

# Initial Findings on Best Practices in Regulation and Quality Improvement of Family Child Day Care Homes

## Report to the Louisiana Department of Social Services

### Executive Summary

The Louisiana State Legislature requested the Department of Social Services to explore the possible creation of a licensing system and quality rating system for family child care homes in the state.

*Regulation* is the broad action of making rules that must be followed to engage in a practice. *Licensing* is a specific kind of regulation that first prohibits an activity and then sets out procedures and conditions that must be met to engage in the activity, e.g., a license to drive a car, or a license to operate a child care center. A *licensing system* is the combination of rules, administrative procedures, and monitoring and enforcement activities. A *quality rating system* is a systemic approach to assessing, improving, and communicating the level of quality in early care and education programs. Resembling rating systems for restaurants and hotels, quality rating systems, which are also often called “quality rating and improvement systems,” award ratings to programs that meet a set of defined program standards, and they also offer supports for quality improvement to programs and communicate quality ratings to consumers.

The relationship between a state system of regulation and a state system of quality rating and improvement is significant. Regulation is the foundation upon which a quality rating system is built and there is considerable interplay between the content of licensing regulations and the content of quality rating standards. Regulation provides consumer protection; quality rating provides consumer education.

In examining the topic of family child care, the study focuses on best practices in both systems, reviewing relevant research and examining current practices across all states with attention to a select group of states chosen for their relevance to Louisiana. The key objectives of this report are to compare best practice and findings from other states with the current status of regulation and quality improvement of family child care in Louisiana and to propose options for future consideration.

### Regulation

The rationale for regulating family child care rests on several premises: prevent harm to children, reduce legal challenges for the state, identify providers in an emergency, provide information to families, and promote equity with other regulated facilities and professions.

A licensing program has two essential elements: the regulations and their enforcement. Regulations should include content to prevent harm and protect children, should define the scope of settings to be regulated, and should be written in clear and understandable language. In addition to specifying authority and procedures, regulations should cover health and safety; nutrition; supervision of

children; characteristics of the provider, including that person's qualifications and training; and activities for children, including those that advance the child's development.

A strong and effective licensing system rests on a foundation of updated, clear, measurable, research-based rules that are fairly and uniformly implemented and enforced. The system offers providers (potential and current licensees) supportive programs and services and provides consumer education to families and to providers on "what is licensing" and the roles of all parties in that process. Finally the licensing system works cooperatively with other parts of the regulatory and non-regulatory system in a state to advance the industry it regulates.

### **Quality Rating and Improvement Systems**

Twenty states<sup>1</sup> now operate statewide Quality Rating and Improvement Systems (QRISs) and nearly all other states are planning or piloting them. The first such system was launched in Oklahoma in 1998, the second in North Carolina in 1999, and other states followed quickly, making this a fast-moving policy trend.

A QRIS is an organized way to assess, improve and communicate the quality of early care and education programs that families consider for their children. A QRIS empowers parents to become savvy consumers and choose high quality for their children; enables policymakers to implement policies proven to improve quality; promotes accountability so that donors, legislators and taxpayers feel confident investing in quality; gives providers a roadmap to quality improvement; and improves the health and development of children in early care and education.

### **Current Status: Louisiana**

Regulation of family child care in Louisiana consists of two sets of voluntary standards for family child care providers who care for six or fewer children and one set of mandatory regulations for homes that wish to care for more children. Homes that care for seven or more children are required to become licensed under the child care center rules. Small family child care homes (six or fewer children) are de facto exempt from any rules and can operate legally.

The Department of Social Services (DSS) registers small family child care homes that want to participate in the Child Care Assistance Program (CCAP), a federal-state capped funding stream that pays for child care for low-income families who work. The Department of Education (DOE) approves homes that want to participate in the Child and Adult Care Food Program, a federal child nutrition program that has open-ended (entitlement) funding.

Both systems allow up to six children under age 13 and include the provider's children in the count. Both require annual Fire Marshal Inspections (and each accepts an inspection done for the other's program). There are some significant differences between the two systems. DSS requires state criminal background checks on the provider and on anyone over 18 years old who lives or works on the provider's property, and requires the provider to have both CPR and first aid certification. DOE requires none of these. DSS has an age requirement for providers (they must be at least 18)

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<sup>1</sup> The states and year each was launched are: Colorado (2000), Delaware (2009), District of Columbia (2000), Illinois (2007), Indiana (2008), Iowa (2006), Kentucky (2001), Louisiana (2007), Maine (2008), Maryland (2001), Montana (2002), New Hampshire (2006), New Mexico (2005), North Carolina (1999), Ohio (2004), Oklahoma (1998), Pennsylvania (2002), Rhode Island (2009), Tennessee (2001), and Vermont (2003).

and requires that they be in good health; DOE requires providers to be 18 years of age or emancipated.

Louisiana's quality rating and improvement system, Quality Start, compares favorably with other states in its design and may be the nation's most innovative QRIS in the way it is financed. Quality Start was developed and launched in 2007 under the leadership of the Department of Social Services. It is designed for licensed centers and has four components of standards: administration practices, family and community involvement, program for children, and staff qualifications. Louisiana's QRIS is notable for its attention to the social-emotional needs of children and its alignment with School Readiness Tax Credits.

### **Options for Consideration**

- Option 1. Status Quo (take no action).
- Option 2. Construct a mandatory licensing program for small family child care homes from the two "voluntary registration" systems.
- Option 3. Create the category of large family child care home.
- Option 4. Create a QRIS that includes family child care homes.
- Option 5. Make modest changes to the status quo and create a voluntary QRIS for family child care homes.

### **Choosing an Option or Options**

In the judgment of the consultants, the best option for Louisiana's children and families is Option 2 plus Option 3 plus Option 4. That is, create a mandatory licensing system for both small and large family child care homes and extend Quality Start to these homes. The next best choice is Option 5.

The process of exercising any of these options will take time (probably at least a year and likely more) – which is fortunate in these trying fiscal times. There are opportunities in the recently enacted federal American Recovery and Reinvestment Act. The effort and funding needed to design new systems and policies can be supported, while we stay hopeful that the economy will rebound.

### **Conclusion**

An effective system of licensing is the cornerstone of an effective system of early childhood care and education services, because it alone reaches all programs in the market. The quality rating and improvement system encompasses and is built upon that foundation. An effective early learning system is standards-based.

## Initial Findings on Best Practices in Regulation and Quality Improvement of Family Child Day Care Homes

### Report to the Louisiana Department of Social Services

*2008 Senate Concurrent Resolution number 7: The Legislature of Louisiana does hereby urge and request the Department of Social Services to explore the best practices in the field of family child day care homes and to study creating a licensing system and a quality rating system for family child day care homes and to report initial findings to the Senate and the House of Representatives committees on health and welfare prior to March 1, 2009.*

### Introduction

Louisiana has regulated child care centers for decades, and since 2007 the state has been using a quality rating system for licensed child care centers. However, the state does not regulate family child care homes. (Like center-based care, *family child care* is the care of children in groups, but unlike center-based care, which takes place in a center or other facility, family child care is home-based care – the care of children in a residence on a daily basis.)

#### **Regulation, Licensing, and Quality Rating Systems**

*Regulation* is the broad action of making rules that must be followed to engage in a practice. *Licensing* is a specific kind of regulation that first prohibits an activity and then sets out procedures and conditions that must be met to engage in the activity, e.g., a license to drive a car, or a license to operate a child care center. A *licensing system* is the combination of rules, administrative procedures, and monitoring and enforcement activities. A *quality rating system* is a systemic approach to assessing, improving, and communicating the level of quality in early care and education programs. Resembling rating systems for restaurants and hotels, quality rating systems, which are also often called “quality rating and improvement systems,” award ratings to programs that meet a set of defined program standards, and they also offer supports for quality improvement to programs and communicate quality ratings to consumers.

This report responds to the request of the Louisiana State Legislature for a study that explores the possible creation of a licensing system and quality rating system for family child care homes in the state.

In requesting this report, the Legislature recognized both the strengths and the realities of past and current efforts to regulate child care and promote the quality of care in Louisiana. Beginning in 1988, Louisiana has invested significant resources in prekindergarten for four-year-olds. The National Institute for Early Education Research (NIEER), which ranks states' preschool programs each year on several dimensions – quality standards, resources, and access of children to the services – has consistently ranked Louisiana high compared to other states; in the most recent preschool comparison Louisiana met 8 out of 10 quality standards, was ranked 14<sup>th</sup> among all states on access and 18<sup>th</sup> on resources (NIEER 2007). In contrast, Louisiana's child care regulation has not fared so well in national comparisons. The National Association of Child Care Resource and Referral Agencies (NACCRRA) compared all state child care standards and state provisions for oversight of services to those of the Department of Defense, which is widely recognized as having an exemplary regulatory system. Louisiana was ranked next to last among states for its center standards, but ranked a respectable 22<sup>nd</sup> for center oversight. Louisiana tied for last with five other states on family child care standards and oversight (NACCRRA, 2007, 2008). Louisiana has demonstrated the ability to adequately oversee child care centers and could do so for family child care homes.

Louisiana's quality rating system, called Quality Start, was developed and launched under the leadership of the Department of Social Services. The system is designed for licensed centers and has four categories of standards focusing on: 1.) administration practices, 2.) family and community involvement, 3.) program for children and 4.) staff qualifications. Quality Start awards five levels of stars to centers, with the most basic award given to a center for being licensed. It is worth noting here that the standards at the upper levels of Quality Start are a remarkable improvement on the state's center licensing standards. Professional development and technical assistance to improve quality are available to programs participating in Quality Start; strategies used to assist centers to earn more stars include scholarships, on-site quality improvement consultations, and mental health consultations that support teachers to create and sustain classroom environments that promote optimal social emotional development and school readiness. Centers are offered tiered bonuses tied to their star levels, with financial support for the bonuses provided through the child care subsidy system and the innovative School Readiness Tax Credits that reward both programs and individuals for quality achievement and businesses for investing in child care. Currently, more than 500 centers are participating in Quality Start. The Department of Education has recognized Quality Start as one benchmark for non-school programs to participate in the LA 4 prekindergarten program.

