

Presenters

Office of Child Care

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Overview

- OCC Priority: Health and Safety, CCDF Reauthorization
- Numbers: Facilities, Capacity, Licensing Thresholds
- Trends in Policies
- Trends in Program Requirements



Office of Child Care Priority

- Ensuring health and safety of children in
 - Health and safety is the foundation of quality in child care
 - In many States, standards are not high enough to ensure health and safety
 - Standards do not apply to many settings (e.g., exemptions)
 - Monitoring is not adequate



CCDF Reauthorization

- CCDBG Act of 2014 signed by the President in November 2014
- Provides new requirements for health and safety and monitoring of licensed and license-exempt providers
- States submit plans in March 2016

(US DHHS, 2014, 2015)





New CCDF Health and Safety Requirements

- Prevention and control of infectious diseases (including immunization);
- Sudden Infant Death Syndrome (SIDS) and use of safe sleep
- Administration of medication;

- Prevention of and response to food allergies; Building and physical premises safety; Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Storage of hazardous materials and bio contaminants; Precautions in transporting children (if applicable);
- First-aid and CPR; and
- Nutrition and physical activity (optional).





New CCDF Monitoring Requirements

- For Licensed CCDF Providers
 - States must conduct one pre-licensure inspection for health, safety, and fire standards; and annual, unannounced inspections.
- For License-Exempt CCDF Providers (except those serving relatives)
 - State must conduct annual inspections for compliance with health, safety, and fire standards. The law does not require that these monitoring visits be unannounced, but ACF recommends that States consider unannounced visits for license-exempt providers since experience shows they are effective in promoting compliance.
- Effective Date: November 19, 2016



(US DHHS, 2015)



Definitions

- From CCDF Final Rule (45 CFR 98.2)
 - Licensing or regulatory requirements: Requirements necessary for a provider to legally provide child care services in a State or locality, including registration requirements established under State, local or tribial law.
 - Child care center: A provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s) work.
 - Family child care home (FCCH): One individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
 - Group child care home (GCCH): Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence,
- Licensing data for 2014 include a total of 53 jurisdictions 50 States, DC, and 2 Territories (GU and VI). The term "States" is used to mean all of these jurisdictions.



(US DHHS, 2011)



Child Care Licensing Studies

- Partnership between NCCCQI and NARA
- Began in 2005
- Studies conducted 2005, 2007, 2008, 2011, 2014
- Purpose is to track changes in child care licensing policies and practices, and requirements for providers





Licensing Trends for 2014

- Licensing Regulations for Child Care Facilities
 - Requirements that programs must meet
 - Compiled from regulations posted on the National Resource Center for Health and Safety in Child Care and Early Education Web site
- Licensing Policies

 - Facility monitoring, enforcement of regulations, licensing program staffing Results of National Association for Regulatory Administration (NARA) survey of all licensing agencies
- NCCCQI compared 2014 data to 2011 Licensing Study
 Also some comparisons to the 2005, 2007, and 2008 Child Care Licensing Studies

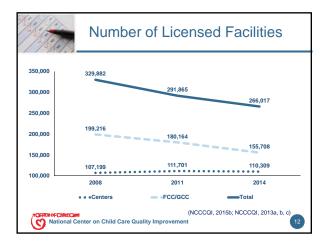




Number of Facilities, Exemptions, and Licensing Thresholds for Homes







Number of Facilities and Capacity

- 266,017 licensed facilities (centers and homes)
 - 10 percent decrease in the total number of licensed facilities (since 2011)
 - Homes have seen a more significant decrease than centers (15%)
- Total Licensed Capacity: 9.8 million
 - Decreased by 199,989 since 2011 (2%)





Center Licensing Exemptions

Common Licensing Exemption	Percentage of States		
Facilities where parents are on the premises (e.g., child care services in a shopping mall or health club)	57%		
Preschool programs operate by public schools or approved by the state department of education	57%		
Facilities with a small number of children in care	51%		
Recreation programs, instructional classes, and/or club programs	51%		
Summer day camps	45%		
Facilities operating a small number of hours per day or week	42%		
Child care services provided during religious services	32%		

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(NCCCQI, 2015a)



