

# **Executive Summary**

## **Review of Child Care Licensing Rules**

**Prepared for the State of Oregon  
Oregon Employment Department  
Child Care Division**

**January 2012**

*Conducted by Oxana Golden & Judy Collins  
Child Care Policy Consulting, Inc.*

## Introduction

The Child Care Division, Oregon Employment Department is conducting a comprehensive review of child care licensing rules. The recommendations in this report represent the first step in the rule review process, based on extensive stakeholder input, national research and best practices, and recommendations from the consultants. Over the past ten years a number of licensing rule changes have been made affecting Certified Family Homes, Registered Homes and Recorded Programs. While there is no statutory requirement to conduct comprehensive rule reviews, the Child Care Division has now initiated such a review. The Child Care Division will use the information in this report to move forward with a rule revision process beginning in 2012. Recommendations will be prioritized and stakeholders will continue to participate in the process by providing input.

Between July and the end of October 2011, close to one hundred and fifty stakeholders were interviewed either individually or in groups, via phone calls, or in person. Stakeholders provided input on the licensing function and recommendations for rule revisions for Certified Family Homes, Registered Family Homes, Certified Centers, School-Age programs, Recorded programs, statute changes, and rule changes that apply across all licensed programs.

In addition to collecting input on rule changes, stakeholders expressed their views on the role of licensing. Overall, licensing is perceived as serving a very important function that benefits children, parents, providers, and communities. Stakeholders view licensing as setting minimum health and safety standards and enforcing the rules. In addition, the functions of providing technical assistance and connecting programs to resources is seen as a valuable licensing component.

When stakeholders were asked how they think parents view licensing, they thought parents assume licensing assures the safety and well being of their children. Stakeholders also thought that parents, communities, and the general public do not understand what licensing means in terms of the level of oversight and scope of the rules.

A number of stakeholders voiced the importance of educating families and the public about the purpose of licensing, scope of rules, and level of oversight.

### Stakeholder Input

- ❖ Child Care Division Staff: Licensing & Others (32 individuals)
- ❖ Certified Centers, Certified Homes, Registered Homes & School -Age programs (73 individuals)
- ❖ Other stakeholders
  - Commission for Children
  - OregonASK
  - Oregon Council on Developmental Disabilities
  - Oregon State University
  - Oregon Child Development Coalition
  - Oregon Center for Career Development (PSU)
  - AFSCME
  - Oregon Health Authority
  - Oregon Department of Education (Pre-K & Head Start)
  - County Environmental Health Specialists
  - Fire Marshal
  - Resource & Referral Directors and Network
  - Department of Human Services (44 individuals)

## National Research and Licensing Trends

Most states review and revise child care licensing rules on a continuous basis in order to improve health, safety, and quality conditions for children in child care settings. Some states review all rules on a regularly scheduled cycle basis every two to three years, while others review rules less frequently. The importance of quality early education, preschool, and school-age programs and their impact on positive development and school readiness/success for children is well-documented. In this context, licensing is no longer viewed as a stand-alone health and safety regulatory entity, but as foundationally important to system wide quality building efforts. With the widespread national development of Quality Rating and Improvement Systems, licensing standards and the monitoring functions have become accepted as the foundation for quality. Most licensing rules set minimum standards for ratios, teacher qualifications and professional development requirements, health and safety standards, environment, administration and management, and program activities for children. QRIS systems have similar standards. Licensing is usually designated as the first step or a pre-requisite step for entry into a multi-quality level QRIS system.

The National Association for Regulatory Administration publication, *Strong Licensing: The Foundation for a Quality Early Care and Education System* (May, 2011), makes the case for the importance of strengthening licensing requirements, positive impact on children, and strong licensing as the foundation for quality-building. Three components contribute to high quality licensing: 1) a strong enabling statute, 2) strong program requirements, and 3) strong enforcement. Components of strong program requirements include:

1. Regularly scheduled reviews of rules every three to four years.
2. Broad public outreach and consultation in drafting and revising regulations. It is important for rules to reflect the consensus of what citizens want for children in child care in their state.
3. Research-based, current rules that are designed to respond to known public risks and the industry's prevailing conditions.
4. Rules that reflect the understanding that the benefits of early learning stem directly from the nature of children's relationships with their adult caregivers.
5. A body of requirements designed with a holistic focus on child well-being that collectively creates a safe environment that promotes healthy physical, social, emotional, and cognitive development.
6. Attention to reasonableness, cost considerations, and ensuring rules are enforceable.
7. Sound interpretation guidelines and procedures manuals to help providers and inspectors apply the requirements correctly, fairly, and consistently.

As Oregon moves forward in the formal rule revision process the incorporation of these seven guidelines will assist in making the process a success.

Based on a presentation during a regional conference conducted by the National Child Care Information Center (NCCIC) in July 2011, national trends on proposed rules include:

- SIDS prevention
- Training on medication administration
- Physical activity / outdoor play
- Screen time
- Cribs and sleeping equipment
- Emergency preparedness
- Obesity prevention

Additionally, a prevailing practice in states is researching best practices and making informed decisions in reviewing current rules and proposing new requirements. The recommendations in this report include all the national trends on rules listed above.

## **Highlights from Calls with Other States**

In addition to soliciting input from stakeholders in Oregon, ten states (Arkansas, Colorado, Florida, Indiana, Kansas, New Mexico, North Carolina, Texas, Washington, and Wisconsin) were interviewed about their experiences in revising rules.

### ***Frequency of Rule Reviews***

In four of the ten states (Colorado, Indiana, Texas, Washington) licensing reviews are prescribed in statute, ranging from once every two years to once every seven years. Rule review timelines in the other six states range from once every two years to every five years, or are on variable schedules depending on legislative action, accumulation of recommendations, or other factors. In most of the states the reviews are staggered by type of facility. In some states rule changes affecting one type of program are automatically made to the other programs, if applicable. Several state interviewees mentioned they also make minor changes to rules on a more frequent basis, since it is a less complex process than undertaking comprehensive revisions. This seems to be a trend among all states.