The relationship between a state system of regulation and a state system of quality rating and improvement is significant. Regulation is the foundation upon which a quality rating system is built and there is considerable interplay between the content of licensing regulations and the content of quality rating standards. Regulation provides consumer protection; quality rating provides consumer education. The relationship between a state system of regulation and a state system of quality rating

and improvement is significant. Given this interplay, considering both systems together offers opportunities for efficiency and synergy. In examining the topic of family child care, this study therefore focuses on best practices in both systems, reviewing relevant research and examining current practices across all states with attention to a select group of states chosen for their relevance to Louisiana. The key objectives of the report are to compare best practice and findings from other states with the current status of regulation and quality improvement of family child care in Louisiana and to propose options for future consideration.

Regulation is the foundation upon which a quality rating system is built. The content of quality rating standards builds on the content of licensing regulations. Regulation provides consumer protection; quality rating provides consumer education.

In response to the Legislature's request for this study, the Louisiana Department of Social Services, Division of Child Care and Early Childhood Education engaged expert consultants led by Anne Mitchell to produce the analysis. The development of the report was guided by an Advisory Committee of Louisiana public and private sector leaders, who received regular updates on the study's progress and contributed much insight and information to the effort. See the Appendix for a list of members of the Committee and brief biographies of the expert consultants.

### **Additional Terminology Used in this Report**

Some of the terminology presented in the following pages has already been defined, but a few additional definitions are in order. First, a *family child day care home* refers to a home where six or fewer children are cared for by one adult, a *group or large family child day care home* refers to a home where at least two adults care for more than six, and usually up to 12, children. In general, family child care is a paid service that providers offer to the public.

The difference between family child care and *relative care* can be confusing. A close relative such as a grandparent can care for children on a daily basis in the relative's home. Usually this is not paid, but there may be an exchange of services or bartering arrangement. Regardless of whether or not there is payment, relatives are not offering their services to the general public.

*Regulation* has been defined earlier in the report, and *licensing* is the specific form of regulation that sets out *mandatory* rules and conditions that must be met in order to engage in an activity that is otherwise illegal. *Voluntary* rules and procedures, whether they are called registration (discussed in more detail below) or certification or approval, are not required. It is legal to engage in the activity without following them. Another category of voluntary rules is *funding standards*, which are rules that must be followed only in order to access the funds to which the standards apply. For example, one may provide child care at home, but to get public funding for providing the service, one must comply with funding standards.

Like licensing, *registration* is a form of regulation. In essence, the term implies that a list is kept of those people or places that are registered but the real meaning of that list – and therefore of

registration itself – varies from state to state. Some states require that small family child care homes be registered using procedures that are very similar to licensing. But in other states registration is a voluntary form of regulation for homes that are not subject to licensing. In Louisiana, family child day care homes are offered two voluntary registrations as the means by which they can access two types of public funding (Child Care Assistance Program [CCAP] subsidy funds from the Department of Social Services or Child and Adult Care Food Program [CACFP] funds from the Department of Education). Homes which do not want, or are not eligible for (in the case of CCAP), these public funds cannot register.

## **Regulation of Family Child Day Care Homes**

The first child care licensing law was enacted in Pennsylvania in 1885; over the next 100 years nearly all states followed suit (Class, 1981). After the federal government began subsidizing child care services and requiring licensing as a condition for subsidy in 1962, the pace of state child care licensing increased. Today with one partial exception, every state licenses child care. (Idaho has no state-level licensing of child care provided in either centers or homes. Counties, however, are permitted to license and a few do so.) As noted, Louisiana licenses centers. However, it is one of only three states (Idaho and New Jersey are the others) that do not require the regulation of family child care homes. Like Louisiana, New Jersey licenses centers but does not regulate family child care homes, offering only voluntary registration for small homes (NCCIC & NARA, 2009).

### **Rationale for Regulating Family Child Care Homes**

Why regulate family child care homes? The most basic reason is to prevent harm to children in settings outside their families. Thousands of families in Louisiana are placing their children in child care every day. According to a recently completed survey<sup>2</sup>, more than half (54%) of children aged three years and younger are in child care. Nearly 25,000 children aged three years and younger are in family child care in Louisiana.

Children cannot protect themselves; adults, principally their parents, are responsible for making sure that they are safe, healthy and developing well. When parents choose someone else to care for their children, they deserve to know whether that person or place is safe and healthy for their child. Reflecting the admonition of “First, do not harm,” which is wisely given to physicians, regulation helps prevent various forms of harm to children—risks from the spread of disease, fire and other building safety hazards, and injury, and risks of developmental impairment from the lack of healthy relationships with adults, inadequate supervision, and lack of developmentally appropriate activities. Reflecting on that function, one expert presents a rationale for regulation as consumer protection.

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<sup>2</sup> A telephone survey of 249 parents of pre-school aged children was conducted in Louisiana from November 11 through December 15, 2008. Final results were weighted by family income to match state income as reflected in the 2007 American Community Survey. The survey was conducted by the Louisiana State University Public Policy Research Lab.

Regulation is an essential tool to achieve checks-and-balances in a free-enterprise economic system. Regulation is the way we can more safely rely on privatized services. That is, regulation is the compromise between trusting market forces and trusting government to provide those goods and services. Every time we get into an elevator, buy groceries, eat in a restaurant, fill a prescription, see a doctor, or get a haircut, regulation offers us some protection from inept or unscrupulous services. As consumers in a socially and technologically complex economy we need that protective safety-margin. Unlike our ancestors, we no longer buy most of our goods and services from neighbors whose character we know or whose skills we can judge. (Stevens, 1996)

It is not always possible to be certain about the extent to which regulation is in fact efficacious as a consumer-protection tool, but in the case of child care, there is some research evidence that regulation of child care settings does reduce risk of injury – that children are less likely to be injured in regulated settings than when they are in their homes or communities and that family child care homes that are regulated are better at preventing injury than those that are not (Morrissey, 2007). Some possible explanations for this finding are that regulation can require that providers have CPR and First Aid certification and that regulatory systems can offer training in risk reduction in the home.

Besides consumer protection, there are other reasons why a state would choose to regulate child care: Almost certainly if a child is seriously injured or dies in a family child care home, the parents will sue every party remotely involved. Whether or not a state regulates family child care, that state is very likely to be included in such suits. The protection that regulation provides to the state decreases the likelihood of such events occurring.

Regulation is also a way to identify providers. Identification is important for at least two reasons. It gives the state the ability to contact providers in an emergency, such as a tornado or hurricane. In addition, identification is the first step in offering providers supports such as training, materials, or technical assistance to improve the quality of care for children. If made widely applicable, even minimal forms of regulation can serve the purpose of identifying all those caring for children in residences.

Yet another rationale for regulating family child care is equity. Generally, states regulate facilities that have potential to harm the general public's health or safety, such as restaurants or hospitals, and indeed that is one of the reasons Louisiana licenses child care centers. But family child care homes, the most common type of child care settings, are not regulated in Louisiana. An argument can be made that regardless of whether families use center care or family care, they should get the same degree of consumer protection. Following this rationale, national organizations of child care center owners and directors have called for equal protection for every child, arguing that:

Children served in unregulated exempt services do not benefit from the same level of health and safety protection, program standards, criminal record checks, qualified and trained staff...building and fire code approvals, or licensing staff oversight, consultative assistance and investigation of complaints. (NARA & NCCA, p. 1)

Regulating family child care providers means that these providers are given equity with other occupations. States generally regulate professions to protect the health, safety and welfare of the public and to promote competent and ethical practice. Regulation is especially important in situations where the public is unlikely to be able to judge the competence of a product or service for itself, such as situations in which consumers use architects or engineers. States regulate professionals who practice on people, e.g., nurses, doctors, dental hygienists, barbers and beauticians. In Louisiana, a manicurist must: be at least 16 years old, have satisfactorily completed 10th grade from an approved high school, have completed 500 hours of instruction in a course or series of courses in the cosmetologist curriculum of an approved cosmetology school, pass the required Louisiana State Board of Cosmetology examinations (national and state written exams and a practical demonstration of skills), and pay a fee (currently \$100). Even shampoo assistants must complete at least 40 hours of training in shampooing, draping and rinsing, and pass a test administered by the State Board of Cosmetology. Both schools and salons are required to have a license to operate and are inspected.<sup>3</sup> Family child care providers practice alone with a vulnerable population – young children – who deserve at least as much protection as hair and fingernails.

#### **Current Status of Family Child Care Regulation: Other States<sup>4</sup>**

The decision about whether to regulate, the scope and content of regulation, and the nature and extent of monitoring and enforcement – all of these matters are in many ways the expression of community values about the protection of children and consumers. Compared to other regions of the U.S., the South<sup>5</sup> is a distinctive region with distinctive community values. To provide Louisiana with a useful comparison of peer states, this section compares the status of regulation of family child care homes in the Southern states. A table in the Appendixes provides the definition of family child care for each of the 14 Southern states.

The source material that this section draws on presents the number of states that adhere to a particular policy. Sometimes, but not always, the source material also lists the names of states that follow that policy. The discussion in the rest of this section includes the names of Southern states following a particular policy whenever those names were available in the source material.