Exemption for Religious Organizations

- · 12 States have various licensing exemptions for child care programs operated by religious organizations:
 - 6 States exempt these programs from all licensing requirements
 - 3 States exempt child care programs operated by educational institutions affiliated with religious organizations
 - 3 States exempt these programs from some licensing requirements and processes





States Licensing FCCH & GCCH

- Using the CCDF Rules definitions:
 - 46 States license FCCHs
 - 7 States do not license FCCHs
 - AZ, ID, IN, LA, NJ, OH, and SD
 - Most of these States license GCCH providers.
 - LA, NJ, and SD do not have mandatory licensing requirements for home-based providers.
 - 41 States license GCCHs
 - 12 States do not license GCCHs
 - AR, KY, LA, MA, ME, NC, NJ, SD, VA, VT, WA, and WI

(NCCCQI, 2015a)



Licensing Threshold for FCCH

- 10 States and 1 Territory require FCCH providers to be licensed if there is just one child in care that is not related to the provider

 AL, CT, DC, DE, GU, KS, MA, MD, MI, OK, and
 WA
- Most States set the licensing threshold at 3 or 4 children that are not related to the provider.

(NCCCQI, 2015a)





Threshold for Licensing Family Child Care Number of Unrelated Children in Care When Licensing Is Required National Center on Child Care Quality Improvement

Discussion

- Have you seen the number of providers increase or decrease in your States?
- Have you seen a more significant decrease in homes or centers?
- · Has it affected capacity?
- What has caused the changes?





Licensing Trends for 2014





Positive Changes Found 2011 - 2014

- Licensing Policies
 - Lower caseloads
 - Differential monitoring; abbreviated compliance
 - Information posted on the Web
 - TA provided to improve quality
- Licensing Requirements
- Pre-service and ongoing training
- Background checks
- Safe sleep
- Reporting serious injuries and deaths



NCCCQI, 2015a, 2015b)









Trends in Licensing Policies

Inspections and Monitoring Enforcement and Consumer Information Staff Qualifications and Training





Inspections and Monitoring









Licensing Caseloads

- Average caseload: 97 centers and homes - 103 in 2011
- Caseloads range from 25 to 300
- NARA recommends
 Licensing agencies calculate workload standards to account for local variables
 - Average caseload should not exceed 50-60
 - More research needed to determine appropriate caseloads

(NCCCQI, 2015b; NARA and Lapp-Payne, 2011)







Types of Inspections

- All States that license centers and GCCH conduct an inspection prior to issuing a license.
 - 2 States do not inspect FCCH
 - More than 2/3 of States conduct an announced inspection at that time
 - CCDF Reauthorization requires prelicensure inspection (US DHHS, 2014)
- Most States conduct unannounced inspections for license renewal and other routine compliance visits.



(NCCCQI, 2015b)





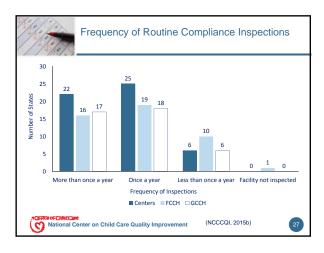
Frequency of Inspections

- Most States inspect once a year
 - Number of States that inspect more than once a year has grown over time
 - States are looking at focused inspections and monitoring based on compliance history
- CCDF Reauthorization requires annual inspection (US DHHS, 2014)
- Caring for Our Children recommends at least two licensing inspections each year
 (AAPJAPHANIPC 2011)

 (AAPJAPHANIPC 2011)









Differential Monitoring

- More than 70% percent of States use "differential monitoring"
 - Method for determining the frequency and/or depth of monitoring based on an assessment of a facility's level of compliance with regulations
- Used to determine the number of inspections needed for a particular facility and the content of inspections
- Increased significantly from 51% of States in 2011 to 72% of States in 2014



(NCCCQI, 2015b)





Abbreviated Inspections

- 70 percent of States report using abbreviated compliance forms that shorten the list of requirements that are checked in programs during inspections.
 - This is an increase from 55 percent of States in 2011.
 - States chose the rules based on a consensus about rules considered most critical to protecting children's health and safety and an assessment of risk of harm to children.
 - Eight States identified using a set of key indicators that could predict overall compliance to choose rules for abbreviated inspections



(NCCCQI, 2015b)





Risk Assessment of Rules

- 28 States (53%) have conducted a risk assessment of their licensing requirements
 - Most of these States have identified categories of requirements as high-risk or identified the highest risk requirements.
 - About a quarter of the States have assigned a risk level/weight to all requirements.









