



We Can Do Better

Child Care Aware® of America's Ranking of
State Child Care Center Regulations and Oversight

2013 Update



Executive Summary

This report marks the seventh year that Child Care Aware® of America (formerly NACCRRA, the National Association of Child Care Resource & Referral Agencies) has undertaken a review of state child care program requirements and oversight.

We Can Do Better: Child Care Aware® of America's Ranking of State Child Care Center Regulations and Oversight: 2013 Update is the fourth review of child care center policies. The previous three reports were released in 2007, 2009 and 2011.

We Can Do Better is a companion to *Leaving Children to Chance*, a series of reports released in 2008, 2010 and 2012 that scored and ranked states based on their requirements and oversight for small family child care homes.

State Child Care Center Licensing

Each week, nearly 11 million children under age 5 are in some type of child care setting for an average of 35 hours.

Parents, as consumers of child care, equate a child care license with state approval – a gold seal for those businesses to which a state grants a license. Therefore, Child Care Aware® of America reviews state licensing policies, which include both program requirements and oversight, to better understand the settings that states have given approval to for the care of our nation's children.

We Can Do Better

The 2013 *We Can Do Better* report scores 51 states (including the *District of Columbia*) and the

Department of Defense (*DoD*) on key aspects of their child care centers.

Child Care Aware® of America used 15 benchmarks that represent the most basic research-based criteria. Eleven program requirements were scored as were four oversight elements. Scores were used to develop three rankings:

- An overall ranking combining the scores for both program requirements and oversight.
- A ranking for child care center program requirements.
- A ranking for child care center oversight.

The average score was 92 - 61 percent of all possible points, a grade of D for many school children.

Overall Condition of Child Care Centers

Progress has been made in many states since Child Care Aware® of America's 2007 report, however, more progress is needed to really ensure that children are safe and in a quality setting.

Scores for the top 10 states ranged from 130 to 106.

No state earned an "A" and only *DoD* earned a "B." The remaining top 10 states (*New York, Washington, North Dakota, Oklahoma, Texas, Wisconsin, Delaware, Illinois, Minnesota and Tennessee*) earned a "C." Twenty-one states earned a "D," and the remaining 20 states earned a score of 60 or less, a failing grade.

- One state (*New York*) and *DoD* are in the top 10 for total scores and are also in the top 10 for both program requirement and oversight scores.

However, some states that scored well in program requirements did not score well in oversight of the regulations. Some states with strong oversight policies did not have strong program requirements.

- Three states (*Massachusetts, New Jersey* and *Rhode Island*) are in the top 10 for program standards and the bottom 10 for oversight.

- Two states (*Arkansas* and *South Carolina*) are in the top 10 for oversight and in the bottom 10 for program requirements.

- Three states (*California, Idaho* and *Nebraska*) are in the bottom 10 for both program requirements and oversight scores.

Child Care Center Total Scores and Ranking

The following table shows states that scored in the top 10 and the bottom 10 for total scores (combined program requirement and oversight) and ranking.

Total Scores and Rankings for Child Care Center Program Requirements and Oversight Top 10 States and Bottom 10 States							
Top 10 States				Bottom 10 States			
State	Final Score	Percent of Total	Rank	State	Final Score	Percent of Total	Rank
Department of Defense	130	87%	1	Arkansas	82	55%	41
New York	116	77%	2	Connecticut	82	55%	41
Washington	114	76%	3	Mississippi	82	55%	41
North Dakota	112	75%	4	Iowa	81	54%	44
Oklahoma	112	75%	4	South Carolina	80	53%	45
Texas	112	75%	4	Wyoming	79	53%	46
Wisconsin	110	73%	7	Maine	76	51%	47
Delaware	108	72%	8	Alabama	67	45%	48
Illinois	108	72%	8	Louisiana	57	38%	49
Minnesota	106	71%	10	California	51	34%	50
Tennessee	106	71%	10	Nebraska	47	31%	51
				Idaho	23	15%	52
Total possible score is 150							

The following table shows the total score, percent of total score and rankings for all the states in alphabetical order.