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<sup>3</sup> The information about cosmetology licensing is quoted directly from the State Board of Cosmetology's website at <http://www.lsbclouisiana.gov>

<sup>4</sup> All data in this section are from the forthcoming report of 2007 state licensing data (NCCIC & NARA, 2009) and apply to small family child care homes.

<sup>5</sup> In addition to Louisiana, the South includes the states of Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

**Definitions**

The first definitional issue that states must address when they regulate family child care is the scope of regulation: which homes are included and which exempted. For purposes of state regulation, there are several ways to parse the home-based child care sector. One is to distinguish between relatives or nonrelatives; another is to focus on the number of children in care; other approaches focus on whether or not the service is offered to the public, whether it is a paid service or non-paid, or whether or not it is publicly funded. In general, states use a combination of the number of children (see table below), and one or more other distinctions to define the sector of home-based child care that will be regulated.

**Threshold Number of Children for Licensing Family Child Care Homes in Southern States**

<i>1 Child</i>	<i>2 Children</i>	<i>3 Children</i>	<i>4 Children</i>	<i>5 Children</i>	<i>6 Children</i>
AL	FL*	GA	KY		AR
OK	SC*	NC	TX*		MS
			WV	TN	VA

\* These states exempt from licensing care that is provided to children of only one family. Virginia offers only voluntary registration for family child care homes with fewer than 6 children.

Besides the question of the scope of regulation, a second definitional issue is the distinction between “small” and “large” family child care homes. Small family child care homes are commonly defined as up to 6 children; large family child care homes usually begin with 7 children and go up to 12 or slightly more. By far the most common maximum for large family child care homes is 12 children (20 states including Alabama, Florida, Oklahoma, South Carolina, Texas, Virginia and West Virginia). Tennessee allows 12 plus additional school-age children. A related issue is whether the provider’s own children are counted in the maximum number that can be cared for; most states include the provider’s children.

**Provider characteristics and hiring requirements**

All of the Southern states that license small family child care homes – which is all Southern states except Virginia – have requirements for providers. The following list presents common provider requirements.

- *Minimum age* (ranges from 16 to 21 years old)
- *High school diploma or equivalency* (Alabama, Arkansas, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma and Texas)
- *Pre-service qualifications* such as training hours, educational attainment and/or years of experience (Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, Tennessee)
- *Ongoing training hours*, usually 12 hours per year (Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma, Tennessee, Texas, and West Virginia)
- *Health status* such as a physical exam, a tuberculosis screening, immunizations, or proof of physical or mental suitability to care for children (Alabama, Arkansas, Kentucky, Mississippi, North Carolina, Tennessee, Texas, and West Virginia)

- *Criminal background check*, including either a check of criminal history records, child abuse and neglect registries, fingerprints, and/or sex offender registries (all Southern states except Virginia)

**Types of Background Checks Required of Family Child Care Providers by Southern States**

<i>State Criminal History</i>	<i>Federal Criminal History</i>	<i>Child Abuse and Neglect Registry</i>	<i>Fingerprint Records</i>	<i>Federal Fingerprint Records</i>	<i>Sex Offender Registry</i>
AL					
AR			AL		
FL		AL	AR	AL	
MS	AL	AR	FL	FL	
NC	FL	KY	GA	GA	
OK	MS	MS	MS	MS	MS
SC	NC	OK	NC	NC	OK
TN	SC	SC	SC	SC	SC
TX	TN	TN	TN	TN	TX
WV	WV	WV	WV	WV	WV

- *References* are part of the license application in Alabama, Georgia, South Carolina and Tennessee.
- *Orientation training* is required in Arkansas, Georgia, Kentucky, Mississippi and Texas.
- *Health and safety training* including first aid is required in all U. S. states except Missouri and South Carolina.
- *CPR certification* is required in Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma and Texas

***Requirements for Care of Children***

States that license family child care homes have requirements about the supervision of children and supervision in specific situations. Following is information on supervision requirements in Southern states.

- *Supervision of children* such as the use of substitutes, being able to see and hear children and *supervision during specific activities* such as swimming or transportation (Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma, Tennessee, Texas and West Virginia)
- Arkansas, Florida, North Carolina and Texas specify *supervision during naptime*.
- Alabama, Arkansas, Florida, Oklahoma, Texas and West Virginia specify *supervision when children are outdoors*.

Nearly all the U.S. states that regulate small family child care homes have requirements about children’s health and nutrition in family child care homes.

- Children are required to have *physical exams or health statements* in Florida, Kentucky, North Carolina, Texas and West Virginia

- All U.S. states, including all the Southern states except South Carolina, require children to have *immunizations*.
- All the Southern states except South Carolina have requirements about *nutrition, meals and snacks*.
- Alabama, Arkansas, Georgia, Kentucky, Mississippi, North Carolina, Oklahoma, Tennessee, Texas, and West Virginia have requirements about *feeding infants*.
- All the Southern states except South Carolina have requirements for *behavior guidance and/or discipline* of children that *prohibit corporal punishment*.

Most states *specify types of activities* for children that providers must include in the daily schedules. Florida and South Carolina do not require any specific activities. More than half of states that license small family child care homes specify that the *developmental needs of children* must be addressed in the activities provided (Arkansas, Georgia, Kentucky, Tennessee and Texas). Both Kentucky and Texas list *specific activities to address domains of child development*.

### ***Monitoring Procedures***

In addition to focusing on providers and the nature of care to be provided, regulations set out monitoring rules and procedures. Nearly all states that license family child care homes require an inspection prior to issuing a license. About half of all states charge a fee for family child care licenses; most Southern states do not charge fees. Most licenses are issued for one or two years; 12 states (including the Southern states of Arkansas, Georgia, North Carolina, Oklahoma, and Texas) have non-expiring licenses. A non-expiring license is one that remains in effect until the facility closes or the license is suspended or revoked by the state. Facilities with non-expiring licenses are inspected on a regular basis, but do not have to complete license renewal paperwork.

Typically, family child care homes are inspected at least once a year regardless of the type or the length of their license. In the South, the typical frequency of annual inspections of family child care homes is between 2 and 3 times per year. The range for inspections per year is from three times per year (Arkansas, Oklahoma and Tennessee) to less than once every three years (Texas).

Generally a full compliance review on-site is conducted initially and for re-licensing. Many of the states that regulate family child care use abbreviated compliance forms (sometimes called a “key indicator checklist”) for other inspections. The Southern states of Arkansas, Kentucky, Oklahoma, Tennessee and West Virginia use indicator checklists in family child care inspections.

The number and types of inspections and other factors such as travel distances and availability of administrative support, contribute to the size of a licensor’s caseload; the optimal caseload is 75 facilities per licensing staff member. For a discussion on estimating caseloads, see *Licensing Workload Assessment: Technical Assistance Bulletin* (NARA, 1999). Among the Southern states, the current average caseload of homes and centers for licensing staff is 78. Tennessee has the most favorable caseload in the South (indeed in the entire U.S.) – 23 facilities per licensing staff member. Georgia has the highest caseload in the South at 130 facilities per licensing staff member. Most state

licensing agencies offer technical assistance and/or consultation to child care homes as part of the licensing process, which is good practice and affects caseload size.

## Best Practices in Family Child Care Licensing

A licensing program has two essential elements: the regulations and their enforcement. Regulations should include content to prevent harm and protect children (see previous section for an overview of such content), should define the scope of settings to be regulated, and should be written in clear and understandable language. In addition to specifying authority and procedures, regulations should cover health and safety; nutrition; supervision of children; characteristics of the provider, including that person's qualifications and training; and activities for children, including those that advance the child's development (NARA Licensing Curriculum, YEAR).

As the old saying goes, regulation without enforcement is a paper tiger. Authority and financial support for *monitoring and enforcement* are critical to an effective licensing program. When a licensing program functions as a monitor and enforcer of regulations, it should be equitable and use resources efficiently: For example, the program increases monitoring visits to licensees with a history of low compliance and it uses a common set of key indicators to gauge compliance. An effective system is unified and streamlined with no overlapping or conflicting rules or processes, and it provides information and support to both licensors and licensees.

In a forthcoming report (currently in draft), the National Association for Regulatory Administration (NARA) has defined best practices for human care regulatory agencies. The best practices are offered to agencies for self-assessment purposes and eventually NARA intends to use them as part of its plan for the future to accredit such agencies. In the draft report (NARA-recommended best practices draft, October 2008), NARA lays out four key systems that comprise a strong regulatory agency. The systems and major categories are outlined below. (In the full draft, the characteristics of each category are defined and elaborated with indicators.)

1. General Management and Administration System
  - a. leadership, communications and external stakeholder relations;
  - b. planning, monitoring and accountability;
  - c. staffing, organizing and directing human resources
  - d. budgeting and management support services
2. Policy Management System including Laws and Regulations
  - a. Statutory basis for operating the regulatory program
  - b. Regulations, policy and procedures are research-based, and reflect sound consumer protection and fairness
3. Enforcement System
  - a. Full range of enforcement tools are used from training and technical assistance to forcible closure
  - b. Laws and regulations are applied fairly, firmly and predictably

4. Training and Staff Development System
  - a. Design and delivery of training meets high standards of quality for adult education
  - b. Training for regulatory staff and for providers/licensees is well-planned, meets real needs and is integrated into operations

In a nutshell, a strong and effective licensing system rests on a foundation of updated, clear, measurable, research-based rules that are fairly and uniformly implemented and enforced. The system offers providers (potential and current licensees) supportive programs and services and provides consumer education to families and to providers on “what is licensing” and the roles of all parties in that process. Finally the licensing system works cooperatively with other parts of the regulatory and non-regulatory system in a state to advance the industry it regulates.