### ***Processes for Stakeholder Input and Reviewing Rules***

Most of the states have similar processes for gathering input and reviewing rules including:

- Advisory boards, committees, and other established groups identify rule revisions throughout the year.
- Input collected from partnering statewide agencies and organized stakeholder groups.
- Internal licensing staff collect, track and review information on all licensing rule changes that are submitted by the public, licensing staff, parents, child care programs, statewide associations and others.
- Most states convene stakeholder input meetings or focus groups.
- Most states receive input via e-mail on their web sites.
- Three states (Florida, North Carolina, and Washington) conduct webinars.
- Florida uses Facebook and Twitter as another method of posting information, but is not able to assign staff to monitor this function.

### ***Rule Changes in States***

The states listed forty-three rule changes to their licensing regulations in recent years. Please see *Appendix A* for a detailed list.

### ***Rationale Used in Developing Rule Changes***

States were asked to identify the rationale they considered in developing rule changes:

- Based on best practices
- Based on research
- Caring for Our Children guidelines
- Consumer Product Safety Commission standards
- Recommendations from advocates
- Recommendations from licensing staff
- Recommendations from other stakeholders
- In response to legislation
- Alignment with other quality improvement standards in the state (QRIS, Professional Development systems)

Most states consider all the elements listed above. In addition, states expanded on Recommendations from Other Stakeholders by identifying parents and child care programs. Several states mentioned national reports, such as NACCRRRA or other publications that provide information on what other states are doing. In Washington statute, stakeholders can present their cases on rule changes and “petition the Agency to change”, and in several other states single incidents (e.g., death of a child) triggered rule review and changes.

### ***Connection between Licensing and Quality Improvement***

In those states where licensing is an integral part of quality improvement initiatives, such as QRIS, there is a strong connection and shared mission between licensing and quality. Both programs benefit from close collaborative relationships in improving standards and processes. North Carolina has a rated license which integrates licensing and QRIS; Colorado is proposing to develop a rated license. Three states indicated they are beginning to work on improving or initiating a closer working relationship with quality programs.

### ***Overview of Recommendations for Oregon***

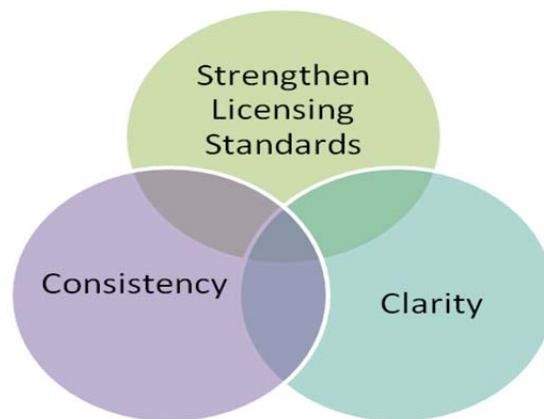
In conducting focus groups, individual and group interviews, and conference calls, stakeholders voiced hundreds of recommendations covering a wide range of rules including: changes that apply across Certified Centers, Certified Family Homes, and Registered Family Homes; specific recommendations for each one of the three types of programs; recommendations for Recorded Programs; School-Age Programs; Preschool Programs, and even changes related to the Child Care Statute. In addition to stakeholder input gathered between the months of July and November 2011, the consultants reviewed:

- An extensive list of recommendations provided by the Child Care Division containing input from Child Care Division staff and other stakeholders in the state which as been collected over many years.

- The recommendations report from the Licensing Training Standards Work Group, under the Professional Development Committee of the Childhood Care and Education Coordination Council which addresses recommendations on professional development, including qualifications and on-going training.
- The Oregon Commission for Child Care School Age Regulation Task Force report.

Stakeholder recommendations include broad sweeping changes, major and minor rule changes, clean up, recommendations that would help clarify current rules, and recommendations that address consistency issues within and across rule books.

Three overarching themes emerged from stakeholder recommendations: consistency, clarity, and strengthening licensing standards. As the diagram illustrates, while the three themes represent different categories of recommendations, overlap does exist between them and individual recommendations can fall under one, two, or even three categories. The clear message is that these three categories are equally important to the successful development and implementation of rule revisions.



The recommendations listed below are based on a close review of all stakeholder recommendations, the frequency of individual recommendations, research, and balancing and prioritizing recommendations based on best practices with the current environment in Oregon.

Many specific recommendations related to rule clarifications and “clean up” have been forwarded to the Child Care Division to review, prioritize, and incorporate into the formal rule review process beginning in 2012. *Note:* The recommendations in this report will be evaluated and prioritized during the rule review process beginning in 2012, with opportunities for stakeholders to provide ample input before final rule revisions are developed.

## Recommendations

The rule revision recommendations are listed below. Specific details, including rationale and research, for each recommendation begin on the next page.

## Recommendations

1. Standardize age definitions across all program types for infants, toddlers, preschool children, and school-age children.
2. License preschool programs (currently Recorded Programs).
3. In all rule books: Update crib and safe-sleep rules to current best practice standards.
4. In all rule books: Update obesity prevention best practice standards for 1) screen time, 2) physical activity, 3) nutrition.
5. In all rule books: Update Emergency Preparedness Planning.
6. Certified Family Homes: Require routine fire inspections and Other Recommendations.
7. Certified Family Homes: Develop one ratio and group size table.
8. Certified Centers: Develop one ratio and group size table.
9. Registered Family Homes: Increase monitoring, conduct unannounced visits, and develop requirements for 2 <sup>nd</sup> story and garage conversions.
10. Increase ongoing training requirements for Certified Centers, Certified Family Homes and Registered Family Homes; standardize child abuse and neglect training; implement Medication Administration training; and increase minimum qualifications for Certified Centers.
11. A) Separate school-age rules from Certified Center rules and implement rules/policies proposed by the Oregon Commission for Child Care School Age Regulation Task Force. B) Begin development of: 1) qualifications and ongoing training criteria specific to school-age program staff; 2) core health, safety, and program standards for school-age programs; 3) a framework for making decisions on licensing requirements and exemptions.
12. Develop rationale to accompany rules, based on research and best practices, and make available to child care programs and the public.
13. Develop a core set of standards applicable to all program types and retain specific rules for each program in separate books.