Licensing Provides TA

- Nearly all States report providing TA during monitoring activities to help facilities achieve compliance with regulations.
- The percentage of States reporting that they provide TA to assist facilities in improving quality and exceeding minimum licensing regulations rose from 45 percent in 2011 to 65 percent in 2014



(NCCCQI, 2015b)





Use of Technology

- 34 States report using portable devices to help staff efficiently inspect and monitor licensed facilities, such as
 - laptops, portable digital assistants, and tablets with specific software for capturing information during licensing inspections.



Discussion

- What are some strategies you've used to increase efficiency or effectiveness in your licensing program?
 - For example, use of technology, differential monitoring, changes to licensing caseload, frequency of monitoring, or frequency of unannounced visits?



Enforcement and Consumer Information





Enforcement Actions

- Most common enforcement actions are
 - denial of a license,
 - revocation of a license,
 - emergency/immediate closure of a facility,
 - conditional license,
 - non-renewal of a license, and
 - civil fines.





RESULTS

Illegally Operating Providers

- All States respond to complaints received by the public regarding providers operating illegally.
 - States work with local law enforcement agencies,
 - monitor listings where providers advertise, and
 - seek to educate the public with campaigns about the importance of licensing.



(NCCCQI, 2015b)





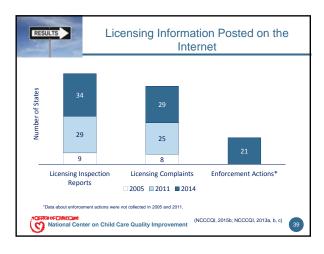
CCDBG Reauthorization Requires Licensing Information Posted

 States must make available by electronic means, easily accessible providerspecific information showing results of monitoring and inspection reports, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occur in child care settings each year.

(US DHHS, 2014)







Discussion

- What new strategies are you employing to enforce compliance?
- Do you post the results of inspections on the Web?
- Has work begun to address the new requirements in CCDF Reauthorization?





Staff Qualifications and Training









ticensing Staff Qualifications

- Three-quarters of States report that they require licensing line staff to have a bachelor's degree.
 - In 24 States, the content and/or major of the degree or coursework must be early childhood education, child development, or a related topic.
 - 21 States also require experience working in a setting with children.





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Licensing Staff Training

- More than 50 percent of States require licensing line staff to complete additional training each year
- Common topics:
 - Regulatory issues
 - Health and safety issues
 - State's regulations
 - State's licensing policies and procedures



(NCCCQI, 2015b)



Discussion

- What are the qualifications for licensing staff in your State?
- How do staff participate in ongoing training?
- What topics are covered in training?







Trends in Licensing Requirements

Qualifications and Training Background Checks Safe Sleep Reporting Injuries and Deaths





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Provider Qualifications and Training	
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National Center on Child Care Quality Improvement 46	
Common Minimum Qualifications –]
Center Staff	
 Center directors and master teachers Child Development Associate (CDA) 	
Credential [™] - 4 States increased administrative training for directors	
Center teachers Experience—either alone or with a high school	
diploma or General Educational Development (GED) credential	
Many States have requirements for the type of experience needed **CHRONOFCIMICS**** **CHRONOFCIMICS*** **CHRONOFCIMICS*** **CHRONOFCIMICS*** **CHRONOFCIMICS*** **CHRONOFCIMICS*** **CHRONOFCIMICS** **CHRONOFCIM	
National Center on Child Care Quality Improvement (NCCCQI, 2015a) 47	
Common Minimum Qualifications – FCC/GCC	
FCCH and GCCH Providers	
 The most common minimum qualification for FCCH and GCCH providers is clock hours of 	
training in early childhood education.	

