



NATIONAL CENTER ON Early Childhood Quality Assurance

Health and Safety Requirements: How Do You Maintain Compliance?

Family Child Care Institute
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Session Overview

- ◆ Part 1: Overview of health and safety requirements
 - **Sheri Fischer**, National Center on Early Childhood Quality Assurance (NCECQA)
- ◆ Part 2: Resources to support compliance with health and safety requirements
 - **Laura Brooke**, National Center on Early Childhood Health and Wellness



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Part 1: Overview of Health and Safety Requirements



Types of Requirements and Standards

- ◆ Child care licensing
- ◆ Child Care Development Fund (CCDF)
- ◆ Early Head Start–child care partnership
- ◆ Quality rating and improvement system



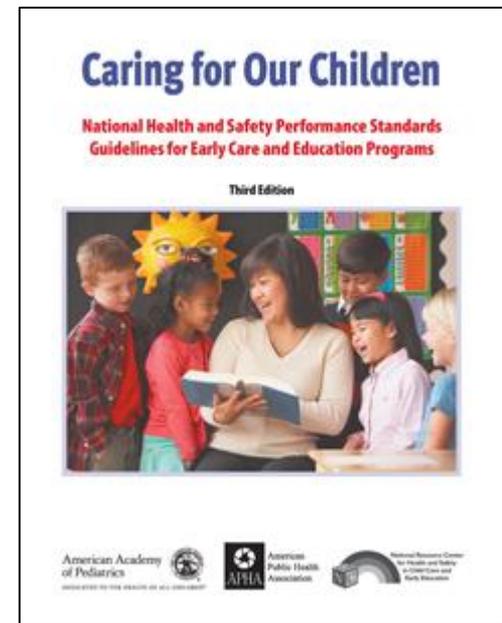
Recommended Health and Safety Guidelines

◆ Caring for Our Children

- Full set – 686 standards
- Stepping Stones – subset, 138 essential standards
- <http://cfoc.nrckids.org/>

◆ Caring for Our Children Basics

- Smaller set of minimum standards
- <http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics>



Child Care Licensing

◆ Licensing is ...

- The system that touches the most providers and children;
- The permission to operate legally in a State;
- The minimum health and safety that protects children from harm; and
- The foundation for quality improvement.



Definitions

◆ From CCDF Final Rule (45 CFR 98.2)

- **Family child care home (FCCH):** “One individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’s work.”
- **Group child care home (GCCH):** “Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’ work.”

Note: Licensing data for 2014 include a total of 53 jurisdictions—50 States, DC, and 2 Territories (GU and VI). The term “States” is used to mean all of these jurisdictions.

States Licensing FCCH Providers

- ◆ 46 States license FCCH providers
 - 7 States do not license FCCH providers (AZ, ID, IN, LA, NJ, OH, and SD)
 - Most of these States license GCCH providers
 - LA, NJ, and SD do not have mandatory licensing requirements for home-based providers

Source: NCECQA, 2015a

States Licensing GCCH Providers

- ◆ 41 States license GCCH providers
 - 12 States do not license GCCH providers (AR, KY, LA, MA, ME, NC, NJ, SD, VA, VT, WA, and WI)