Total Child Care Center Scores and Ranks for All States in Alphabetical Order			
States	Final Score	Percent of Total Score	Rank
Alabama	67	45%	48
Alaska	88	59%	35
Arizona	96	64%	22
Arkansas	82	55%	41
California	51	34%	50
Colorado	88	59%	35
Connecticut	82	55%	42
Delaware	108	72%	8
Department of Defense	130	87%	1

Total Child Care Center Scores and Ranks for All States in Alphabetical Order

States	Final Score	Percent of Total Score	Rank
District of Columbia	103	69%	15
Florida	95	63%	25
Georgia	96	64%	22
Hawaii	83	55%	40
Idaho	23	15%	52
Illinois	108	72%	8
Indiana	105	70%	12
Iowa	81	54%	44
Kansas	93	62%	28
Kentucky	85	57%	39
Louisiana	57	38%	49
Maine	76	51%	47
Maryland	98	65%	18
Massachusetts	98	65%	18
Michigan	92	61%	29
Minnesota	106	71%	10
Mississippi	82	55%	43
Missouri	90	60%	33
Montana	86	57%	38
Nebraska	47	31%	51
Nevada	92	61%	29
New Hampshire	104	69%	13
New Jersey	99	66%	17
New Mexico	95	63%	25
New York	116	77%	2
North Carolina	97	65%	21
North Dakota	112	75%	4
Ohio	90	60%	33
Oklahoma	112	75%	4
Oregon	91	61%	32
Pennsylvania	96	64%	22
Rhode Island	94	63%	27
South Carolina	80	53%	45
South Dakota	92	61%	29
Tennessee	106	71%	10
Texas	112	75%	4
Utah	101	67%	16
Vermont	88	59%	35
Virginia	104	69%	13
Washington	114	76%	3
West Virginia	98	65%	18
Wisconsin	110	73%	7
Wyoming	79	53%	46

The following table shows the scores and ranks for the top 10 states for program requirements and the top 10 states for oversight requirements.

Top 10 States for Program Requirements Scores and Ranks			Top 10 States for Oversight Scores and Ranks		
State	Program Scores and Rank		State	Oversight Scores and Rank	
	Score	Rank		Score	Rank
Department of Defense	95	1	Arkansas	38	1
Massachusetts	93	2	North Carolina	37	2
New Jersey	90	3	Oklahoma	37	2
Wisconsin	88	4	Virginia	36	4
Rhode Island	87	5	Department of Defense	35	5
Minnesota	86	6	Florida	34	6
North Dakota	86	6	New York	34	6
Delaware	85	8	Texas	33	8
Washington	83	9	Utah	33	8
District of Columbia	82	10	South Carolina	32	10
Illinois	82	10			
Indiana	82	10			
New York	82	10			
Total possible program score is 110			Total possible oversight score is 40		

Report Highlights

Background Checks: A comprehensive background check includes a fingerprint check against state and federal records, a check of the child abuse registry and a check of the sex offender registry.

Thirteen states improved their background check requirements since the 2011 report (*Arizona, Arkansas, Colorado, Georgia, Kentucky, Massachusetts, New Hampshire, North Carolina, Oklahoma, Oregon, Utah, Washington and Wyoming*).

- Thirty-one states plus DoD now require a fingerprint check against FBI records for child care center staff compared to 27 states plus DoD in 2011.
- Twenty-three states now require a check of the sex offender registry compared to 17 in 2011.

- Overall, only 13 states (*Alaska, Colorado, Hawaii, Idaho, Illinois, Mississippi, New Hampshire, New Jersey, North Carolina, South Carolina, South Dakota, Tennessee and Washington*) conduct a comprehensive background check.