**1. Standardize age definitions across all program types for infants, toddlers, preschool children, and school-age children.**

Consistency       Clarity       Strengthen Licensing Standards

Definitions of ages for infants, toddlers, preschool children, and school-age children are inconsistently defined within specific rule books and across the rule books. This

recommendation was brought up the most frequently by stakeholders, with specific suggestions about what the definitions should be. In addition, a secondary recommendation is to take out references to the number of hours children are in child care when defining children's ages.

#### Rationale/Research

A standardized definition for infants, toddlers, preschool children, and school-age children promotes consistency and clarity. It also impacts other rules that are dependent on standardized definitions, such as ratios and group sizes, health and safety requirements, and program activity and developmentally appropriate practices. The secondary recommendation of de-linking hours in care from the ages of children is based on this example: the definition in Registered Family Homes for part-time child care is described as a child who meets the definition of a school-age child and is in care when school is not in session. Part-time care usually describes the number of hours a child is in care or can be used to specifically define a type of child care program, regardless of children's ages.

*Appendix B* contains detailed information on states' definitions of infants, toddlers, preschool children, and school-age children.

## 2. License preschool programs (currently Recorded Programs)

Consistency  Clarity  Strengthen Licensing Standards

Currently, preschool programs are exempt from licensing if providing services four hours or less a day. The current requirements for these programs include: 1) criminal background checks, and 2) informing parents that they are a recorded program. The recommendation to require licensing of these programs is based on the following reasons:

- Quality preschool programs have a positive impact on children's readiness for school. School readiness has become a high priority for parents, state policy makers, and increasingly early education teachers believe school readiness is impacted positively by the learning environment and activities that take place while children are in child care.
- In the Statute, a current distinction between licensed and exempt programs is connected to the role of parents: in exempt programs the parent retains general oversight of what happens to the child in care; while in licensed programs the oversight shifts to the facility. Is this the right or most appropriate definition, knowing how important school-readiness has become? Ideally, parents need to be involved in all programs (including licensed programs) **and** child care programs need to be responsible for providing the oversight and program activities that promote optimal development in children.
- As Oregon is developing quality improvement systems and discussing licensing of Head Start programs, a window of opportunity exists to include preschools in these discussions. Whether the programs are Head Start or preschool, the basic

foundation of health and safety standards provided by child care licensing is essential.

#### Research

Beginning in the 1960s a number of early childhood interventions studies, including the High/Scope Perry Preschool Program, Abecedarian Project, Chicago Child-Parent Centers, and Parent Child Development Centers, have demonstrated that children who participate in a quality preschool education experience benefit by being better prepared academically for school and also benefit from developing positive attitudes and habits that help to shape their success both in school and later in life.

In a report published by the Voices for Utah Children, *The Impact of High Quality Early Childhood Programs on Improving the Educational Achievement of At-Risk Children*, April 2010, a number of high quality preschool programs across the country are identified relative to their positive impact on children's school readiness. In Utah's program, the school readiness gap was reduced for at-risk children in the areas of language arts and math. The three and four year old children are provided with developmentally appropriate instruction in the areas of early literacy, numeracy, social-emotional, physical, and cognitive growth.

It is clear that licensing establishes health and safety standards, but in addition licensing plays a foundational role in defining program standards that support the development of children and impact their readiness for school. Children's levels of school readiness can be positively impacted when children receive comprehensive instruction by qualified teachers. Licensing can play a major role by establishing minimum program requirements for program activities and teacher qualifications.

### **3. In all rule books: Update crib and safe-sleep rules to current best practice standards.**

Consistency       Clarity       Strengthen Licensing Standards

In December 2010, the U.S. Consumer Product Safety Commission approved new mandatory standards for full-size and non-full-size baby cribs. All cribs in use in licensed and registered care settings must meet the new requirements by December 28, 2012. New requirements prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware, and require more rigorous safety testing. Specific requirements can be found at 16 CFR Part 1219 (full-size cribs) and 16 CFR Part 1220(non-full-size cribs) at:

<http://www.cpsc.gov/businfo/frnotices/fr11/cribfinal.pdf>

#### Rationale/Research

This recommendation directly supports the fundamental purpose of licensing, to ensure the safety of children in child care settings. U.S. Consumer Product Safety Commission (CPSC) cites "more than 11 million cribs, bassinets and play yards have been recalled in the past two years for safety reasons." More infant fatalities occur in non-recalled cribs than in recalled

cribs. According to the CPSC’s “Nursery Product-Related Injuries and Deaths Among Children under Age Five”, in 2010 there were an estimated 81,700 emergency department-treated injuries associated with nursery products. Cribs/mattresses, play yards, and playpens account for 20% of the injuries and are the leading cause of injury among all nursery products.

During the three-year period 2005–2007, CPSC reported 265 deaths associated with nursery products. 71% of the overall deaths include:

- 41% (124 total or 41 annually) with cribs/mattresses
- 18% (57 total or 19 annually) with bassinets/crib beds
- 11% (35 total or 12 annually) with playpens/play yards

CPSC has recalled more than 11 million dangerous cribs since 2007. Detaching drop-side rails were associated with at least 32 infant suffocation and strangulation deaths since 2000. Additional deaths have occurred due to faulty or defective hardware. These new standards aim to prevent these tragedies and keep children safe in their cribs.

Over thirteen thousand infants are injured in unsafe cribs every year. In the past decade, six hundred twenty-two infants died (a rate of sixty-two infants each year) from injuries sustained in unsafe cribs.

**4. In all rule books: Update obesity prevention best practice standards for 1) screen time, 2) physical activity, and 3) nutrition.**

Consistency       Clarity       Strengthen Licensing Standards

This recommendation includes: 1) Limiting screen time, 2) Increasing physical activity, and 3) Updating nutrition requirements.

Limiting screen time: Change from the current 2 hours per day to: No screen time for children under 24 months old; 30 minutes maximum per day for children over 24 months; 60 minutes per day maximum for school-age children, with the majority of time used for activities such as homework; and a once a week limit on special activities, such as (appropriate) movies. *Caring for Our Children guidelines include no screen time for children younger than 24 months; 30 minutes maximum per week for children over 24 months, except for school-age children who need additional time to complete homework assignments.*

Physical Activity: Add the following physical activity requirements (*based on input from the Oregon Health Authority*):

- Infants’ activity shall not be restricted for longer than 30 minutes at a time or more than 60 minutes total in car seats, strollers, or other confining equipment except when sleeping.