NARA’s best practices apply to many different kinds of regulations, but are there similar guidelines that can be applied specifically to the regulation of child care and early education? The National Association for the Education of Young Children (NAEYC) presented such guidelines in a position statement on licensing and regulation that was first produced in 1983 and that was revised in 1992 and 1997 (NAEYC, 1997). The statement was collaboratively developed with and endorsed by NARA. Acknowledging that responsibility for protecting children is shared among families, early childhood professionals, the community and government, the statement lays out the role of public regulation of the child care and early education market, including but not limited to, the family child care market. The statement’s 10 principles are paraphrased below:

1. Any program providing care and education to children from more than one family should be regulated.
2. States should license all facilities that provide services to the public, including small family child care homes.
3. In addition to licensing facilities, states should establish complementary processes for professional licensing of individuals.
4. Licensing standards should be clear and reasonable and reflect current research on regulatory processes that reduce risk of harm to children.
5. Regulations should be vigorously and equitably enforced.
6. Licensing agencies should have sufficient staff and resources to effectively implement the regulatory process. Considering that a number of factors determine reasonable caseloads, for example, program size and travel time between programs, NAEYC believes that average caseloads should be no more than 75 centers and family child care homes, and recommends 50 as more desirable.
7. Regulatory processes should be coordinated and streamlined to promote greater effectiveness and efficiency between the licensing agency and those agencies responsible for building and fire safety and health and sanitation codes so that any overlap is reduced to a minimum and contradictions are resolved.
8. Incentive mechanisms should encourage the achievement of a higher quality of service beyond the basic floor of licensing.

9. Consumer and public education should inform families, providers, and the public of the importance of the early years and of ways to create environments that promote children's learning and development.
10. States should invest sufficient levels of resources to ensure that children's healthy development and learning are not harmed in early care and education settings.

Research specific to family child care regulation is not abundant, but some guidance exists. Morrisey & Banghart (2007) summarized the findings of 39 studies of family child care and some of the results are relevant to regulation. Regulated family child care providers have been shown to offer higher quality environments to children than unregulated providers. The presence of the provider's own children is unrelated to the quality of care, that is, the quality of care in regulated homes where the provider is caring for their own and other families' children is not different than the quality of care in a regulated home in which the provider is only caring for other families' children. There is strong evidence that caregiver training is the regulatable characteristic that most consistently predicts observed quality of care in the home environment. The provider's amount of college-level education in early care and education predicts higher quality. Being accredited by the National Association for Family Child Care is associated with higher quality care. Professionalism expressed as participating in a network or association, seeking and completing training, and considering child care as one's chosen profession are associated with higher quality programs.

Extrapolating from studies that focused on centers, it is possible to point to certain features of regulatory practices that appear more effective than others and that can be applied to homes. One starting point for examining such features is information that comes from a differential licensing system that was instituted in Vermont in the early 1990s. Under this system, centers with good or excellent compliance records received a two- or three-year license (and fewer monitoring visits) while those with mediocre or bad records were given only one-year licenses (and the usual number of visits). By the end of the licensing periods, the centers with two- or three-year licenses were more than twice as likely as those with one-year licenses to have worsened in the degree to which they met standards. These findings indicate that centers, and also likely homes, do better when they receive more frequent inspections (Gormley, 1999).

Research specific to family child care shows that in comparison to routine unannounced inspections without technical assistance, supportive techniques, such as technical assistance during unannounced inspections, significantly increased family child care providers' compliance with regulations. Providers with the lowest baseline compliance scores made the most gains (Wilkes et al., 1998).

In *Regulating Child Care Quality* Gormley offers a good summation of what kind of regulation best protects children who are cared for in group settings:

Children are better protected when regulatory standards are high and regulatory enforcement is vigorous... In the case of family day care, excessive severity may fail to promote quality if it discourages underground providers from surfacing. The

challenge that faces regulators today is to regulate wisely by considering availability, affordability, and quality simultaneously, by choosing finely calibrated instruments, and by combining regulations with incentives. (1999, page 127)

## Current Status of Regulation in Louisiana

Louisiana's licensing standards for centers are considered in one national study to be acceptable in the areas of health and safety but weak in other areas when compared to the standards of other states (NACCRRRA, 2007). An independent review of the specific content of Louisiana's center standards is beyond the scope of this study. The DSS Bureau of Licensing currently licenses 1,840 centers and is staffed by 23 licensing surveyors and four supervisors; thus the average caseload per licensing surveyor is 80 centers.

Regulation of family child care in Louisiana consists of two sets of voluntary standards for family child care providers who care for six or fewer children and one set of mandatory regulations for homes that wish to care for more children. Homes that care for seven or more children are required to become licensed under the center rules. Small family child care homes (six or fewer children) are de facto exempt from any rules and can operate legally. But if a small family child care home seeks to participate in either of two public funding programs, the home must meet the rules governing access to that funding. These voluntary funding standards are promulgated by the Department of Social Services (DSS) and by the Department of Education (DOE) through authority of the Louisiana statutes (RS 46:1441).

DSS registers small family child care homes that want to participate in the Child Care Assistance Program (CCAP), a federal-state capped funding stream that pays for child care for low-income families who work. The DOE approves homes that want to participate in the Child and Adult Care Food Program, a federal child nutrition program that has open-ended (entitlement) funding.

In mid-February, there were 1,479 providers registered with DSS and 6,731 approved by DOE; 504 providers are in both systems. Thus, an unduplicated number of providers registered with DSS or approved by DOE, amounts to over 7,700 known family child care providers in Louisiana. This number indicates that the state has slightly more family child care homes than Georgia, which has twice the child population and licenses both small and large homes. No other state of similar population size to Louisiana's has such a large number of providers. But the relative size of the population of family child care providers may be in part an artifact of the way in which family child care is defined under the DSS and DOE systems. As shown in the Appendix chart that compares details of the two voluntary registration systems, the requirement for participating in either of them is caring for one child who is not the provider's own, so in effect these systems operate with a threshold of one child per family child care home.

As also shown in the Appendix chart, both systems allow up to six children under age 13 and include the provider's children in the count. Both require annual Fire Marshal Inspections (and each accepts an inspection done for the other's program).

There are some significant differences between the two systems. DSS requires state criminal background checks on the provider and on anyone over 18 years old who lives or works on the provider's property, and requires the provider to have both CPR and first aid certification. DOE requires none of these. DSS has an age requirement for providers (they must be at least 18) and requires that they be in good health; DOE requires providers to be 18 years of age or an emancipated minor.

While both agencies maintain directories, DOE publishes the family child care homes' information on its website (although the information is not especially easy to find). It should be noted that this kind of openness is not completely positive; the home addresses of providers are included on the website – a practice that is considered by some to be a security risk for both the children and the providers.

One of the most significant differences between the two systems, from a provider's perspective, is the number of on-site visits conducted. Neither state agency systematically monitors providers on-site to assure compliance with the registration or approval standards. DOE State staff telephone all providers prior to approval to determine if they meet the CACFP program rules and regulations. DOE contracts with sponsor organizations across the state (31 in total) whose job is to monitor the compliance of family child homes with the CACFP rules for nutrition and meals. Sponsors must conduct and document a minimum of four visits annually to monitor compliance with CACFP rules and are asked to report or follow-up on any violations of CACFP rules and regulations. One site visit is for the purposes of pre-approval (or for annual renewal); a minimum of three additional visits must be unannounced and made within 15 minutes of a meal time (each type of meal that the provider claims to offer must be observed). In addition, DOE State staff began about five years ago to devote time each month to making on-site home visits to CACFP participating providers. By the end of February, all participating providers in all except two parishes will have been visited.

DOE CACFP staff are required to monitor their contracted sponsors once every two years and to visit a percentage of homes (by federal rule, 10 percent of homes if the sponsor has fewer than 100 homes and 5 percent if more than 100 homes). DSS has contracted with the regional child care resource and referral (CCR&R) agencies across the state to provide on-site technical assistance to registered providers. The CCR&Rs employ family child care specialists to conduct two annual visits, one of which must be unannounced. The focus of their work with providers is support for efforts to promote child development, support for literacy, and helping providers understand CCAP procedures. The family child care specialists are not monitors, however when they have concerns about a provider such as a disconnected telephone, or no one at home on repeated visits, they do notify the DSS Provider Directory. The Provider Directory will schedule a visit to the home to investigate.

In part the differences between the two systems in policies and practices for on-site visits are a result of the difference in funding source: the federal CACFP requires and pays for these visits to homes participating in the CACFP. The funding source may also account for the difference in the number of providers in each system. The DOE's funding source is an entitlement, meaning there is no limit on the number of providers who can participate. DOE staff believe that one of the main factors that would increase enrollment in CACFP is more aggressive outreach by sponsors serving low-income rural areas of the state.

In sharp contrast to DOE's open-ended federal nutrition funding, the DSS's federal subsidy funds are capped and do not require any specific oversight of homes nor provide any specific funding for oversight. To provide additional oversight to homes, DSS encourages its registered providers to also participate in the CACFP by offering a subsidy bonus (10 percent higher rate); about one-third of the DSS registered providers are also enrolled in CACFP.

## Quality Rating and Improvement Systems

In the last decade, our understanding of how young children learn and of the critical importance of development from infancy through the early years has increased exponentially. America's long-term economic success depends on ensuring that children – the next generation of citizens – succeed in school and in life (Heckman & Masterov, 2004). Knowledge of the important role of early learning has helped to expand the early care and education industry, with the expansion also attributable to the phenomenon of more families working and choosing to enroll their young children – babies, toddlers and preschoolers – in early care and education settings. Public investment in child care and preschool, especially investment by the states, also has grown. Still families, as consumers on behalf of their children, continue to contribute the lion's share – 60 percent– of the nation's investment in early care and education (Mitchell, Stoney & Dichter, 2001).

