

Developing America's Potential: An Agenda for Affordable, High-Quality Child Care **Facts on Ensuring Access to Healthy and Safe Child Care**

Parents need support and peace of mind to be productive at work, which means that they must know their children are in safe, stable child care. The Agenda's first objective is to ensure that all child care programs meet basic health and safety standards. State policies determine which child care providers are subject to licensing or regulatory standards and monitoring requirements and what these standards and requirements entail, and these policies vary significantly from state to state. Parents, regardless of where they reside, should be able to work secure in the knowledge that their children are safe and well cared for. In addition, children should receive developmental screenings when they enter child care in order to ensure that any disabilities or other special needs are identified and can be addressed.

Setting and Enforcing Basic Health and Safety Standards Improves Care

- States with more demanding licensing and inspection standards have been found to have fewer poor-quality child care centers.¹
- Licensing standards work to protect children from harm.²
- Inspecting child care providers more than once annually is associated with lower rates of accidents requiring medical attention.³
- Implementing regular inspections and ensuring enforcement of standards were critical elements in turning around the U.S. Military Child Development System and raising the quality of care during the 1990s.⁴
- More than 90 percent of parents with children under age six support improving current health and safety standards for child care and requiring inspections of child care providers.⁵

Stronger Health and Safety Standards and Enforcement Are Needed

- Ten states require all family child care providers caring for at least one unrelated child to be regulated. However, five states allow family child care providers caring for up to five unrelated children, two states allow family child care providers caring for up to six children, and one state allows family child care providers caring for up to 12 children to legally operate without being regulated. In addition, in three states, family child care providers are not required to be licensed or regulated by the state.⁶
- According to an analysis of child care licensing requirements by the National Association of Child Care Resource and Referral Agencies, only 30 states have adequate requirements for child care centers,⁷ and just eight states have adequate requirements for family child care homes⁸ in 10 core health and safety areas: the prevention of Sudden Infant Death Syndrome (SIDS), discipline techniques, crib safety, electrical hazards, protection from sources of water (such as swimming pools, hot tubs, and ponds), outdoor playground surfaces, supervision of children, fire drills and emergency plans, door locks and safety gates, and transportation of children.
- While most states conduct background checks, only 25 states require criminal background checks using federal fingerprinting for family child care homes.⁹ And only 25 states require

criminal background checks using federal fingerprinting for employees of child care centers.¹⁰

- Only 25 states require inspections of family child care homes each year.¹¹ Six states require inspections of child care centers only once every two years, and California requires the inspection of child care centers only once every five years.¹²
- In a study by the U.S. Consumer Product Safety Commission that examined 220 licensed child care settings for potential safety hazards in eight areas (cribs, soft bedding, playground surfacing, playground surfacing maintenance, child safety gates, window blind cords, drawstrings in children's clothing, and recalled children's products), two-thirds of the child care settings exhibited a safety hazard in at least one of these areas.¹³

Provider Training Is a Critical Component of Healthy, Safe Care

- The U.S. Army, Navy, and Marine Corps, which are recognized as offering a model of high-quality, accessible child care for military families, offer approximately 40 hours of training prior to caregivers being in the classroom.¹⁴
- Only 13 states require child care center teachers to have training in early childhood education before they begin working with children.¹⁵ Only nine states require family child care providers to have training in early childhood education before they begin working with children.¹⁶ Moreover, 11 states do not require family child care providers to receive *any* training before they begin working with children.¹⁷
- Ninety-five percent of parents favor requiring child care providers to receive training, including in child development, first aid and CPR, child guidance and discipline, and recognition of child abuse.¹⁸ In addition, 95 percent of parents favor requiring child care providers to receive training before working with children, 93 percent of parents favor requiring child care providers to receive ongoing training, and 93 percent of parents favor public funding to support training for child care providers.¹⁹

Developmental Screenings and Referrals Ensure Children's Sound Development

- Interventions for children with developmental disabilities are most effective when they are specifically tailored to children's individual needs.²⁰ Therefore, it is important that children receive a developmental screening to identify any special needs they have that should be addressed.
- Seventeen percent of children in the United States have a developmental or behavioral disability.²¹ In addition, many children have delays in language or other areas that affect their readiness for school. However, over half of these children are not identified as having a problem before starting school, and as a result lose out on crucial time and opportunities for services that could have helped them.²²
- Thirteen percent of children enrolled in Head Start in 2006 had a disability, and more than half of these children were diagnosed during the program year.²³ Among those children diagnosed with a disability, 96 percent received special education and related services.²⁴

***Developing America's Potential: An Agenda for Affordable, High-Quality Child Care* Includes Provisions to:**

- Ensure that child care meets basic health and safety standards by requiring states to set standards for all child care providers caring for more than one child on a regular basis for a fee and conduct at least two annual monitoring visits to ensure the standards are met.
- Require these child care providers to receive 40 hours of training on health, safety, and child development before they begin caring for children as well as 24 hours of annual training thereafter.
- Ensure that all children in care with these providers receive a developmental screening by qualified professionals and referrals for appropriate services when they enter care, so that any delays or disabilities are detected as early as possible and children receive the specialized supports they need.
- Reimburse these child care providers serving children receiving assistance at rates that more accurately reflect the current market, and at higher rates for care that is in particularly limited supply, including care for children in low-income communities, children with limited English proficiency, children with special needs, and children needing care during non-standard hours.