Source: NCECQA, 2015b



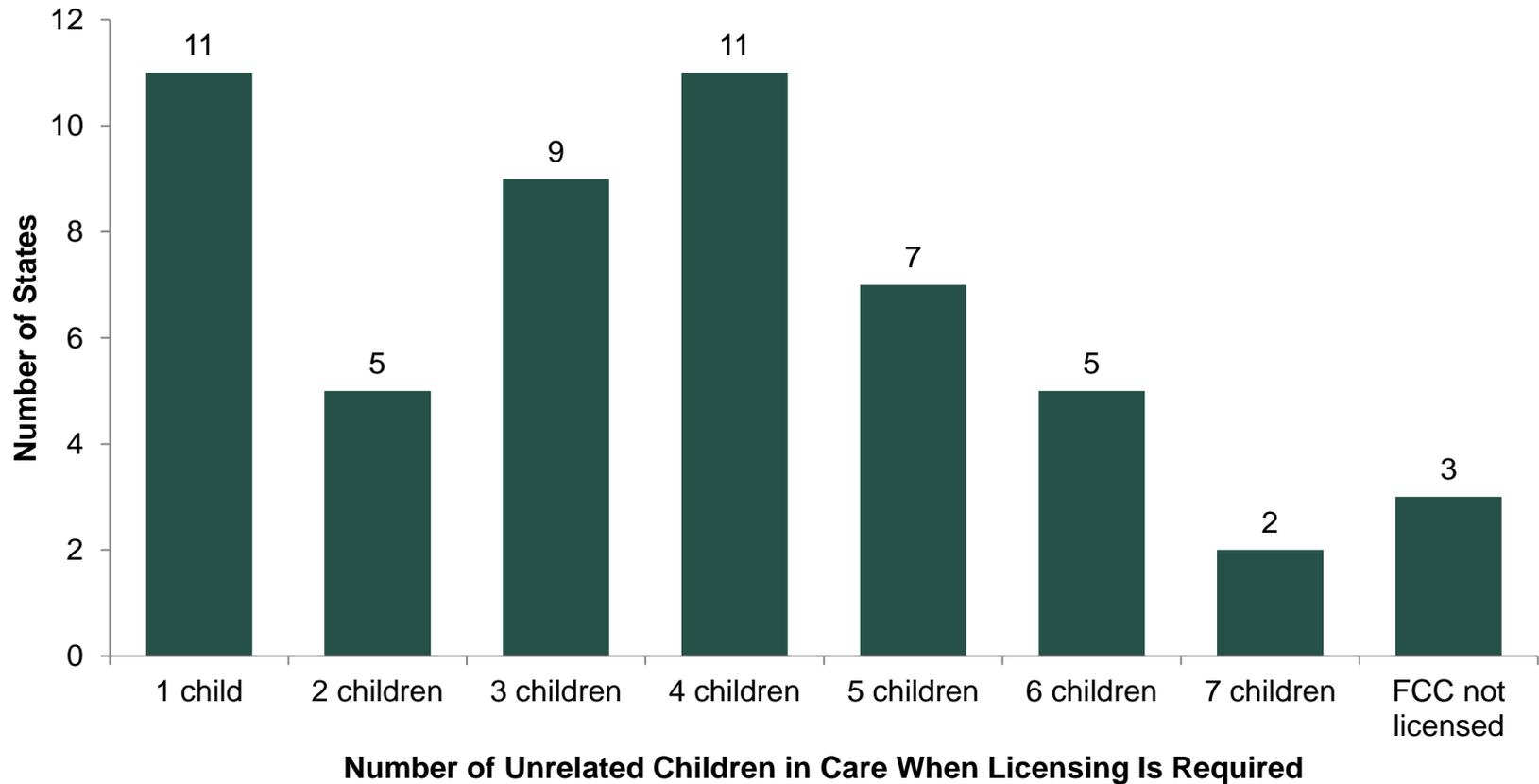
Licensing Threshold for FCCH Providers

- ◆ 11 States require FCCH providers to be licensed if there is just 1 child in care that is not related to the provider
 - AL, CT, DC, DE, GU, KS, MA, MD, MI, OK, and WA
- ◆ Most States set the licensing threshold at 3 or 4 children who are not related to the provider

Source: NCECQA, 2015a



Threshold for Licensing Family Child Care



N = 50 States, District of Columbia, and 2 Territories
Source: NCECQA, 2015a

Sample Health and Safety Requirements in Licensing

| Licensing Requirement | FCC Homes (N = 46) | GCC Homes (N = 41) |
|--------------------------------------------|-----------------------|-----------------------|
| Immunizations for children | 44 | 40 |
| Transportation | 44 | 39 |
| First aid/CPR (training) | 44 | 40 |
| Hand washing (children/adults) | 42 | 36 |
| Administration of medication | 42 | 38 |
| Hazardous materials | 42 | 36 |
| Infants placed on backs to sleep | 39 | 34 |
| Emergency preparedness | 36 | 32 |
| Enclosure of outdoor play areas | 21 | 24 |
| Shaken baby syndrome (prevention training) | 12 | 11 |

N = Number of States

Source: NCECQA, 2015a, 2015b

Health and Safety Training Requirements in Licensing

| Health and Safety Training Topic | FCC Homes | GCC Homes |
|--------------------------------------------------------------------|-----------|-----------|
| | (N = 46) | (N = 41) |
| First aid | 41 | 39 |
| CPR | 40 | 37 |
| Child abuse and neglect prevention | 20 | 25 |
| Reducing the risk of SIDS, safe sleep practices | 19 | 18 |
| Shaken Baby Syndrome | 12 | 11 |
| Emergency preparedness and response | 10 | 13 |
| Administration of medication | 9 | 10 |
| Spread of communicable disease, universal precautions, handwashing | 8 | 13 |
| Special health care needs | 5 | 5 |
| Transportation, child safety restraints | 5 | 7 |
| Child nutrition and feeding | 4 | 5 |
| Care of sick children | 3 | 5 |
| Fire safety | 1 | 4 |

N = Number of States

Source: NCECQA, 2015a, 2015b

Maintaining Compliance With Licensing

Supports

Barriers

CCDF Subsidy Requirements

- ◆ Subsidy requirements are ...
 - Federal requirements, implemented by States; and
 - Met by providers who receive payment from state subsidy programs.