- Toddlers and children 3 years old and older will have a minimum of 2 hours of active free play (unstructured) for every 8 hours in care and additional opportunities for structure (teacher-lead) active play.
- School-age children will have at least 60 minutes and up to several hours of age-appropriate physical activity on all or most days of the week. Daily totals should include moderate and vigorous physical activity; the majority of the activity should be done in short stretches.
- All children shall be encouraged to play outside whenever the weather permits.

Nutrition: Strengthen the current nutrition requirements with Caring for Our Children guidelines which advise that meals and snacks should contain at least the minimum amount of foods shown in the meal and snack patterns found in the USDA Child & Adult Care Food Program guidelines. The guidelines can be found at:

[http://www.fns.gov/cnd/care/programbasics/meals/meal\\_patterns.htm](http://www.fns.gov/cnd/care/programbasics/meals/meal_patterns.htm)

Additional recommendations include:

1. A child or children requesting a second serving should be provided foods that are low in fat, sugar, and sodium.
2. Caregivers sit at the table and eat with the children (currently, rules say that staff shall be engaged with children in food-related activities).
3. Breastfeeding: ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place in the home or center.
4. Throughout the day, including mealtimes, water should be available to children to drink upon request. However, water can not be served in lieu of fluid milk.
5. Children with food allergies need to be addressed throughout the nutrition rules.
6. Develop nutrition learning experiences for children.

#### Rationale/Research

States are beginning to address childhood obesity through licensing rules. According to The Centers for Disease Control and Prevention, childhood obesity has more than tripled in the last 30 years and obese children are likely to be obese as adults and therefore are more at risk for adult health problems. Licensing rules that support healthy lifestyle habits, such as physical activity, decreased screen time, and good nutrition can make a positive impact on children's health now, and can lower the risk of developing adult diseases.

In the report, "Preventing Obesity in The Child Care Setting: Evaluating State Regulations", Duke University, states are graded on their healthy eating and physical activity child care licensing regulations. Oregon's grade is a "C" (no state received an "A"). The report can be found at [http://cfm.mc.duke.edu/wysiwyg/downloads/State\\_Reports\\_Final.pdf](http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_Final.pdf)

#### 5. In all rule books: Update Emergency Preparedness Planning.

Consistency

Clarity

Strengthen Licensing Standards

Update emergency preparedness planning requirements in all rule books by developing the following rules in addition to existing rules:

Centers	Certified and Registered Family Homes
1. Lock down and shelter in place procedures	1. Written emergency plan
2. Evacuation procedures for natural and man-made disasters	2. Maintain information needed to protect children's health and safety during emergencies
3. Address potential disaster for facility's particular location	3. Relocation plans if needed
4. Conduct staff training on plan (strengthen current language..."All staff shall be familiar with...")	4. Develop a plan to reunify parents and children after an emergency
5. Plan shall be reviewed/updated annually	5. Plan on how to evacuate children and account for all children
6. Need to address information regarding handling children with special needs, infant/toddlers and children with chronic illness	6. Maintain the equipment, supplies and materials needed to care for children during emergencies, including cell phones and evacuation backpacks
7. System to account for all children	7. Lock down and shelter in place procedures
8. System to reunify parents and children after an emergency	8. Train assistants, substitutes and volunteers to protect children's health and safety during an emergency
9. Evacuation backpacks for each room	9. Need to address information regarding handling children with special needs, infant/toddlers and children with chronic illness
10. Provider shall maintain a copy of all records, documents, and computer files necessary for the continued operation of the facility following an emergency in a portable file and/or offsite location	10. Provider shall maintain a copy of all records, documents, and computer files necessary for the continued operation of the facility following an emergency in a portable file and/or offsite location

Source: In part based on "Protecting Children in Child Care During Emergencies", the National Association of Child Care Resource and Referral Agencies & Save the Children, Dec 2010.

#### Rationale/Research

Developing plans and regularly practicing emergency preparedness procedures can save lives and reduce the risk of injuries to children.

#### **6. Certified Family Homes: Require routine fire inspections and other recommendations.**

Consistency  Clarity  Strengthen Licensing Standards

Current rules do not require routine fire inspections for Certified Family Homes, except when requested by licensing staff on an individual basis. This recommendation serves to increase the safety standards for Certified Family Homes by requiring routine fire inspections.

A second recommendation is to examine and develop recommendations on the structure of Certified Family Homes. Stakeholders raised issues about multiple sites and the different roles of “owners” versus “providers” and resulting complications when providers leave. The license is assigned to the “provider”, therefore needs to be re-issued when a new “provider” takes over. The recommendation voiced by stakeholders is to streamline processing time when one provider leaves and a new one begins in order to reduce disruptions in child care services. Another suggestion voiced by stakeholders is to require providers to live in the home. The consultants support the recommendation to streamline the processing time when providers change in Certified Family Homes.

#### Rationale/Research

The licensed capacity for Certified Family Homes is 16 children. Out of thirty-nine states that license large family homes, only seven allow 16 or more children: Georgia (18), Indiana (16), Missouri (20), North Dakota (18), Oregon (16), South Dakota (20), and Utah (16). Twenty-six states limit large family homes to 12 children and ten of the twenty-six states allow additional school-age children to the 12 children limit. A fundamental concern for children in child care programs is their health and safety; routine fire inspections will help to address this critically important safety concern. Of the thirty-nine states that license large family homes, twenty five require ongoing fire inspections. Only two other states that allow 16 or more children in large family homes do not require fire inspections (Indiana and Utah).

The Certified Family Home designation in Oregon is unique for several reasons. In most states, this type of facility would be considered a large family child care home, where the “provider” and “owner” are one in the same. In addition, the “provider” is usually required to live in the home and cannot own more than one home for the purpose of providing child care. The Certified Family Home designation is similar in some respects to a center, where the “owner” typically has little connection with the provision of services and hires a director to operate the program. The Certified Family Homes was developed to meet specific needs in Oregon; however, based on the numerous issues voiced by stakeholders, a review of the structure of Certified Family Homes is recommended.