Center Staff Qualifications and Training High School Diploma or GED Preservice Qualifications Ongoing Training Center Staff Role Director 53 48 50 47 Master 17 14 17 16 teacher Teacher 53 36 39 50 Assistant 13 18 29 24 teacher Aide 20 5 9 14 N=53 States, Territories, and the District of Columbia. National Center on Child Care Quality Improvement (NCCCQI, 2015a)

Provider Role	Role Regulated	High School Diploma or GED	Preservice Qualifications	Ongoing Training
Family Child Care Home (N	=46)			
FCCH Provider	45	18	29	42
FCCH Assistant Provider	28	2	7	16
Group Child Care Home (N=	:41)			
GCCH Provider	40	19	34	37
GCCH Assistant Provider	35	12	16	32

Ongoing Training Hours						
Facility Type and Role	Average Number Hours Required					
Child Care Center Director	18					
Child Care Center Teacher	15					
Child Care Center Assistant Teacher	16					
Family Child Care Home Provider	12					
Group Child Care Home Provider	14					
National Center on Child Care Quality Improvement	(NCCCQI, 2015c)					



Health and Safety Training

- · CCDF Reauthorization requires
 - minimum health and safety training, to be completed pre-service or during an orientation period in addition to ongoing training, appropriate to the provider setting involved that addresses each of the [health and safety] requirements...

(US DHHS, 2014)







First Aid and CPR

First Aid and CPR Training	Centers (N=53)	FCC Homes (N=46)	GCC Homes (N=41)
First Aid Training Required	51	41	40
Required for At Least One Staff	35	NA	NA
Required for All Staff	18	NA	NA
CPR Training Required	51	40	37
Required for At Least One Staff	39	NA	NA
Required for All Staff	14	NA	NA



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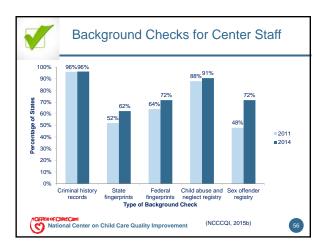
Health and Safety Topics

Health and Safety Training Topics	Centers (N=53)	FCC Homes (N=46)	GCC Homes (N=41)
Administration of Medication	16	9	10
Care of Sick Children	13	3	6
Child Abuse and Neglect	38	15	22
Child Nutrition and Feeding	13	7	7
Emergency Preparedness and Response	30	13	15
Fire Safety	7	3	4
Reducing the Risk of SIDS, Safe Sleep Practices	16	17	19
Shaken Baby Syndrome	11	12	11
Special Health Care Needs	14	5	3
Spread of Communicable Disease, Universal Precautions, Handwashing	30	7	14
Transportation, Child Safety Restraints	7	5	7

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Background Checks Wational Center on Child Care Quality Improvement



Discussion

- Have the qualifications and training requirements changed in your State in the last few years?
- How will you address the new requirements for health and safety training in CCDF Reauthorization?



 What are the challenges related to conducting background checks?









Safe Sleep Requirements								
SIDS Reduction Requirements for Centers	2005	2011	2014					
Infants must be placed on their backs to sleep	48%	84%	89%					
Physicians may authorize different sleep positions for infants	40%	70%	72%					
Soft bedding/materials must not be used in cribs	34%	50%	57%					
Facilities must use cribs that meet the U.S. Consumer Safety Product Commission requirements	NA	NA	53%					
Staff are required to complete training about reducing SIDS	14%	20%	28%					
Parents can authorize a different sleep position for infants	10%	10%	11%					
Patients Call adultifize a uniteriorit serep position for intents 1076 1076 1776 17								
excluding Idaho.	9	2015a. 201						

Reporting Injuries and Deaths







Reporting Injuries and Deaths

- CCDF Reauthorization required States to make available by electronic means,
 the number of deaths, serious injuries, and instances of substantiated child abuse that occur in child care settings each year. (US DHHS, 2014)

Reporting to the Licensing Agency	2011	2014
All serious injuries that occur to children in programs	34	39
All deaths that occur to children in programs	33	39



(NCCCQI, 2015a)



Discussion

- What changes to program requirements have you been able to make in the past year or two?
- What changes are underway due to the new federal requirements in CCDF Reauthorization?
- What changes would you like to make in the next year or two?



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Reflections or Questions? National Center on Child Care Quality Improvement

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Resources

- NCCCQI resources on health and safety and licensing https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing
- State licensing requirements NRC Web site <u>http://nrc.uchsc.edu/STATES/states.html</u>
- Caring for Our Children http://nrckids.org/CFOC3/index.html
- CCDF Reauthorization Resources http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization





