subsidized children was expected to be offset by the placement of more government-subsidized children in licensed child care environments, the study found.
- Not impact states equally. The survey found that licensed facilities, parents and children in 10 southern states would absorb nearly four-fifths of the total cost increase, center closings and child displacements. Of the projected 786,400 children estimated to be displaced, 661,800 of those children (84.2%) would be in the south.

The survey found that the two states which would be hit the hardest by the implementation of staff/child ratios were the two states at that time which led the nation in availability of licensed child care - Florida and Texas. Coincidentally, these are the two states which have recently taken steps to lower ratios. Florida has recently implemented changes in ratios and Texas currently has proposed reductions of ratios pending.²

² "How Much Will the ABC Bill Raise your Parents' Weekly Tuitions?" *Child Care Review*, April/May, 1988, Volume 3, Number 4.

OPTIONS

The options identified through the Call for Issues and a review of other states are specified below. Inclusion in the list below does not imply a recommendation by the authors.

Ratios:

Option One: Maintain existing ratios and definitions.

CONSIDERATIONS;

Availability - No impact

Affordability - No impact

Quality - No impact

Option Two: Effectively decrease ratios by:

- decreasing ratios across all age groups/categories,
- decreasing the ratio for specific age groups/categories,
- decreasing the ratio for specific areas of care (e.g. special needs),
- implementing different ratio requirements for different size centers, or
- implementing ratios based on the developmental age of the child (e.g., walking independently).

CONSIDERATIONS:

Availability - It is possible that decreasing ratios, particularly across all age groups and settings, could decrease the availability of regulated child care settings. The increased cost of doing business could result in fewer providers.

Affordability - There are differing findings with respect to the impact of decreasing ratios on affordability. If ratios were decreased for only selected age groups (e.g., infants) or other groups (e.g., children with special needs), costs could potentially be spread across all children in care. If ratios were decreased across all ages, costs would likely increase across the board.

Quality - There are differing findings with respect to the impact of specific ratios on quality of care, although most agree that ratios and/or group size are related to quality, particularly for some age groups (i.e., infants and toddlers).

Group Size:

Option One: Maintain existing regulations which do not include group size.

CONSIDERATIONS:

Availability - No impact

Affordability - No impact

Quality - No impact

Option Two: Effectively implement group size standards by:

- adding group size standards across all age groups/categories,
- adding group size standards for specific groups/categories,
- adding group size standards for mixed age groups, or
- adding group size standards which are integrated with ratio requirements.

CONSIDERATIONS:

Availability - Establishing group size may have an impact on availability if it results in higher personnel costs. Because Arizona currently has no group size standards, the impact is difficult to predict without knowing what the current practice is with respect to group size within child care centers.

Affordability - Establishing group size standards could increase the cost of child care in Arizona, but, as with availability, the impact is difficult to predict without knowing current practice.

Quality - Group size has been shown to be related to improved child development. Establishing group size standards may, therefore, improve the quality of child care in Arizona.

ISSUE: REGULATION OF CHILD CARE PROGRAMS OPERATED BY PUBLIC SCHOOLS

QUESTIONS

1. School Age Children: Are public schools which offer before/after school programs to school age children required to be licensed?
2. Children Under School Age: Are child care programs provided by public schools for younger than school age children required to be licensed?

CURRENT SITUATION IN ARIZONA

Arizona Revised Statute 36-884 exempts from licensure as a child care center "a unit of the public school system." If the program is managed and operated by a public school at the public school by public school employees, it is not required to be licensed by the Arizona Department of Health Services (ADHS). Public school operated programs are under the jurisdiction of their school district and are answerable to the school board and parents. Arizona Department of Education (ADE) requirements (e.g., personnel qualifications) are not applied to the programs, but facilities within the school used for child care would still need to meet school facility requirements. If a child care program is operated by an organization other than the school district, even if the program is conducted on the premises of the school and is operated under contract with the school, the program is required to be licensed by ADHS.

School Age Children:

School age children are defined as by ADHS (Arizona Administrative Code R9-5-101), as children who are at least five years old by January 1 of the current school year and who attend public school or the equivalent. Arizona's Education Code (ARS 15-821) specifies age requirements for the admission of children to school. Child, as defined by ARS 36-881, means any person through the age of 14 years. School age child care is defined as care provided to school age children during periods of a day when public, private or parochial schools are not in session (Arizona Administrative Code R9-5-201).