### **7. Certified Family Homes: Develop one ratio and group size table.**

Consistency       Clarity       Strengthen Licensing Standards

Numerous stakeholders recommended that the Ratio and Group Size tables under 414-350-0120(3) be replaced with one Ratio and Group Size table. One of these tables was grandfathered in years ago, with the intent of transitioning to only one table after a period of time. Providers and other stakeholders made this recommendation and the consultants support it.

#### Rationale/Research

Two tables create confusion for providers and it’s more difficult to track and assess compliance during licensing monitoring visits. See *Appendix C* for information on ratios in other states.

**8. Certified Centers: Develop one ratio and group size table.**

Consistency       Clarity       Strengthen Licensing Standards

Numerous stakeholders recommended that the Ratio and Group Size tables under 414-300-0130(2)(c) be replaced with one Ratio and Group Size table.

Rationale/Research

Two tables create confusion for providers and it's more difficult to track and assess compliance during licensing monitoring visits. See *Appendix D* for information on ratios in other states. In comparison to other states, Oregon's ratios are good.

**9. Registered Family Homes: Increase monitoring, conduct unannounced visits, and develop requirements for 2<sup>nd</sup> story and garage conversions.**

Consistency       Clarity       Strengthen Licensing Standards

Numerous recommendations were voiced by stakeholders related to strengthening and aligning Registered Family Home rules with other licensed programs. The top recommendations include:

- Conduct unannounced monitoring visits once a year.
- Develop standards for 2<sup>nd</sup> story and converted garages used for child care. This includes requirements for exits, supervision, physical area standards, and other safety related requirements.
- Recommendations listed under 1, 3, 4, 5, 10, 12 and 13 of this report are applicable to Registered Family Homes.

Rationale/Research

Registered Family Homes have a capacity of 10 children; only 9 states, including Oregon, allow 10 children or more in small family child care homes. Given the high number of children, annual monitoring and home safety requirements are especially important in this setting. Some requirements related to 2<sup>nd</sup> story and converted garages have already been identified through policy; the recommendation is to assess and implement already identified policy requirements on a statewide basis, taking into consideration both urban and rural settings.

**10. Increase ongoing training requirements for Certified Centers, Certified Family Homes and Registered Family Homes; standardize child abuse and neglect training; implement Medication Administration training; and increase minimum qualifications for Certified Centers.**

Consistency       Clarity       Strengthen Licensing Standards

I. The recommendations listed below are based on the Licensing Training Standards Work Group under the Professional Development Committee of the Childhood Care and Education Coordinating Council. However, three Work Group recommendations: 1) Increase ongoing training requirements from 15 to 20 hours annually for Certified Centers and Certified Family Homes, 2) Increase ongoing training for Registered Family Homes from 8 hours every two years to 20 hours every year, and 3) Change qualifications for Certified Center directors to exclude experience as an option have been revised in the recommendations below.

#### Certified Centers

- 1) Increase annual ongoing training hours to 18 hours (directors, head teachers, and all teachers). At least 10 hours shall be in child development or early childhood education.
- 2) Require Aide II positions to meet the 18 hours of ongoing training requirements. At least 10 hours shall be in child development or early childhood education.
- 3) Require Aide II positions to achieve a Step 3 on the Oregon Registry within three years.
- 4) Require Aide I positions to be enrolled in the Oregon Registry.
- 5) 414-300-0100 Teachers: Replace OR (f) with: AND (f) documentation of a training plan to achieve or maintain a minimum of a Step 8 or higher on the Oregon Registry.

#### Registered Family Homes

- 1) Increase ongoing training hours to 15 hours every year. At least 8 of the 15 hours must be related to child development or early childhood; up to 5 hours may include 1<sup>st</sup> Aide/CPR, Food Handlers training, and renewal of Recognizing and Reporting Child Abuse and Neglect.
- 2) Add to 414-205-0055: AND (d) Documentation of a training plan to achieve or maintain a Step 3 or higher within 4 years of operation.

#### Certified Family Homes

- 1) Increase ongoing training hours to 18 hours every year for the provider and all caregivers who function as substitute providers, and Assistant II staff, including volunteers. At least 10 hours shall be in child development or early childhood education and at least 4 hours shall be in Financial Management, Facility Management, Communications, Human Resources or Organizational Management. *(Note: the consultants are not familiar with the specifics of these five instructional content areas, and defer to the experts in Oregon to identify which one(s) would be most appropriate, and how many hours are reasonable within the 18 hours).*
- 2) 414-350-0115 replace (5) with: (5) Documentation of all training shall be provided to the Oregon Registry for validation.
- 3) Add to 414-350-0100 The Provider. AND (d) If (c) is not met, documentation of a training plan to achieve a Step 8, with a minimum of Step 3 required within 3 years.
- 4) Add to 414-350-0100 The Provider. AND (h) Documentation of a training plan to achieve a Step 8, with a minimum of Step 3 required within 3 years.
- 5) Add to 414-350-0110 (2) An Assistant I shall: Be enrolled in the Oregon Registry.

6) Add to 414-350-0110 (3) An Assistant II shall: Achieve Step 3 within 3 years.

**II.** Require in all rule books: Clearly identify and require the same Oregon specific, standardized Recognizing and Reporting Child Abuse and Neglect training.

**III.** Develop and implement state-approved Medication Administration training requirements for practitioners in centers and homes.

**IV.** Add a high school diploma or GED as part of the minimum qualification requirements for Certified Center directors.

#### Rationale/Research

Several changes were made to the Licensing Standards Work Group Training recommendations, namely to 1) modify the number of ongoing training hours from the recommended 20 hours to 18 hours for Certified Centers and Certified Family Homes and from 20 to 15 hours annually for Registered Family Homes; 2) to change the recommendation of 6 pre-service hours in program management for Certified Family Homes to 4 hours of ongoing training; and, 3) not to include the Certified Center Director change in qualifications, which excludes experience as an option. The Work Group recommendations definitely strengthen qualifications and professional development requirements, however, considerations related to economic impact, rural vs. urban program dynamics, and balancing current with increased requirements were weighed in modifying the recommendations for this report.

Medication Administration Training is important in helping providers safely administer medications to children. It is especially important in the care of infants and children with chronic medical conditions.

Forty-eight states require a high school diploma or GED as part of their minimum qualifications for center directors. A high school diploma represents a rudimentary level of education, and assures an individual has achieved a basic level of literacy. This is especially important given the important role early education plays in children's school readiness and success.

#### Comparison to Other States

**Centers:** The most common number of hours for ongoing training in states is 15 for Directors; 12 hours for Master Teachers; 12-15 hours for Teachers and Assistant Teachers; 12 hours for Aides.

**Small Homes** (based on 44 states that regulate homes and 39 of those states require ongoing training): Twenty-six states require 1-12 hours for the providers; nine states for assistant providers. Seven states require 13-19 hours for the providers and two states for assistant providers; three states require 20 or more hours.

**Large Homes** (based on 39 states with large home designations, 36 states require ongoing training): Eighteen states require 1-12 hours for the providers; and twenty states for assistant

providers. Thirteen states require 13-19 hours for the providers and seven states for assistant providers. Four states require 20 or more hours.

**11. 1) Separate school-age rules from Certified Center rules; 2) Implement rules/policies proposed by the Oregon Commission for Child Care School Age Regulation Task Force; and 3) Begin development of a) qualifications and ongoing training criteria specific to school-age program staff, b) core health, safety, and program standards for school-age programs, c) a framework for making decisions on licensing requirements and exemptions.**

Consistency  Clarity  Strengthen Licensing Standards

A phased-in approach is recommended for addressing the numerous recommendations made to improve school-age rules. The first phase is to make immediate changes suggested by stakeholders and implement some of the recommendations proposed by the Oregon Commission for Child Care School Age Regulation Task Force including:

- Separate school-age rules from Certified Center rules and create a new section.
- Develop a school-age specific checklist for Environmental Health Specialists to use (most of the items on the current Center checklist are not applicable to school-age programs).
- Require providers to include a “statement” on the authorization for care forms that the parent is responsible to provide a copy of any restraining orders, and update this form every 6 months (Task Force recommendation).
- Develop a form for providers to use to clarify position titles, qualifications, and job duties (Task Force recommendation).
- Add a training regulation sheet to the (current) Certified Center Licensing Handbook (Task Force recommendation).

The second phase includes implementing some of the recommendations proposed by the Oregon Commission for Child Care School Age Regulation Task Force along with additional recommendations:

- Develop training criteria that is specific to school-age staff. Begin with the Core Knowledge Categories and build in training relevant to school-age practitioners (Task Force recommendation).
- Identify similarities and differences between the Department of Education school-based programs and Child Care Division school-age rules related to: 1) signing out of programs, 2) inconsistencies related to ratio requirements, 3) inconsistencies related to physical space requirements, playgrounds, and sanitation requirements (Task Force recommendation).
- Develop a core set of standards for school-age programs with the participation of all programs (licensed and exempt). Include developmentally appropriate standards for children five to seven years old; eight to ten years old; and eleven years and older related to health, safety, and program activities.

- Develop a framework for making decisions about program licensing standards and program exemptions based on core standards and evaluation of current exemptions in statute.

#### Rationale/Research

School-age licensing issues are complex due to the multitude of different types of programs in communities. Adding to the complexity, the Child Care Statute defines different types of exemptions, serving to further compartmentalize programs based on hours, auspices (schools, governmental agencies), types of program (organized club or hobby groups), or single enrichment activities. As long as these exemptions remain in statute, it is not possible to address the inconsistencies across licensed and exempt programs that have been voiced by stakeholders. However, engaging in thoughtful, goal oriented, consensus-building discussions about developing a framework for school-age licensing standards and basing the discussions on the health, safety and developmental needs of school-age children, will help to identify some much needed solutions.

### **12. Develop Rationale to accompany rules, based on research and best practices, and make available to child care programs and the public.**

Consistency       Clarity       Strengthen Licensing Standards

Many stakeholders discussed the importance of providing rationale for rules in order to increase understanding of the reasons, justifications, and importance of specific rules. Rationale is based on research and best practices. It promotes the support of rules by child care programs and state policy makers, and assists licensing staff in reviewing rules with child care programs within the context of their monitoring functions.

#### Rationale/Research

A number of states provide rationale for their rules. At least 17 states (Delaware, Indiana, Kentucky, Louisiana, Maryland, Michigan, Montana, Ohio, New York, North Carolina, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Wisconsin) have what is commonly called interpretative guides (sometimes referred to as commentaries or operating manuals). Some of these include the intent or rationale of rules and are also used as tools by state licensing agencies to help both licensees and licensing staff understand the intent and application of the rules and to promote consistency in interpretation.

### **13. Develop a core set of standards applicable to all programs**

Consistency       Clarity       Strengthen Licensing Standards

Stakeholders indicated it is difficult and confusing to locate rules within rule books. Also, definitions or standards that are applicable to all programs are not consistent and/or clearly stated within specific rule books and across the rule books. A core set of standards, applicable to all programs (mainly Certified Centers, Certified Family Homes and Registered

Family Homes), would provide organization, easy access, and consistency and would benefit child care providers and licensing staff. In addition, an index would be helpful.

The following is a list of core standards that are based on input from stakeholders and examples from other states. This is not a comprehensive list, but can serve as a starting point in cross referencing rules across programs and identifying those that are applicable to all programs.