Both public and private investors make reasonable demands for accountability – value for the money being spent. And especially because the early care and education market does not by itself offer consumers much information on which to base their choices, the dual demands for quality and accountability from the investors in early care and education have led states to develop systems to improve and rate the quality of early care and education programs. As noted, these systems are similar to ratings of restaurants and hotels that are made by groups such as the American Automobile Association.

Twenty states<sup>6</sup> now operate statewide Quality Rating and Improvement Systems (QRISs) and nearly all other states are planning or piloting them. The United Way of America promotes these systems as one of its national priorities. The first such system was launched in Oklahoma in 1998, the second in North Carolina in 1999, and other states followed quickly, making this a fast-moving policy trend. Originally most systems went by the name of *Quality Rating System*, or QRS, but several states in the planning stages have begun to call their systems *QRIS* to recognize the two major purposes of these systems: not only rating but improvement.

### **A Closer Look at a Quality Rating and Improvement Systems (QRIS)**

A QRIS is an organized way to assess, improve and communicate the quality of early care and education programs that families consider for their children. A QRIS empowers parents to become savvy consumers and choose high quality for their children; enables policymakers to implement policies proven to improve quality; promotes accountability so that donors, legislators and taxpayers feel confident investing in quality; gives providers a roadmap to quality improvement; and improves the health and development of children in early care and education.

A QRIS affects the early care and education market through three major avenues:

- 1) *Quality assurance.* All QRISs have progressive quality standards – usually three to five levels of quality – with their standards based on research and best practice. The systems include monitoring and assessment to determine how well providers are meeting the standards of quality.
- 2) *Supply-side interventions.* Programs receive supports—for example, technical assistance on conducting self-assessments and developing quality improvement plans, and professional development to enhance the knowledge and skills of practitioners and to increase their educational qualifications. Financial incentives are offered to providers to encourage improvement, and significant ongoing financial awards help to maintain higher quality.
- 3) *Demand-side interventions.* All QRISs use easy-to-understand symbols for the ratings, usually multiple stars. The star ratings of programs are publicly available and financial incentives are offered to reward consumers who choose higher quality.

In the 20 U.S. states that operate QRISs, the systems resemble one another in many ways. Recognizing that staff qualifications are the strongest predictor of program quality and child outcomes, all 20 states include staff qualifications and professional development as essential standards. Nearly all states include family and/or community engagement in their QRIS, as does Louisiana. All states but two (Louisiana and North Carolina) include national accreditation and recognize accreditation from the National Association for Family Child Care for homes. All states include center-based programs; nearly all include family child care homes as well as Head Start

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<sup>6</sup> The states and year each was launched are: Colorado (2000), Delaware (2009), District of Columbia (2000), Illinois (2007), Indiana (2008), Iowa (2006), Kentucky (2001), Louisiana (2007), Maine (2008), Maryland (2001), Montana (2002), New Hampshire (2006), New Mexico (2005), North Carolina (1999), Ohio (2004), Oklahoma (1998), Pennsylvania (2002), Rhode Island (2009), Tennessee (2001), and Vermont (2003).

programs and school-age programs. Several include state-funded prekindergarten programs. Interestingly, only one state has a QRIS that is truly mandatory (Tennessee); North Carolina's is effectively mandatory since it is a rated license (the rating system is included in the licensing system); all the rest of the states have voluntary QRISs.

Family child care homes are included in 18 of the 20 states operating a QRIS. Louisiana and Rhode Island have QRISs for centers only. (Rhode Island is developing standards for family child care and intends to implement them after gaining some experience with operating its QRIS, called BrightStars, for centers.) Many states have launched their QRISs with centers and then extended the systems to include family child care a year or two later.

Twelve states (Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, North Carolina, Ohio, Oklahoma, Pennsylvania, and Tennessee) have separate QRIS standards for family child care homes and child care centers. In fact, three of these states (Illinois, Kentucky and Pennsylvania) have distinct standards for small and large family child care homes. Four states (Colorado, Maryland, New Hampshire, and New Mexico) have similar standards for child care centers and family child care homes. Montana and Vermont have the same standards for both program types. All of these states include provider qualifications and/or professional development in their standards and all except North Carolina recognize NAFCC accreditation in their systems. Most states provide specific support for quality improvement with benchmarks along a continuum that includes national accreditation. For more information about accreditation and QRIS, see the Appendix.

Even in cases when the state's specific standards for family child care differ from the ones used for center care, the *overall QRIS system* used is generally very similar to the one used for centers. Typically the systems use the same *categories* of standards, and the same monitoring and assessment procedures, supports, types of financial assistance, and outreach methods for families. Deploying the same basic system for homes and centers is a way of recognizing the desire for an equal playing field for both sectors. But having separate standards for family child care recognizes the differences between smaller home-based settings and larger centers and is also a sign of respect for a distinct sector of the early care and education industry.

Just as experience has helped some states take the step of adding family child care to their QRISs, experience has gradually given them more knowledge about how to use these systems to promote quality improvement. They have learned that if the supports, financial and otherwise, are sufficient and the ratings are widely publicized so that consumer, funder and program behavior is affected, quality improves. The initial profile of quality in any geographic area is related to the existing community characteristics – characteristics that include the stringency and enforcement of basic regulations, the degree to which quality is a matter of public discussion, the types and amounts of program support and professional development that are available, whether national standards are valued, and the relative wealth of the community. The profile at the beginning of an improvement and rating effort may be skewed toward the low end of quality – until programs have time and

resources to rise to the system's expectations. If quality is valued in the community and resources are ample, the initial profile may be shifted toward the higher levels.

To better understand the dynamics of a QRIS and how the system can lead to improvement over time, it is helpful to imagine a classic bell curve – if the community quality profile forms a bell curve, with most centers or family day care homes in the middle-star levels and few at the very low or the very high levels, then the standards and supports are probably set correctly. When the curve shifts to having more providers at the upper levels, it's time to consider adjusting the expectations higher and/or eliminating the lower level. This is precisely what happened in North Carolina. After about five years of operation of the state's Star Rated License, there were very few programs at the one-star level. Keeping the same number of levels, the state re-designed the system by raising the standards for subsequent levels.

There have also been other kinds of adjustments. After a year or so of operations, Oklahoma had to invent the one-star plus level in its three-star system to reflect the reality that moving from level one to two was much harder to accomplish than moving from level two to three. These kinds of changes are normal operating procedure for the systems.

### **Quality Start: Louisiana's Quality Rating System**

Louisiana's Quality Start compares favorably with other states in its design and may be the nation's most innovative QRIS in the way it is financed. Quality Start was developed and launched in 2007 under the leadership of the Department of Social Services. It is designed for licensed centers and as noted, has four components of standards: administration practices, family and community involvement, program for children, and staff qualifications. These are the most common categories of standards used in state QRIS systems because the importance of all of them, and especially the importance of staff qualifications, is confirmed by strong research bases. Like most other QRISs, Louisiana's incorporates the environment rating scales<sup>7</sup> into the standards included in the "program for children" component. Louisiana's QRIS is notable for its attention to the social-emotional needs of children; Quality Start was specifically designed to reward points to those centers that have success supporting social-emotional development.

Louisiana's Quality Start has five star levels, beginning with licensing. It is structured as a so-called combination "block-and-points" system. Under a *block approach* programs must meet the standards for all categories in each step before moving up to the next one. The *point approach* assigns points to various criteria in each category, with the total number of points across all categories determining the program's rating. In Louisiana, the first two levels involve blocks, and the rest depend on points: After achieving two stars, centers can reach higher star levels by earning points in both the program and qualifications components. In essence, the first two levels are foundations on which the higher

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<sup>7</sup> The Environment Rating Scales are a set of four widely used program quality assessment tools developed at the Frank Porter Graham Center at the University of North Carolina. These are Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment Rating Scale (ECERS-R), School-Age Care Environment Rating Scale (SACERS) and Family Child Care Environment Rating Scale (FCCERS-R)

levels are built. In using a combination system, Louisiana is part of a recent trend. Early on states chose either a block or a point system, but recently states like Iowa – and indeed Louisiana – that have newer QRISs have opted for the combination approach. The combination model is viewed as being better equipped than single-approach systems to capture the full range and expression of program quality. Under combination block-and-points systems, some elements of quality are deemed essential (the foundation), and once those have been achieved, other elements of quality can be demonstrated in different ways in different programs.

To achieve its stated goal to “increase the quality of child care and early learning for *all children* throughout Louisiana, and to give parents and consumers the ability to understand, assess and demand higher quality,” Quality Start must have broad participation. It is particularly critical to engage the facilities that serve low-income children, who derive so many benefits from high quality care. There are several effective ways to encourage broad participation: One is to make the first level of quality equivalent to licensing. As noted earlier, Quality Start does that; any center with a license in good standing that applies will qualify for one star. Another is to offer a wide and generous range of supports, both technical and financial. DSS has several existing quality improvement efforts that support Quality Start. The Louisiana Pathways Career Development System offers a training registry; scholarships for professional development and for pursuit of national accreditation; and career ladders for caregivers, administrators, and trainers. Regional training and technical assistance specialists based in the CCR&Rs provide support and offer an array of training specific to Quality Start. Centers that participate in Quality Start can access on-site mental health consultations that support teachers to create and sustain classroom environments that promote optimal social- emotional development and school readiness. DSS currently makes grants up to \$10,000 per year available to child care centers in the subsidy program to make repairs or purchases that would help meet licensing requirements or improve the quality of child care services.