In a 1992 survey of school age child care conducted for the Governor's Office for Children, it was reported that 245 schools offered school age child care. Over 60 percent of these used other agencies and organizations to operate the program. In 28 percent, the staff was employed by the school district.

Some school districts are in the process of electively applying the quality criteria for school age child care standards developed by a coalition of school age child care professionals under the leadership of the American Home Economics Association. These standards are an extension of the National Academy of Early Childhood Programs standards.

Children Under School Age:

School-centered programs for parenting teens may include child care for the teenage parents' infants and young children. The programs vary in size and age. According to Judy Walruff at the Flinn Foundation, the largest is estimated to care for over 50 children.

There are eight parenting programs which receive funding through the Flinn Foundation; these must meet requirements established by the Foundation. ADE may also be involved if the program has a vocational education component, as is the case when the "day care center" is the site for student training.

School districts also may operate child care programs for preschool children, particularly children who are at-risk or who come from low income families. As in the case of other school-operated programs, these programs are under the jurisdiction of their school district. They may be required to meet some additional standards as a condition of receiving public funds. The Early Childhood Advisory Council of ADE is required to develop guidelines for at-risk preschool programs. When adopted, these guidelines will be applied to programs operated with this funding.

CALL FOR ISSUES

In the Call for Issues conducted prior to the initiation of this research project, numerous respondents identified issues related to the regulation of child care programs operated by and in the public schools. Following is a sample of the issues raised:

- **Regulation of Public School.** Most respondents who raised this issue felt that public schools operating child care programs should be regulated. A few respondents commented that school operated programs should be regulated by their own governing boards.
- **Personnel Requirements.** The issue of qualifications for school personnel providing child care was raised. It was recommended that first aid and CPR training be required.
- **School Age Children.** Those commenting on the regulations said that they should be the same for school age child care, regardless of where or by whom the program is operated.
- **Child Care Programs Operated in the Public Schools.** Several comments were made about programs operated in the public schools by outside organizations. The major issue was the lack of control the program had over the physical facility.

STATE OF THE STATES

Some states regulate public school operated child care programs using the same standards and the same enforcement agency as they do for other child care programs. Some states differentiate based on the age of the child, with regulation of public school operated school age child care handled differently than regulation of public school operated child care for children younger than school age. Some states, like Arizona, do not regulate public school operated child care programs. Still others apply the same standards to programs whether they are operated by the public school or another entity, but have different state agencies responsible (e.g., the state department of education might be responsible for the application of regulations in public school operated programs and the state department of health or human services might be responsible for other programs). Some states allow for voluntary licensure or certification of public school operated programs.

Current and complete information is not available which details how each state regulates public school operated programs. The most current information available was published by the Children's Defense Fund in the 1990 publication, *Who Knows How Safe?* Gwen Morgan of Work/Family Directions has also gathered information regarding regulation of public schools, but her data have not been updated since the publication of the Children's Defense Fund data. We have updated the available information by calling all 50 states and the District of Columbia to ask whether public school operated programs are regulated by the state.

Information regarding public school operated programs is currently being collected. According to the Children's Defense Fund, the United States Department of Education is currently conducting a survey of all state-funded preschool programs. In addition, Ellen Gannett, a school age child care expert at Wellesley College, reported that a national before and after school study will be coming out in 1993.

Table 17 shows that 22 states exempt public school operated programs from state licensure. Twenty license public school operated programs for both school age children and children younger than school age. The remaining eight plus the District of Columbia license some programs operated by the public schools, typically exempting programs for school age children.

Table 17.
REGULATION OF PUBLIC SCHOOL OPERATED CHILD CARE PROGRAMS

Source: Children's Defense Fund, Who Knows How Safe, 1990; updated with information from a telephone survey to state licensing agencies in each state, November 1992.

Note: The information in this chart relates only to programs operated directly by the public school and excludes programs if operated by another entity under contract with the public school. Both before/after school child care programs for school age children and child care programs for children younger than school age are included. Educational enrichment programs are not included. Additionally, there may be different requirements if public funds are accepted. This question was not posed to the respondents. At least one state (Washington) mentioned that programs accepting public funding had to meet requirements that other public school operated programs did not. Endnotes appear on the following page.