- Nine of these states (*Alaska, Colorado, Hawaii, Illinois, New Hampshire, North Carolina, South Carolina, Tennessee and Washington*) conduct a comprehensive check of both family child care homes and child care centers.

Training requirements

Training makes a difference in the quality of care and quality child care matters for the safety and healthy development of children.

Four states had significant increases in annual training hours required for child care center staff. Training hours matter so that a list of topics does not become a checklist only.

- *Arkansas* increased center staff annual training from 10 to 15 hours.
- *Louisiana* increased center staff annual training from 4 to 12 hours.
- *New Hampshire* increased center staff annual training from 9 to 18 hours.
- *Texas* increased center staff annual training from 15 to 24 hours.

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

Nine states (*Delaware, Kansas, Minnesota, Nevada, Oregon, Washington, West Virginia, Wisconsin and Wyoming*) plus DoD require CPR training for all new staff. Thirteen states plus DoD require first aid training for all new staff.

Some states have very minimal training requirements.

- Eight states (*California, Connecticut, Hawaii, Idaho, Montana, Nebraska, Pennsylvania and Vermont*) required three or fewer of the 12 specified initial topics important for child safety and child development.
- *Idaho, Montana* and *Nebraska* require three or fewer initial training topics and require teachers to have less than a high school diploma. Low education requirements combined with minimal training requirements potentially place the safety and healthy development of children at risk.

Health and safety requirements

To promote children's health and safety, this report reviews 10 basic health and 10 basic safety requirements recommended by pediatric experts.

- **Overall, only 16 states** (*Alaska, Colorado, Delaware, Indiana, Kentucky, Massachusetts, Michigan, Nevada, New Hampshire, Ohio, Oklahoma, Tennessee, Texas, Washington, West*

Virginia and Wisconsin) **address each of the 10 basic safety and 10 basic health requirements.**

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

Early Learning and School Readiness

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

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

Inspection requirements

Effective monitoring policies are important for child safety and center accountability for compliance with state licensing requirements.

- Thirty states plus DoD inspect child care centers two or more times a year (which includes inspections from the licensing office as well as fire and health/sanitation departments).
- **Nine states** (*Alabama, Alaska, California, Colorado, Connecticut, Idaho, Massachusetts, Minnesota and Vermont*) **do not require any type of inspection at least once a year.**

Making inspection reports public is an important form of consumer education. Parents cannot make informed selections among child care settings unless they have access to compliance information. Otherwise, they logically assume that a state license is a gold seal of approval.

- Four states (*Iowa, Kansas, Kentucky and Missouri*) now post child care center inspection reports on the Internet, increasing the total number of states posting reports to 31 plus DoD.

Some states made progress in reducing caseloads assigned to state licensing staff, which leads to more frequent and potentially more effective monitoring.

- Five states (*Indiana, Kansas, Michigan, New Jersey* and *Pennsylvania*) made significant progress in reducing the number of child care programs assigned to each licensing staff to monitor.

Compared to our 2011 report, 19 states increased the number of programs covered by licensing office staff.

Given the state of the economy, many states faced tough budget deficit gaps to close over the last few years. With the important role effective monitoring plays in promoting child safety and program compliance with licensing, the number of programs that each licensing staff covers needs to be reduced, not increased.

Connection Between State Licensing and Quality Rating Systems

Most states either currently operate a Quality Rating and Improvement System (QRIS) – to assist families in understanding quality differences among programs – or are in the process of developing one.

However, only five states (*Michigan, New Mexico, North Carolina, Oklahoma* and *Tennessee*) embed licensing as the gateway to their rating system (i.e., require all licensed programs to participate in the state's QRIS). Connecting licensing to state QRIS is important to ensure that child care licensing and state quality ratings do not occur in separate silos. In essence, a license equates to the lowest level of quality allowed by a state.

Two of the five states above (*Oklahoma* and *Tennessee*) are listed in the top 10 states for total scores in this report. This means that licensing as a bottom threshold of state sanctioned quality is relatively high compared to other states.