Financial support is provided in several other ways. The first way is through tiered bonuses in the child care subsidy system that are aligned with the star levels; centers with two stars receive a bonus worth 3 percent of their total subsidy payments, rising to 20 percent for a five-star program. One reason that this is good practice is that it encourages the centers that serve low-income children to participate in Quality Start, thus increasing access to quality programs for low-income children.

To supplement the bonus and reach the broad market, the Louisiana legislature enacted a unique set of School Readiness Tax Credits that reward centers, individuals and businesses. The School Readiness Tax Credits are carefully designed to support Quality Start through tax breaks to families, child care centers, child care teachers and directors, and businesses that support child care.<sup>8</sup> The tax credits are linked to Quality Start and effectively extend its reach into the entire child care market. According to the Quality Start web list, more than 500 centers are participating in Quality Start, more than one-quarter of all licensed centers. That is a very good participation rate for a system that is just over a year old.

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<sup>8</sup> For more info, see <http://www.qrsloisiana.com/pg-17-26-school-readiness-tax-credits.aspx>

QRISs can be used as a systemic approach to unifying the entire early care and education market including publicly funded prekindergarten, and this is beginning to happen in Louisiana. The state has made significant investments in prekindergarten and recent legislation provides for agreements between school systems and child care facilities to deliver prekindergarten services. Quality Start is a major support to this effort. The legislation<sup>9</sup> states “Beginning with the 2009-2010 school year, local school districts must use at least ten percent of the total increase in LA 4 funding received each year to provide the early childhood education program component of LA 4 classes through collaborative agreements with non-school system providers of early childhood education...that have attained the minimum quality rating required to be eligible to participate in the program as established by the state board.”

By most comparative measures with other states and emerging best practices in QRISs, Louisiana’s Quality Start is a strong and well-designed quality rating and improvement system, which is distinguished by its attention to the social-emotional development of children. Quality Start excels in the innovation and extent of its financial supports.

### **The Relationship between QRIS and Licensing**

As noted at the outset of this report, there is a close connection between QRIS and licensing. The licensing system is the foundation upon which a quality rating system is built. That is evident in the way Quality Start is constructed, with licensing defined as the start level for the system. As also noted earlier, there is considerable interplay between the content of licensing regulations and the content of quality rating standards. Quality Start awards points to centers that improve their staff-child ratios and their staff qualifications beyond what is required in licensing. Both ratios and qualifications are regulatable aspects of practice that are common, if not ubiquitous, in licensing rules. These standards are also often difficult to raise by mandating changes in rules. Moving practice above the minimum by placing these criteria in the upper levels of the voluntary, well-supported QRIS is a more feasible strategy.

A licensing system provides consumer protection and, if well-executed, can also offer basic consumer education. However, a QRIS complements the licensing system and provides more in-depth and comprehensive consumer education about the relative quality of programs.

The positive relationship between licensing and QRIS is illustrated by the following statements from state public sector leaders who were interviewed for a licensing study that was focused on ways to increase compliance and improve enforcement (Koch, Collins & Azer, 2005):

Tennessee’s Report Card and Star-Quality system is producing results; statistics validate the system and show the correlation between the star system and quality.

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<sup>9</sup> Louisiana Legislature Act 876 of 2008.

The higher the stars, the fewer licensing violations; agencies [including homes] with no stars have 70% of the violations.

In North Carolina, the quality rating system is [the] most effective factor to protect children. Licensees [centers and homes] at higher ratings are in higher level of compliance and less likely to abuse children.

The one single factor that the Oklahoma State Child Care Administrator identified as being the most effective strategy for increasing compliance that licensing has is their QRS which is referred to as “Reaching for the Stars.” This systematic approach to improving the quality of child care across the state has, not only improved the quality of care across the state but, has increased the compliance with minimum licensing requirements. There is a significantly higher percentage of facilities [including homes] which have negative sanctions against them in lower rated facilities than in higher rated facilities.

The clear relationship described above is the combination of “carrots and sticks” to affect behavior. The QRIS acts as a generous “carrot” that makes compliance with the “stick” of licensing more likely. In fact, a QRIS solves the biggest challenges of regulations – that increasing regulations (or implementing them when none have existed) can drive providers underground or out of business. If attractive incentives are tied to being regulated, providers will flock to, rather than seek to avoid, the new rules.

### **Initial findings: Options for Louisiana**

As noted at the outset of this report, considering both a family child care licensing system and a quality rating and improvement system for family child care together offers opportunities for Louisiana to do particularly effective planning. The preceding discussion provides guidance on the features of an effective licensing system and points out some of the flaws in the current situation of Louisiana’s dual DOE/DSS systems of registration. The discussion also points out that while family child care is a common form of child care in Louisiana, family child care homes in Louisiana are not required to be regulated. Meanwhile, Louisiana’s child care centers for children of all ages must be licensed and its prekindergarten programs funded by the state Department of Education have to meet high standards for staff qualifications and class sizes. Louisiana’s children deserve protection in *all* care and education settings.

Louisiana has strengths to build on and the will to act. In its draft report to the Legislature, the Louisiana Child Poverty Prevention Council, whose goal is reducing child poverty in the state by 50 percent over the next 10 years, calls for making Louisiana a national model for comprehensive, evidence-based, early childhood education initiatives. The Council seeks specifically to “create a strong system of early education by integrating the successes of LA 4 prekindergarten and

Louisiana’s childcare rating system.” The Legislature wisely provided the opportunity to expand LA 4 in this way by requiring in 2009-2010 that local school districts use at least 10 percent of their total increase in LA 4 funding to provide prekindergarten cooperatively with community child care facilities that have three-star Quality Start ratings. Both LA 4 and Quality Start are certainly strengths that can become the foundation of Louisiana’s early care and learning system.

The state’s current treatment of community programs and LA 4 could be extended to family child care providers if Quality Start is expanded to include homes. In many states community-based early education programs are eligible to offer state-funded prekindergarten services, and in some states most public prekindergarten education is provided outside schools. But even in these situations prekindergarten programs are often set up to require a traditional classroom model than can exclude family child care – this despite the high number of children, especially low-income children, who are served by family child care.

In several states, however, family child providers do offer public prekindergarten programs and several promising models have emerged: They include the family child care provider who offers the full prekindergarten program and is herself a degree-holding and certified early childhood teacher. They also include models that bring children from family child care homes to school sites (Schumacher et al., 2005; Action for Children, 2008).

The Louisiana Poverty Prevention Council’s call to create a model early education system makes it all the more urgent to bring family child care into the early learning system. As underscored by the Council, the, early years of a child’s life are the most vulnerable stages of development and the most open to possibilities for positive growth, and the very youngest children are cared for in homes.

In view of this kind of opportunity, we offer Louisiana the following options for consideration. In reviewing the options, readers should know that The Louisiana Family Child Day Care Home Study Advisory Committee has discussed the study findings and offers a few guiding principles. These are:

1. Louisiana will not license grandparents. Rationale: children are best cared for in families. If public funds are involved, a reasonable process instead of licensing can be devised to assure accountability. For example, the CCAP currently has procedures to pay relatives and in-home care providers.
2. Licensing of family child care, if adopted, should mirror the best existing practices in center licensing that can be made relevant to home settings.
3. Consideration should be given to establishing a category of large family child care home, e.g., 7-12 children.

The following options can be undertaken alone or in combination with one another, except for Option 1 which stands alone.

**Option 1. Status Quo**

One option is to take no action. The current situation is essentially two registration programs that permit family child care providers to access one or both of two public funding sources. As funding standards, they are minimally acceptable. However, as child protection standards they are not. These two sets of voluntary funding standards have some similarities but some significant differences: one set of standards includes criminal background checks, the other does not; one requires CPR and first aid certification, the other does not. One system includes at least four on-site inspections in each home annually but the inspections focus primarily on a narrow range of practice (nutrition). The regulations in these systems are minimal and have some serious omissions such as lack of child immunizations, provider qualifications, and standards for children's daily activities.

The single positive aspect of these funding standards is that many – though by no means all – home providers are identified but neither is protecting children well. Because a provider has to be caring for only one child to participate, a fairly large number of providers are identified by these systems. The large size of the population of providers covered by the standards could be a means to reach out and offer more supports to these caregivers. However, publishing lists of these homes for consumer-information purposes is not warranted because neither system provides adequate child or consumer protection.

The consequences of taking no action are that the current problems that have been identified above will continue. Many family child care providers will be known to the organizations and agencies that might offer them help and support, in general or in emergency situations; others will not. Families will have no reliable way of finding out if a home is registered or not. Furthermore, as will be discussed in more detail below, the concept of large family child care home, which is currently unclear in Louisiana will remain so. Providers who want to care for more than six children will still be required to meet center rules, which are different from rules for family child care in some respects and which include some provisions which may be inappropriate to home settings. All children in family child care will not be protected from potential harm and consumers will have little or no information about providers.

**Option 2. Construct a Mandatory Licensing Program from the two “voluntary registration” systems**

The current registration systems operated by DSS and DOE can be combined and strengthened to become an effective licensing system. Funding standards would be applied in addition to this new license for those homes that wished to access public funds. Each agency (DOE and DSS) would pare down its current rules to those that are essential for access to the funding; these become the voluntary funding standards. Other rules would become the starting points for a set of new licensing rules. Authority for such a licensing system would need to be established in law, apply to a defined universe of family child care homes, and be mandatory. The advantages of this option are first and foremost that children in family child care would be protected from harm and parents would have some assurance of protection as consumers. Further, with a mandatory licensing system

in place, public agencies could streamline their funding processes for family child care homes and these providers would have fewer and more relevant rules to follow to secure public funding.