- Mission and Purpose of Licensing
- General Provisions (Definitions and Applicability of Rules)
- Administrative Licensing Processes (such a applications; issuance of certificates and registrations; sanctions)
- Program Management
- Licensing inspections and frequency of visits
- Recordkeeping requirements (such as children's and staff health records)
- Reporting requirements (such as accidents and injuries)
- Sanitation (such as well water/safe drinking water; hand washing)
- Safety (such as swimming/hot tub requirements; emergency preparedness; hazardous materials and firearms; frequency of fire drills; 1<sup>st</sup> Aid and CPR supplies; medications, safe sleep environments and diaper changing requirements for infants)
- Central Background Registry checks
- Health (such as tobacco use; medication requirements, food)
- Program and Care of Children (such as Discipline and Prohibited Punishment)
- Required Training (1<sup>st</sup> Aide/CPR; Food Handler's Certificate; Child Abuse and Neglect recognition and reporting)
- Public Records Law (allowing selling names of programs)

#### Rationale/Research

There is no research that either supports or doesn't support this approach. The decision to develop and organize rules based on core standards evolves from varying dynamics and needs in states. Some of the states that use this approach are Colorado, Florida, Massachusetts and New Hampshire. One benefit of organizing rules using this approach is that rules applicable to all programs can be found in one place, and rule revisions that affect core standards only need to be changed in one place. On the other hand, specific programs (e.g. Certified Family Homes), need to go to two places to get a comprehensive list of rules. Since consistency and clarity have been identified as such prevailing issues, it may benefit Oregon to use this approach.

#### Conclusion

The thirteen recommendations, with multiple rule changes, proposed in this report include changes to rules that impact all program types: Certified Centers, Certified Family Homes, Registered Family Homes, and Recorded Programs. Many more recommendations were

made by stakeholders that have not been prioritized for this preliminary identification of recommended rule changes, but are important. All recommendations voiced by stakeholders, including “clean up” and recommendations serving to clarify the intent of current rules, have been forwarded to the Child Care Division.

As the formal rule review process begins in 2012, rule changes not identified in this report may surface to higher priority levels as the Child Care Division identifies priorities and continues to solicit input from stakeholders.

We greatly appreciate the time and enthusiastic and candid responses from all stakeholders we interviewed. Oregon has a strong, solid licensing base and highly committed Child Care Division staff, early education and school-age professionals, partnering organizations, and advocates who collectively can make a positive impact on improving the licensing system in Oregon.

## Appendix A: List of Rule Changes in Ten States \*

State	Changes to Regulations
Arkansas	<ul style="list-style-type: none"> <li>• Clean air legislation that affects homes and centers</li> <li>• Minimum requirements for liability insurance coverage for commercial vehicles for homes and centers</li> <li>• Emergency preparedness</li> <li>• Increase training hours for center directors and staff</li> <li>• Back to Sleep</li> <li>• Screen time</li> <li>• Releasing children to recognized individuals only</li> <li>• Outdoor equipment used indoors</li> </ul>
Colorado	<ul style="list-style-type: none"> <li>• Family Homes: added quality indicators (Level 3 on the ERS) and embedded into rules</li> <li>• Centers: 1) increase education requirements for teachers and eliminated experience for qualifications 2) for directors added two additional required classes</li> <li>• FBI checks required of all staff in all facilities. Added portability provisions.</li> <li>• Developed new “Neighborhood Youth Organization” category for school-age (primarily for Boys and Girls Clubs).</li> <li>• Currently, in the midst of finalizing new Center regulations – with quality indicators (based on ERS) and child obesity.</li> </ul>
Florida	<ul style="list-style-type: none"> <li>• Currently working on separating out school-age rules</li> <li>• Implementation of progressive enforcement. Prescriptive approach to identifying sanctions on a 1-4 scale</li> <li>• Licensing staff now have taken on the sanitarian monitoring responsibilities</li> </ul>
Kansas	<ul style="list-style-type: none"> <li>• Immunization requirements</li> <li>• Eliminated Registered Homes category and have begun to inspect them</li> <li>• Lexie’s law: 1) supervision and sight/hearing requirements in homes, 2) additional training requirements, 3) certified 1<sup>st</sup> Aid and CPR for all providers including substitutes.</li> <li>• Nutrition requirements for Homes</li> <li>• Limited screen time</li> </ul>
Indiana	<ul style="list-style-type: none"> <li>• Changed definition of Child Care Homes</li> <li>• Age definition for school-age (from grade 1 or above <b>to</b> full time kindergarten or above)</li> <li>• Drug testing</li> <li>• Fingerprinting rules</li> <li>• In 2003: Centers: 1) changed qualifications for Lead Caregiver; 2) added continuity of care requirements; 3) best practice in interaction with children; 4) school age ratio changed from 20:1 to 15:1</li> </ul>
New Mexico	<ul style="list-style-type: none"> <li>• Two-star requirement for basic licensing which includes environment and social / emotional standards</li> <li>• Nutrition and physical activity</li> </ul>

North Carolina	<ul style="list-style-type: none"> <li>• Obesity: 1) outdoor time requirements, 2) screen time</li> <li>• Strengthen interaction rules for homes and centers</li> <li>• Accommodations for breast feeding mothers</li> <li>• School-age center rules connected to culture, community and activities.</li> <li>• License all pre-k programs</li> </ul>
Texas	<ul style="list-style-type: none"> <li>• Training requirements for homes and centers; increase to 30 hours for directors &amp; home owners and 24 hours for center staff and assistants in homes</li> <li>• Defined single activities for school-age – related to exempt or licensed status</li> <li>• Ratios and Group size (rules didn't pass)</li> <li>• Obesity prevention (nutrition, breast feeding, active play)</li> <li>• Screen time limits</li> </ul>
Washington	<ul style="list-style-type: none"> <li>• By the end of this year, family child care home rule revisions such as requiring a high school diploma for home providers.</li> <li>• 1<sup>st</sup> draft of school-age rules completed</li> </ul>
Wisconsin	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Background checks</li> <li>• Director Credential changes</li> </ul>

\* The rule changes listed above represent significant changes as indicated by state interviewees during the phone interviews. This is not necessarily an all inclusive list of all rule changes made in the states.