North Carolina licensed care is ranked 21st. Since our last report, *North Carolina* has made important

progress in strengthening the overall quality of licensed child care. Legislation was enacted in 2011 that restricted the use of subsidies in the state to 3, 4 and 5 star child care programs. There was a year of transition during which much effort was made to assist 1 and 2 star programs to reach the 3 star level (or higher). In October 2011, 25 percent of all programs in the state (1,922 programs) were rated as 1 or 2 stars. As of February 2013, nearly 900 programs had moved up from 1 or 2 stars to 3 or higher.

In effect, by integrating licensing with the state's QRIS and by requiring accountability for the use of subsidies for low income children to higher quality care, the state has significantly improved the quality of child care available for *all* children. As a result, few programs in *North Carolina* remain at the licensed level – the lowest quality of care allowed by the state.

Role of Federal and State Policymakers

Whether a state ranks low in program requirements or low in monitoring of those requirements, the responsibility for state licensing rests with state legislatures. State agencies set program requirements and enforcement policies based on authority granted to them in state statutes.

State licensing varies greatly, in large part because Congress has not set accountable parameters for states as they spend federal and state money on child care. The Child Care and Development Block Grant (CCDBG), the federal law that allocates funds to states for child care and sets the parameters for state child care law:

- Does **not** require a background check for child care providers to screen out those who should not be in the business of caring for children.
- Does **not** contain a minimum training requirement for child care providers.
- Does **not** require regular inspections to ensure that child care programs are in compliance with state licensing requirements.
- Does **not** require minimum protections for children so that they are safe and in quality child care settings.

A U.S. Senate hearing in 2011 compared the Military Child Care Act (MCCA) and CCDBG. Unlike CCDBG where funding flows through the U.S. Department of Health and Human Services (HHS) to states to assist children with any type of child care (*licensed or not, poor quality or not, where providers are not screened or trained and inspections are infrequent*), the MCCA requires provider background checks, minimum training, quarterly inspections and children to be in quality settings.

In this year's report, DoD child care centers ranked first. It is time for Congress to set parameters for the states through CCDBG that parallel the MCCA.

It is good news that the children of military families are in quality child care. It would be great news if the rest of the children in America could also be in quality child care. However, as this report shows, more progress needs to be made.

Child Care Aware® of America Recommends Congress:

Reauthorize CCDBG in the 113th Congress and appropriate sufficient funding to ensure that eligible children are able to receive assistance and that states can meet quality improvement goals.

Protect children's safety

- Require comprehensive background checks for licensed child care providers who regularly care for unrelated children and for unlicensed individuals who receive federal funds to care for children.
- Require minimum health and safety protections for children (including safe sleep practices for infants) for receipt of federal subsidies.
- Require states to share with Child Care Resource and Referral agencies in a timely manner information about license revocations and suspensions and other information that will help parents select safe, quality child care for their children.

- Require states to include child care in disaster planning, response and recovery efforts.
- Include a specific set-aside for licensing related activities to promote the safety and healthy development of children.
- Require licensed child care programs to disclose to parents whether they carry liability insurance.

Promote accountability

- Require regular unannounced inspections of licensed programs (the same standard Congress required of the military child care system) and require inspection reports to be posted on the internet to assist parents in making informed child care choices.
- Require a child care community needs assessment as part of the CCDBG state plan, which includes the availability of licensed care by setting, by age, and by hours of operation and compare such data to the needs of working parents in the community for such types of child care.
- Require deaths in child care programs to be reported to the state licensing agency and the state child care administrator and for those agencies to aggregate the data and report it to the Department of Health and Human Services to identify trends and recommend policies to prevent such tragedies where possible.
- Require states accepting federal funds for child care to provide an evidence-based rationale for each category of license-exempt care and to disclose such information on the Internet.
- Include a specific set-aside for licensing-related activities to promote the safety and healthy development of children, including safe sleep practices for infants.
- Require the U.S. Department of Health and Human Services to review state Child Care and Development Fund biennial plans and impose penalties when state plans fail to meet minimum protections for children, including ineffective state monitoring practices.