The disadvantage of this option is that implementing an effective licensing system will require more resources than are currently being expended. It should be noted that the new system would build on many existing agency practices and as noted, in the case of DOE could eliminate some time-consuming activities. The DOE staff in the CACFP section would continue to monitor their sponsors; the sponsors would continue to meet the federal rules for on-site monitoring. There would be some time savings for DOE staff and sponsors who will not have to process a home's applications for approval and sponsors might save time on home visits if they do not have to check on matters other than nutrition. DSS would continue to establish each home's eligibility for the CCAP and would continue processing these registrations. The task of reviewing criminal records checks and Fire Marshal reports likely would be re-assigned to the Bureau of Licensing within the Division of Child Care and Early Childhood Education. As it does now, DSS would continue to encourage family child care homes to also participate in the CACFP.

As a first step in consolidating the two current regulatory systems, planners could consult the DSS-DOE comparison chart in the Appendix and reflect on the review of the strengths and weaknesses of the systems outlined in this report. What is learned from that effort could become the baseline for beginning to develop a single licensing system. An important next step would be to consult with those who have daily contact with family child care providers and who have important perspectives and opinions about what needs to be included in the new combined system. In what could be viewed as a start to this kind of consultation, some of the family child care technical assistance specialists in the CCR&Rs were asked to provide their perspectives on the issues pertaining to family child care in Louisiana that are covered in this report, and a brief synthesis of their observations is available. (See the Appendix for their perspectives). Similarly, the CACFP sponsors interact with a large number of family child care providers and should be surveyed to explore their perspectives on the prerequisites for a new system.

### **Option 3. Create the category of Large Family Child Care Home**

Most state regulations for family child care cover two defined categories of family child care homes: small and large. This approach responds to the market in which some individuals have the ability and space to care for more than six children in their residences and in which some families seek out larger home-based care options. Large family child care homes can be an especially useful option in rural areas where the density of child population is not high enough to support a center.

Louisiana takes a different approach to these large family homes. Louisiana statute 46:1441 (the child care registration law) currently defines large family child care home as "group child day care home," which "means any place, facility or home operated by any institution, society, agency corporation, person or persons, or any other group for the primary purpose of providing care, supervision, and/or guidance of seven but not more than twelve children." These "small centers" are covered by the center licensing law and must meet the same standards as other centers—for

example, being led by a qualified director or providing child-sized toilets. Family child care experts would recommend that a set of standards pertinent to home-based settings is preferable to applying center standards to small programs in residential settings.

If this option is selected, it would be most sensible to carry it out simultaneously with developing a licensing system for small family child care homes. Creating a license for large homes and leaving the many small homes with an unsatisfactory registration system is probably not worth the effort.

### **Considerations for Any Licensing Options**

The first step in exercising any of the options for developing licensing that have just been discussed is to create the authority to do so. The Legislature could request that a model licensing system be designed and authorize an agency to take on the task. The logical choice would be DSS since current law authorizes DSS to license centers.

Developing licensing rules is a process with several distinct phases (Kroh, n.d.). The first is research using a range of sources: literature reviews, analysis of current policies and practices, review of rules in other states, review of existing funding standards and accreditation standards, and surveys of existing licensees. In Louisiana's case this phase should include:

- Literature review, which can begin with two recent reviews that are referenced in the bibliography (Morrisey & Banghart, 2007 and NCCIC 2005);
- Analysis of current policies and practices such as center licensing and the two family child care registration systems; review of strengths of the licensing law and responding to the Legislative Auditor's findings;
- Review of systems in other states – an analysis that can be conducted using the most recent state-by-state comparison, to be published shortly by NCCIC & NARA. A consideration may be whether to use all the states or to focus on the South;
- Review of existing funding standards and accreditation standards – Louisiana has its own two funding standards as well as the accreditation standards of the NAFCC to draw upon.

The next step is to map out the major components of the rules and engage the larger statewide community in discussing them. Discussion items can be in the form of draft rules or propositions with options. Broad community participation is essential. Community stakeholders – advocates, consumers, and those who will be regulated – understand the day-to-day realities and challenges of child care. For the final product to be implemented well, the community has to trust it.

Licensing rules are the public's consensus on acceptable minimum requirements to protect children. These rules are, by definition, the minimum requirements that must be met in order to operate in a state. But although these rules are the minimum, they do not have to be minimal. As child care expert Gwen Morgan wrote, "The minimum is not by definition a low standard. It can be set very high or very low, depending on the public support for quality." A licensing expert, Norris Class, further advised:

Almost any licensing requirement has its pros and cons. Good standards do not represent final answers, but merely the best answer that can be provided under particular circumstances and at a particular time. The mechanics of standard-writing should be so organized that they allow for continual revision in order that rules may be changed as needs, knowledge and public attitudes develop.<sup>10</sup>

#### **Option 4. Create a QRIS that includes Family Child Care Homes**

As has been discussed, family child care is typically included in state QRISs, and Louisiana already is operating Quality Start state-wide for centers. This voluntary system could be extended to include family child care homes. The effort required is much less than that for developing Quality Start. The framework is already built and needs only to be reviewed for relevance to family child care practices and to reflect research on family child care and quality. The four components of Quality Start standards can be adapted for family child care. Moreover, every other state that has QRIS standards for family child care can be used as a guide for Louisiana; the most relevant may be those states that have distinct standards for family child care, especially those that have standards components similar to Louisiana's. States with distinct standards and similar components are Delaware, Illinois, Indiana, Iowa, North Carolina, Ohio and Pennsylvania. Also, although New Hampshire's standards for homes are combined with its standards for centers, this state's standards are worth reviewing since they match Louisiana's components.

Fortunately, many of the support systems for Louisiana's Quality Start already include family child care providers. The DSS Repair and Improvement Grants already can provide \$600 annually for family child care providers to make repairs or purchases to improve the quality of their child care services. USDA federal regulations allow sponsors to spend a one-time amount of up to \$300 per home that qualifies for free or reduced price meals to assist the home in meeting health and safety standards. The Louisiana Pathways Career Development System has a career track for family child care providers with multiple levels; Level VIII is for a provider accredited by NAFCC or with an associate degree in early childhood/child development, while Level X is for a provider with a graduate degree in child development or early childhood education. The School Readiness Tax Credits are purposely aligned with the career levels in the Pathways Registry and can be expanded to incorporate family child care. Pathways already offers scholarships for the assessment fees associated with professional credentials (e.g., Child Development Associate), and for expenses associated with family child care home accreditation. As noted, family child care technical assistance specialists are part of every regional CCR&R agency.

The process that was used to develop Louisiana's Quality Start – the broadly representative Steering Committee with consultant support – can be used again for the new task of developing the family child care standards and reviewing the other system elements to ensure they are relevant to family child care providers and that these elements have the capacity to support these providers. Since

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<sup>10</sup> Both the Morgan and Class quotes are from Kroh, page 10.

licensing is the threshold for entry to Quality Start, having a licensing system for family child care in place may be a prerequisite to exercising this option.

**Option 5. Modest Changes to the Status Quo and a Voluntary QRIS for Family Child Care**

The benefits to Louisiana of having a QRIS that includes family child homes are many and it may be possible to extend Quality Start to homes without developing a full licensing system for them. Essentially, one registration system for small homes would be developed and become the entry point to Quality Start for homes. Because the DSS registration system for homes is the stronger of the two systems in the area of child protection, this system could be opened to any provider who wished to register. Being registered with DSS could then become the gateway to participation in Quality Start. The entry point to Quality Start for centers is licensing, but being registered is clearly not equivalent to center licensing. To promote equity in Quality Start between homes and centers, registration should not be the only criterion for inclusion of family child care providers. One possibility might be that to be awarded one star, a program would have to be registered with DSS *and* participate in the CACFP. The Quality Start Steering Committee can determine what the entry requirements should be for family child care homes.

One challenge to this approach is that DSS would need some additional staff to handle the increase in registry applications, especially if its registry was opened to all the CACFP providers. Overall there are several significant advantages to this approach. First, family child care homes in Quality Start could be included in the public list, available to consumers, with their star ratings published – just as centers now have their ratings published on the Quality Start website. This is clear market differentiation for providers who want to comply with quality standards. Currently, family child care providers who do not serve subsidized children have no way to distinguish themselves in the market nor do they have a consumer-friendly way to make themselves visible to their customers.

Second, the financial incentives for providers to participate are already in place. The law enacting the School Readiness Tax Credits is written in such a way that family child care providers are already eligible for the credits, as long as there is a way for them to enroll in Quality Start. The strongest predictor of quality in family child care is the provider qualifications (e.g., level of training and education). Offering the tax credits to family child care providers gives them strong incentives to become better qualified – the factor that matters most.

Third, this option is cost effective. Expanding access to DSS registration to those who choose to come forward would be less expensive than licensing every home. The participation rate will increase very gradually and the overall scope of the system will be smaller.

The “large-home” category will still be murky and the disadvantages of not having this category that have been cited will still pertain. Similarly the difficulties associated with not having a real licensing system will continue. But if Louisiana chooses this option, perhaps, over time the state could move from registration to mandatory licensing.