- ◆ The 2014 CCDF Reauthorization brought new requirements for providers
 - For licensed and license-exempt providers

CCDF Health and Safety

- ◆ The law requires that States implement 10 topic areas in both
 - Program requirements; and
 - Health and safety training
- ◆ The field is waiting for proposed regulations to provide final requirements



New Health and Safety Requirements for CCDF Providers

- ◆ Prevention and control of infectious diseases (including immunizations);
- ◆ Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleep practices;
- ◆ Administration of medication;
- ◆ Prevention of and response to food allergies;
- ◆ Building and physical premise safety;

Source: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services, 2014

New Health and Safety Requirements for CCDF Providers, continued

- ◆ Prevention of Shaken Baby Syndrome and abusive head trauma;
- ◆ Emergency preparedness and response planning;
- ◆ Storage of hazardous materials and bio contaminants;
- ◆ Precautions in transporting children (if applicable);
- ◆ First-aid and CPR; and
- ◆ Nutrition and physical activity (optional).

Source: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services, 2014

Discussion Questions

- ◆ Have you heard about the new requirements for providers caring for children receiving subsidies?
- ◆ Have there been any recent changes to your State's requirements?
- ◆ How have you been supported to meet these new requirements?

Early Head Start–Child Care Partnerships

- ◆ Formal arrangements between an Early Head Start (EHS) program and a child care setting
- ◆ The child care provider:
 - Must meet Head Start Program Performance Standards (HSPPS);
 - Is subject to the required monitoring visits to ensure compliance with HSPPS;
 - Provides care to infants and toddlers; and
 - Receives CCDF subsidies.

Source: National Center on Early Head Start – Child Care Partnerships, 2016



Blending EHS and Child Care Services in a Child Care Setting

- ◆ The partnership grantee is responsible for Head Start Program Performance Standards
- ◆ It is a full-day and full-year program with comprehensive services
- ◆ It targets low-income working families
- ◆ It is a regulated child care setting (a center or family child care home)

Source: National Center on Early Head Start – Child Care Partnerships, 2016



Discussion Questions

- ◆ Are you aware of the opportunity to participate in an Early Head Start–child care partnership?
- ◆ What would be your biggest challenge to participating and meeting the requirements?

Quality Rating and Improvement Systems (QRIS)

- ◆ More than 40 States have a QRIS
- ◆ Most have specific quality standards for family child care providers

Source: BUILD Initiative, Early Learning Challenge Collaborative, & Child Trends, 2016



Elements of QRIS

- ◆ 5 elements of quality improvement
 1. Program standards
 2. Supports for programs and practitioners
 3. Financial incentives
 4. Quality assurance and monitoring
 5. Consumer education

Source: NCECQA, 2013



Quality Standards Topics

- ◆ The following areas of quality are measured in most QRIS:
 - Staff qualifications
 - Environment
 - Curriculum
 - Family partnerships and engagement
 - Program administration, management, and leadership
 - Health and safety

Source: BUILD Initiative, Early Learning Challenge Collaborative, & Child Trends, 2016

Quality Standards Topics (continued)

- ◆ Interactions
- ◆ Ratio and group size
- ◆ Child assessment
- ◆ Community involvement
- ◆ Provisions for children with special needs
- ◆ Cultural and linguistic diversity

Source: BUILD Initiative, Early Learning Challenge Collaborative, & Child Trends, 2016



Discussion Questions

- ◆ Are you participating in your State's QRIS?
- ◆ What are the supports you have and the barriers you face to meeting the quality standards?



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Part 2: Resources to Support Compliance With Health and Safety Requirements



Activity: Maintaining Compliance With Requirements

◆ Discussion examples

- Applying sunscreen
- Managing infectious diseases
- Prevention of and response to food allergies

Applying Sunscreen to Children

- ◆ This is an example from a States' licensing requirements for family child care providers:

“If a parent of an enrolled child permits or asks a staff member to apply sunscreen, diapering products, or other substances to the skin of an enrolled child, obtains:

The sunscreen, diapering products, or other substances from the enrolled child's parent; or

If the child care home supplies the sunscreen, diapering products, or other substances, written permission from the enrolled child's parent for the application of the specific sunscreen, diapering products, or other substances.”

Managing Infectious Disease

- ◆ This is an example from a States' licensing requirements for family child care providers:

“When a child shows signs of illness he/she shall be separated from other children and the nature of the illness determined. If it is a communicable disease he/she shall be separated from other children until the infectious stage is over.”

Prevention of and Response to Food Allergies

- ◆ This is an example from a States' licensing requirements for family child care providers:

“The food required by special diets for medical, religious or cultural reasons, may be provided by the operator or may be brought to the program by the parents. If the diet is prescribed by a health care professional, a statement signed by the health care professional shall be on file at the program and written instructions must be provided by the child’s parent, health care professional or a licensed dietitian/nutritionist. If the diet is not prescribed by a health care professional, written instructions shall be provided by the child’s parent and shall be on file at the program.

The operator shall maintain the following health records for each enrolled child, including his or her own preschool child(ren):

- a health and emergency information form provided by the Division that is completed and signed by a child’s parent.

- any allergies or restrictions on the child’s participation in activities with instructions from the child’s parent or physician”

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