STATES WHICH LICENSE PUBLIC SCHOOL
OPERATED CHILD CARE (N=20)

Arkansas¹
Colorado
Hawaii
Idaho
Indiana²
Kansas
Kentucky
Maine
Maryland
Michigan³
Mississippi
Montana
Nebraska
New York
Ohio⁴
Pennsylvania
South Carolina⁵
Tennessee
Vermont
West Virginia⁶

STATES WHICH EXEMPT PUBLIC SCHOOL
OPERATED BEFORE/AFTER SCHOOL CHILD
CARE (N=9)

California
District of Columbia⁷
Illinois⁸
Louisiana⁹
Minnesota
Nevada
Rhode Island
South Dakota¹⁰
Texas

STATES WHICH EXEMPT PUBLIC SCHOOL
OPERATED CHILD CARE (N=22)

Alabama
Alaska
Arizona
Connecticut
Delaware
Florida
Georgia
Iowa
Massachusetts¹¹
Missouri
New Hampshire
New Jersey
New Mexico
North Carolina¹²
North Dakota
Oklahoma¹³
Oregon
Utah
Virginia
Washington¹⁴
Wisconsin¹⁵
Wyoming

Table 17.
REGULATION OF PUBLIC SCHOOL OPERATED CHILD CARE PROGRAMS
Endnotes

1. Arkansas has licensing specialists assigned to work with the public schools.
2. Effective 7/92, Indiana requires licensing for public school operated child care programs, but did not have regulations completed as of 11/92.
3. Michigan is considering exempting before/after school child care programs operated by the public school from licensing.
4. Ohio school operated child care programs for children of all ages are licensed by the Department of Education using rules developed jointly with the Department of Human Services.
5. South Carolina exempts before/after school programs operated by the public schools for school age children from licensing if they operate only during regular school hours.
6. West Virginia licenses child care programs operated by the public schools only if they are four or more hours per day.
7. D.C. exempts before/after school child care programs operated by the public schools from licensing unless public funded.
8. Illinois licenses public school operated child care programs for children under 3 years old; programs for older children are exempt.
9. Louisiana exempts public school operated child care programs for children age 4 or older.
10. South Dakota reports that they are developing standards for before/after school child care programs operated by public schools.
11. Massachusetts has voluntary standards developed through the Department of Education which are strongly recommended.
12. In North Carolina, states may request voluntary licensure.
13. In Oklahoma, the Department of Human Services has requested that schools caring for more than 6 children in child care programs obtain a license. The schools have complied.
14. Washington legally exempts child care programs operated by public schools; however, if they accept public funds, they must be certified. Certification is essentially the same as licensing in this situation, but a letter of certification rather than a license is presented.
15. Wisconsin child care programs operated by the public schools are technically exempt but they must meet licensing standards. The licensing agency will conduct a study upon request of the school.

CASE STUDIES

Local Control: Minnesota

Several years ago, Minnesota passed legislation exempting public school operated child care programs for school age children from state child care licensure until new standards could be developed and adopted by the state board of education. Over the next two years, a broad coalition of parties (including legislators, providers and advocates) developed and recommended a set of standards to the state board. Public hearings were held. The standards were similar to the standards applied to child care centers serving school age children.

Shortly before the board was to have voted to adopt the standards about four years ago, an amendment was made to legislation exempting school age child care unless the regulations were adopted by the **local** school districts. As of the present, about 80 percent of the state's school districts have adopted the standards, although there is no provision for monitoring or enforcement.

The legislative amendment had another wide-reaching effect. It exempted all other providers of school age child care regulations from licensure, if no children younger than school age are in care. The state has begun to require new programs accepting public funds to meet the standards, but there is still no formal monitoring process.

Preschool programs operated by the public schools must follow the Department of Human Services regulations. About six months ago, an exemption was made for public school operated programs, until such time as new standards could be developed and adopted by the state board of education. There was concern raised about this, however, and the exemption was rescinded. There is a task force currently working on standards and efforts are being made to tie into NAEYC accreditation. Reports suggest that there is greater agreement on the need for standards for infants in care than there is for preschool age children.