## **Appendix B: State Age Definitions of Infants, Toddlers, Preschool and School-Age Children**

### **Infants**

- 30 states define infants as beginning at birth
- 16 states define the minimum age beginning at six weeks
- 5 states define the minimum age beginning at 2 weeks or one month
- 11 states define the maximum age as 12 months
- 10 states define the maximum age as 18 months
- The rest of the states define maximums as 11, 14, 15, 16, 17, 19 or 23 months
- Several states include “not walking” as part of the definition of an infant

### **Toddlers**

- 22 states define the minimum age for toddlers as beginning at 12 months
- 10 states define the minimum age beginning at 18 months
- The rest of the states define the minimum ages as 15, 16, 19, or 24 months
- Several states include “walking” as part of the definition of a toddler
- Several states besides Oregon (Michigan and Pennsylvania) use younger toddler and older toddler designations
- Connecticut and Maine define infants and toddlers as 6 weeks to 36 months
- Indiana defines toddlers as less than 30 months and able to walk consistently unassisted
- Wyoming has the oldest age designated for a toddler at 36 months

### **Preschoolers**

- 16 states define the minimum age for preschoolers as beginning at 36 months
- The rest of the states define the minimum ages as 24, 30, or 33 months
- Most of the states define the maximum age as “to school-age”

### **School-Age**

- 21 states define the minimum age for school-age children as 5 years old
- 10 states define school-age as enrollment in kindergarten
- The maximum upper age limits vary, including: up to 13 years old; through elementary school, up to 14, 15, 16 years old and one state even has an 18 year old limit.

Source: Information compiled from the National Resource Center for Health and Safety in Child Care and Early Education (NRC) website at: <http://nrckids.org/STATES/states.htm>

## Appendix C: Ratios in Large Family Homes

The following table contains information on ratios in 39 states that regulate large family homes. Because of the variance and complexity in ratios connected to ages of children in some states, only 33 states are listed in the table. (ratio tables in Kansas, Oregon, Pennsylvania, Tennessee, Texas and Virginia are not included in the table below).

State	Child-Staff Ratios	State	Child-Staff Ratios
Alabama	7:2	Hawaii	8:1 for 2-3 years 12:1 for 3-5 years and older
Alaska	12:2	Illinois	8:1 12:1 school-age
Arizona	5:1	Indiana	4:1 infants 6:1 birth to 2 years (with 2 or more 16 months or more and walking) 10:1 birth to 6; no more than 3 younger than 16 12:1 3 years and older
California	8:1	Iowa	3:1 under 18 months 8:1 no more than 4 younger than 2 and no more than 3 younger than 18 months
Colorado	7:1	Massachusetts	6:1 no more than 3 younger than 2 yrs; no more 2 younger than 15 months
Connecticut	4:1 under 3 years; 10:1 over 3 years	Michigan	6:1
Delaware	6:1 with maximum of 4 younger than 2 years and max of 2 younger than 1 year	Minnesota	10:1 with 8 younger than kindergarten; no more than 2 younger than 1 12:1 with 10 younger than kindergarten; no more than 2 younger than 24 months, no more than 1 under 1 year
Florida	8:2 under 2 years 12:2 if no more 4 are under 2 years	Mississippi	5:1 for younger than 1; 9:1 for 1 year 12:1 for 2 years 14:1 for 3 years 16:1 for 4 years 10:1 for 5-9 25:1 for 10-12
Georgia	6:1 under 1 year or 8:1 if walking 10:1 2 years; 15:1 3 yrs 18:1 over 4 years	Montana	6:1 4:1 for infants

## Appendix C: Ratios in Large Family Homes (cont'd)

Missouri	4:1 for 0-2 8:1 for 2 years 10:1 for 3-4 years 16:1 for 5 years and older 10:1 for mixed ages older than 2 8:1 with more than four 2 year-olds	Oklahoma	5:1 for any age 6:1 with no more than 3 younger than 2 yrs 7:1 with no more than 2 younger than 2 yrs OR if all 2 years and older 8:1 if all 3 years and older 10:1 if all 4 years and older 12:1 if all 5 years and older
Nebraska	10:1 if no young preschoolers 12:1 if all school-age	Rhode Island	4:1 for younger than 2 years 6:1 for 2 years and older
Nevada	6:1 with no more than 4 younger than 2 yrs and no more than 2 younger than 1 year	South Carolina	8:1 with no more than 3 younger than 2 years
New Hampshire	17:2 (includes 5 schoolage), with no more than 4 younger than 3 yrs	South Dakota	5:1 for 0-3 years 10:1 for 3-4 years 15:1 for 6 years and older
New Mexico	6:1 with no more than 2 younger than 2 years	Utah	8:1; 2 providers required when 9-16 children are in care
New York	6:1; 2:1 younger than 2 years	West Virginia	6:1 with no more than 2 infants
North Dakota	4:1 for younger than 2 yrs 5:1 for 2-3 yrs 7:1 for 3-4 yrs 10:1 for 4-5 yrs 12:1 for 5-6 yrs 18:1 for 6-12 yrs	Wyoming	2:1 for birth to 1 year 8:1 for 2 years and older
Ohio	6:1		

Source: The 2007 Child Care Licensing Study by NCCIC and NARA, published 2008

## Appendix D: Ratios in Centers

The following information indicates that Oregon has good ratio numbers in comparison to other states:

- At 6 and 9 months, 32 states including Oregon have a 1:4 ratio (15 states have higher ratios). Only 3 states and D.C. have a 1:3 ratio. *Caring for Our Children recommendation is a 1:3 ratio.*
- At 18 months, 13 states including Oregon have a 1:4 ratio (36 states have higher ratios). Only 1 state and D.C. have a 1:3 ratio. *Caring for Our Children recommendation is 1:4.*
- At 27 months, 7 states including Oregon have a 1:5 ratio (40 states have higher ratios). Only 3 states and D.C. have a 1:4 ratio. *Caring for Our Children recommendation is 1:4.*
- At 3 years old, 24 states including Oregon have a 1:10 ratio (18 states have higher ratios). Only 8 states and D.C. have lower ratios. *Caring for Our Children recommendation is 1:7.*
- At 4 years old, 18 states including Oregon have a 1:10 ratio (32 states have higher ratios). Only 1 state has a lower ratio. *Caring for Our Children recommendation is 1:8.*
- At 5 years old, 12 states including Oregon have a 1:15 ratio (20 states have higher ratios). 18 states and D.C. have lower ratios. *Caring for Our Children recommendation is 1:8.*
- At 10 years old, 15 states and D.C. (including Oregon) have a 1:15 ratio. 7 states have lower ratios. *Caring for Our Children recommendation is 1:12.*

Source: Information compiled from the National Resource Center for Health and Safety in Child Care and Early Education (NRC) website at: <http://nrckids.org/STATES/states.htm>