¹ Suzanne Helburn, Mary L. Culkin, Carollee Howes, Donna Bryant, Richard Clifford, Debby Cryer, Ellen Peisner-Feinberg, and Sharon Lynn Kagan, *Cost, Quality, and Child Outcomes in Child Care Centers* (Denver, CO: University of Colorado, 1995).

² Richard Fiene, *13 Indicators of Quality Child Care: Research Update* (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2002), *available at* <http://aspe.hhs.gov/hsp/ccquality-ind02/> (last visited Aug. 12, 2008).

³ Janet Currie and V. Joseph Hotz, "Accidents Will Happen? Unintentional Injury, Maternal Employment, and Child Care Policy," *Journal of Health Economics*, 23 (1), 2004, 25-59.

⁴ Nancy Duff Campbell, Judith C. Appelbaum, Karin Martinson, and Emily Martin, *National Women's Law Center, Be All That We Can Be: Lessons from the Military for Improving Our Nation's Child Care System* (Washington, DC: National Women's Law Center, 2000), 13.

⁵ National Association of Child Care Resource and Referral Agencies, *Parents' Perceptions of Child Care in the United States* (Arlington, VA: NACCRRA, 2006), 2, *available at* <http://www.naccrra.org/policy/docs/PollReport.pdf> (last visited Apr. 21, 2008).

⁶ National Child Care Information Center, *Definition of Licensed FCC Homes in 2007* (2008), *available at* <http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.html#backar> (last visited Feb. 4, 2009).

⁷ National Association of Child Care Resource and Referral Agencies, *We Can Do Better: 2009 Update*. NACCRRA's Ranking of State Child Care Center Standards and Oversight (Arlington, VA: NACCRRA, 2009), 1, *available at* <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better-2009-update> (last visited Apr. 24, 2009).

⁸ National Association of Child Care Resource and Referral Agencies, *Leaving Children to Chance: NACCRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes* (Arlington, VA: NACCRRA, 2008), 7, *available at* <http://www.naccrra.org/publications/naccrra-publications/leaving-children-to-chance> (last visited Apr. 24, 2009).

⁹ *Leaving Children to Chance*, 6.

¹⁰ *We Can Do Better*, 2.

¹¹ *Leaving Children to Chance*, 33.

¹² National Association of Child Care Resource and Referral Agencies, *Frequency of Licensing Inspections* (Latest Data: 2005), *available at* http://www.naccrra.org/policy/docs/frequency_of_licensing_inspections.xls (last visited Aug. 8, 2008).

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- ¹³ U.S. Consumer Product Safety Commission, *Safety Hazards in Child Care Settings* (Washington, DC: U.S. Consumer Product Safety Commission, 1999), *available at* <http://www.cpsc.gov/library/ccstudy.html> (last visited May 5, 2008).
- ¹⁴ Email from Robin R. O'Sullivan, Office of Family Policy / Children and Youth, Department of Defense, to Helen Blank, National Women's Law Center, Oct. 22, 2008.
- ¹⁵ National Child Care Information Center, *State Requirements for Minimum Preservice Qualifications and Annual Ongoing Training Hours for Child Care Center Teachers and Master Teachers in 2007* (2008), *available at* <http://nccic.org/pubs/cclicensingreq/cclr-teachers.html> (last visited Apr. 20, 2009).
- ¹⁶ National Child Care Information Center, *State Requirements for Minimum Preservice Qualifications, and Annual Ongoing Training Hours for FCC Home Providers in 2007* (2008), *available at* <http://nccic.org/pubs/cclicensingreq/cclr-famcare.html#3> (last visited Apr. 20, 2009).
- ¹⁷ *Leaving Children to Chance*, 6.
- ¹⁸ *Parents' Perceptions of Child Care*, 2.
- ¹⁹ *Parents' Perceptions of Child Care*, 2.
- ²⁰ Jack P. Shonkoff and Deborah A. Phillips (Eds.), *From Neurons to Neighborhoods: The Science of Early Childhood Development* (National Research Council and Institute of Medicine, Committee on Integrating the Science of Early Childhood Development, 2000), citing Jeanne Brooks-Gunn, Lisa J. Berlin, and Allison Sidle Fuligni, "Early Childhood Intervention Programs: What about the Family?" in Jack P. Shonkoff and Samuel J. Meisels (eds.), *Handbook of Early Childhood Intervention*, Second Edition (New York, NY: Cambridge University Press, 2000), 549-587; Dale C. Farran, "Effects of Intervention with Disadvantaged and Disabled Children: A Decade Review," in Shonkoff and Meisels, 501-539; Dale C. Farran, "Another Decade of Intervention for Children Who Are Low Income or Disabled: What Do We Do Now?" in Shonkoff and Meisels, 510-548; Michael J. Guralnick, "The Effectiveness of Early Intervention for Vulnerable Children: A Developmental Perspective," *American Journal on Mental Retardation*, 102, 1998, 319-345.
- ²¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Developmental Screening: Overview* (2005), *available at* <http://www.cdc.gov/ncbddd/child/devtool.htm> (last visited June 6, 2008).
- ²² *Developmental Screening: Overview*.
- ²³ Center for Law and Social Policy, *Head Start Participants, Programs, Families, and Staff in 2006* (Washington, DC: CLASP, 2008), 1, *available at* http://www.clasp.org/publications/hs_pir_2006.pdf (last visited Aug. 13, 2008).
- ²⁴ Center for Law and Social Policy, 1.