Source of Information: Catherine Cuddevach, Minnesota Department of Education.

Regulation by the Department of Education: Ohio

Until recently, Ohio exempted all school age child care programs operated by public schools on the school premises. Center-based programs were licensed by the Department of Human Services, although many of the standards were reportedly more appropriate for children younger than school age. Both providers and licensing staff recognized the issue, but "the rules prevailed."

Legislation was subsequently adopted which rescinded the exemption for public schools. Standards for school age child care were to be jointly developed by the Department of Human Services and the Department of Education. Human Services would then regulate center-based school age child care programs and Education would regulate public school operated programs.

A statewide coalition of school age professionals (Ohio's Professionals for School Age Child Care) worked with representatives of both state agencies to write developmentally appropriate school age child care standards. A key to the success of the effort was the involvement of "hands-on" people. The standards have been adopted and are now in effect.

Building on the success experienced by the coalition, a proposal was submitted for funding for eight regional school age child care networks. The regional coalitions received training from the National School Age Child Care Alliance and developed action plans for their areas. The areas correspond to the state licensing and education districts.

Source of Information: Tracy Ballas, President, National School Age Child Care Alliance; and Founder, Ohio's Professionals for School Age Child Care.

Regulation by the Cabinet for Human Resources: Kentucky

Kentucky takes a different approach to the regulation of school age child care programs operated by the public schools. All school programs are required to be licensed and have been for several years. Licensing is done by the same state agency which regulates center-based programs. The only exceptions are in school districts which consider their programs to be something other than child care. Subsidies are available only to licensed programs, thereby creating an incentive to correctly label the program. Licensure applies to programs operating more than 10 hours per week which are not part of a regular school program. School age in Kentucky is four.

Prior to implementing the licensing regulations for public school operated programs, consensus building activities occurred within the state administrative structure, because the support of both education and human resources was critical. Reportedly, there was considerable support for the licensure approach adopted at the staff level within the departments and in the community. There were no community-wide consensus building activities noted.

Source of Information: Ruth Fitzpatrick, Kentucky Department of Education (retired).

OPTIONS

The options identified through the Call for Issues and a review of other states are specified below. Inclusion in the list below does not imply a recommendation by the authors.

Standards:

Option One: Adopt age-appropriate standards for child care programs operated by the public schools. These may include programs for school age children and/or children younger than school age. The standards may be the same as, similar to or different from standards applied to child care centers and programs operating under contract with the schools.

CONSIDERATIONS:

Availability - School districts may decide not to offer programs if they find standards to be too restrictive or age-inappropriate. Other states have addressed this issue by involving a broad coalition of professionals and interested parties in the development of standards.

Affordability - Standards could conceivably raise the cost of child care programs operated by the schools, but may increase the availability of additional resources. In addition, there would likely be some administrative costs associated with the development of new standards.

Quality - Some school districts voluntarily follow quality child care guidelines, but there is no requirement to do so. If uniform age-appropriate standards are adopted or developed, this could improve the quality of school operated programs.

Option Two: Continue to allow public school operated child care programs to function under the jurisdiction of school districts without uniform child care standards.

CONSIDERATIONS:

Availability - No impact

Affordability - No impact

Quality - No impact

Regulation:

Option One: Establish responsibility for enforcing child care standards in public school operated programs within a State agency (e.g., ADHS or ADE).

Option Two: Have the school district maintain responsibility for enforcing child care standards.

Option Three: Make licensure voluntary and/or a condition of receiving public funds for child care.

CONSIDERATIONS:

Who enforces child care standards in public school operated programs is a critical issue. As can be seen from Table 17, there are a number of approaches taken by the states. Decision-making should include consideration of available resources and specificity of training and expertise.

Availability - If there were uniform standards, the availability of child care is not likely to be affected by the organization responsible for enforcement, unless school districts should opt to discontinue operation.

Affordability - If there were uniform standards, the affordability of child care is not likely to be affected by the organization responsible for enforcement, unless school districts should opt to discontinue operation. There would be additional costs, however, associated with the enforcement of new regulations.

Quality - To the extent that inspectors are qualified and knowledgeable, the quality of child care should not be altered depending on the organization responsible for enforcement.