Promote quality child care

- Establish quality child care as a goal for any use of related federal funding (*i.e., funds used for child care through CCDBG, the Temporary Assistance for Needy Families [TANF] program, and the Social Services Block Grant [SSBG]*).
- Set clear expectations about what quality means and establish a floor for what is minimally acceptable.
- Require all paid individuals in the child care workforce (who care for unrelated children on a regular basis) to complete 40 hours of initial training in child development and behavior guidance, learning activities, first aid/CPR, recognizing and reporting child abuse, and basic health and safety practices as well as 24 hours of annual training.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and tied to outcomes.
- Encourage states to expand online training opportunities, training to better address children with special needs and training in working with children whose first language is not English.
- Expand training in other languages where a community needs assessment shows the need for training in languages other than English to better meet the needs of a diverse array of providers.
- Require CCDBG quality funds to be linked to measurable program outcomes, especially training and preparation of the workforce.
- Require states to encourage healthy development in child care by promoting nutritious meals and snacks, offering daily physical activity, and limiting screen time.
- Require states to create or strengthen Quality Rating and Improvement Systems (QRIS) to tier provider payment rates based on objective quality measures and to ensure that low-income children have access to high quality care.

- Authorize funds for pilots in high poverty rural communities to explore strategies that braid multiple funding sources to better meet the child care needs of working parents (meeting the criteria of the strongest funding stream to ensure safe, quality care for children).
- Increase the CCDBG quality set-aside immediately to 12 percent of the basic block grant, moving it to 25 percent, on par with Head Start.

Child Care Aware® of America Recommends States:

Strengthen state program requirements and oversight.

Protect children's safety

- Require comprehensive background checks for child care providers and those receiving subsidies to care for unrelated children.
- Require all child care center teachers to keep current certification in first aid and CPR.
- Require child care centers to follow the 10 basic health practices and the 10 basic safety practices recommended by pediatric experts.
- Require all child care centers to be licensed.
- Inspect child care programs regularly and post inspection reports on the Internet.
- Share suspension and violation information with CCR&Rs so that agencies do not make referrals to programs that may not be safe.
- Require deaths in child care programs to be reported to the state licensing agency.

Promote accountability

- Conduct regular inspections to ensure compliance with state requirements. At least some of these inspections should be unannounced.
- Post routine inspection reports and substantiated complaints on the Internet.

- Ensure adequate oversight by reducing licensing staff caseloads to a ratio of no more than 50:1 to improve accountability for meeting state requirements.

Promote quality child care

- Require child care center directors to have a bachelor's degree or higher in early childhood education or a related field.
- Require lead teachers to have a Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree in early childhood education or a related field.
- Require child care centers to provide an orientation and initial training in child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep, shaken baby prevention, CPR and first aid.
- Require child care center staff to have 24 hours or more of annual training in child development, child guidance, child abuse prevention, emergency preparation, licensing regulations, learning activities, health and safety, safe sleep, shaken baby prevention, CPR and first aid.
- Require community-based training that is intentional, sequential, competency-based, tied with coaching and tied to outcomes.
- Create and expand more online training opportunities, training to better address children with special needs, training to work with children whose first language is not English and training in languages where a community needs assessment shows the need for languages other than English to better meet the needs of a diverse array of providers.
- Require child care centers to plan learning activities that address language/literacy, dramatic play, active play, cognitive development/ math, self-help skills, creative activities, limited screen time, social development, emotional development and culturally sensitive activities.
- Require child care centers to encourage family involvement, communicate regularly with parents, allow parents access to the center and share written policies with parents.
- Require licensing staff to have a bachelor's degree or higher in early childhood education or a related field.