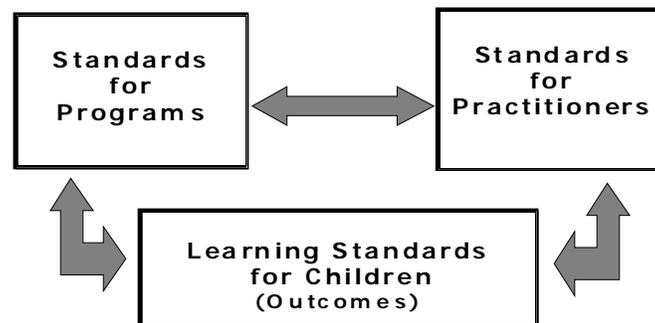
### Choosing an Option or Options

As noted in the opening of this section, these options (except for the first) can be considered separately or in combination with one another. In the judgment of the consultants, the best option for Louisiana's children and families is Option 2 plus Option 3 plus Option 4. That is, create a mandatory licensing system for both small and large family child care homes and extend Quality Start to these homes. The next best choice is Option 5.

The process of exercising any of these options will take time (probably at least a year and likely more) – which is fortunate in these trying fiscal times. There are opportunities in the recently enacted federal American Recovery and Reinvestment Act. The effort and funding needed to design new systems and policies can be supported, while we stay hopeful that the economy will rebound.

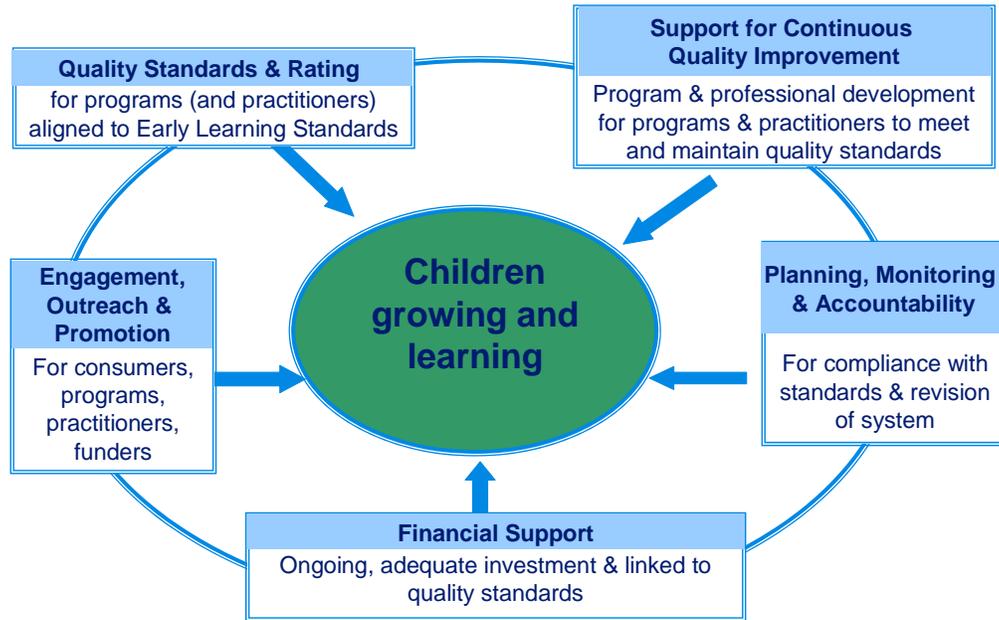
### Conclusion

An effective system of licensing is the cornerstone of an effective system of early childhood care and education services, because it alone reaches all programs in the market. The quality rating and improvement system encompasses and is built upon that foundation. An effective early learning system is standards-based.



An effective early care and education system offers supports to programs and practitioners to meet the standards, reasonable monitoring and accountability to help ensure that the standards are honored, ample financial support for continuous quality improvement, and vigorous engagement of all stakeholders – providers, practitioners, parents, and community leaders from both the public and private sectors – in all aspects of system planning and implementation. Quality Start can be the hub of a Louisiana early care and education system that reflects these attributes and principles.

## QRIS: The Framework for our Early Learning System



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## Appendixes

### **Appendix. Bios of Consultants**

*Anne W. Mitchell* is the President of Early Childhood Policy Research, an independent consulting firm specializing in evaluation research, policy analysis and planning on child care/early education issues with government, foundations and national nonprofit organizations. She co-founded the Alliance for Early Childhood Finance, a learning community on finance reform and system-building for early care and education.

*Louise Stoney* is an independent consultant specializing in early care and education policy, Co-founder of the Alliance for Early Childhood Finance and Co-director of the Linking Economic Development and Child Care Project. Louise is currently working to develop and test new administrative models and shared platforms for the early care and education system.

*The National Association for Regulatory Administration (NARA)* was born during a licensing seminar convened at Tulane University in June 1976. Regulators from around the nation had gathered for a lecture series by Norris E. Class, the unquestioned father of human care licensing in the United States. NARA offers consulting services tailored to specific needs such as workload assessments; review of administrative policies and procedures and licensing enforcement systems; design and implementation of efficient licensing measurement systems and automation systems; operational analyses of the licensing program; review and revision assistance with licensing rules; research; and assistance with quality rating systems.

### **Appendix. The Louisiana Family Child Day Care Home Study Advisory Committee**

Sherry Guarisco	Department of Social Services (DSS), Division of Child Care and Early Childhood Education, Executive Director
Cindy Bishop	Child Care Association of Louisiana
Anthony C. Caruso	Department of Social Services, Bureau of General Counsel
Rhonda Cheek	DSS, Division of Child Care and Early Childhood Education, Policy Coordinator
Lanette Dumas	Agenda for Children, Family Day Care Home Technical Assistance Specialist
John Dupré	Department of Education (DOE), Division of Nutrition Assistance, Director
Brenda Hilliard	DSS, Division of Child Care and Early Childhood Education, Quality Improvement Unit
Comaneci Johnson	Volunteers of America Partnerships in Child Care, Family Day Care Home Technical Assistance Specialist
Gail Kelso	DSS, Division of Child Care and Early Childhood Education, Quality Improvement Unit
Linda Lambert	DOE, Division of Nutrition Assistance, Family Day Care Home Food Program Administrator
Eugenia Lenore	DSS, Division of Child Care and Early Childhood Education
Shawn Martin-Scott	Department of Social Services, Bureau of General Counsel
Geoffrey Nagle	Tulane University, Institute of Infant and Early Childhood Mental Health
Brenda Pikes	DSS, Division of Child Care and Early Childhood Education, Child Care Assistance Program Provider Directory
Angie Rollins	DSS, Division of Child Care and Early Childhood Education, Child Care Licensing & Regulatory Section, Director

**Appendix. Definitions of Family Child Care in 2007 in the Southern States (NCCIC & NARA, 2009)**

Southern States	<i>Small FCC Homes</i>			<i>Large/Group FCC Homes</i>			
	<i>Number of Children Allowed</i>	<i>Maximum Number/Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>	<i>Maximum Number of Infants and Toddlers Allowed to One Provider</i>	<i>Number of Children Allowed</i>	<i>Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>
Alabama	1-6	6	Children younger than lawful school age (age 5 on or before Sept. 1) who live in the home are counted	3 younger than 1 year	7-12	7:2	Children younger than lawful school age (age 5 on or before Sept. 1) who live in the home are counted
Arkansas	6-16	10:1, if none younger than 3 years; 9:1, if none younger than 2 years, and no more than 3 between 2 and 3 years; 8:1, if no more than 1 younger than 2 years; 7:1, if no more than 2 younger than 2 years; 6:1, if no more than 3 younger than 2 years	Yes, if preschool age or younger	3 younger than 2 years (varies for ages of other children in care and additional providers present)	NC		

Southern States	<i>Small FCC Homes</i>				<i>Large/Group FCC Homes</i>		
	<i>Number of Children Allowed</i>	<i>Maximum Number/Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>	<i>Maximum Number of Infants and Toddlers Allowed to One Provider</i>	<i>Number of Children Allowed</i>	<i>Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>
Florida*	2-10	10, if no more than 5 are preschool age, with no more than 2 younger than 1 year; 6 preschool, if none younger than 1 year; 6, with 3 younger than 1 year; 4, if all younger than 1 year	Yes, if younger than age 13	4 younger than 1 year	Up to 12	8:2, if all children are birth to 24 months; 12:2, if no more than 4 are younger than 24 months	Yes, if younger than age 13
Georgia	3-6 (plus 2 children 3 years and older)	3 younger than 1 year; 6 younger than 3 years; 8 younger than 5 years	Yes	3 younger than 1 year	7-18	6:1 for younger than 1 year and younger than 18 months and not walking; 8:1 for 1-year-olds who walk; 10:1 for 2 years; 15:1 for 3 years; 18:1 for 4 years and older	NA
Kentucky*	7-12	5:1 for younger than 1 year; 6:1 for 1-2 years; 10:1 for 2-3 years; 12:1 for 3-4 years; 14:1 for 4-5 years; 15:1 for 5-7 years	Not specified	Yes, if care is provided to them	NC		
Louisiana	NL (voluntary registration)				NL		

Southern States	<i>Small FCC Homes</i>				<i>Large/Group FCC Homes</i>		
	<i>Number of Children Allowed</i>	<i>Maximum Number/Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>	<i>Maximum Number of Infants and Toddlers Allowed to One Provider</i>	<i>Number of Children Allowed</i>	<i>Ratio of Children to One Provider</i>	<i>Provider's Own Children Counted</i>
Mississippi	6-12	4:1 for younger than 1 year; 8:1 for 1 year; 12:1 for 2 years; 14:1 for 3 years; 16:1 for 4 years; 20:1 for 5-9 years; 25:1 for 10-12 years	Not specified	Not specified	13 or more	5:1 for younger than 1 year; 9:1 for 1 year; 12:1 for 2 years; 14:1 for 3 years; 16:1 for 4 years; 20:1 for 5-9 years; 25:1 for 10-12 years	Not specified
North Carolina	3-5 (plus 3 SAC)	8, with no more than 5 preschool-age or younger	Yes, if preschool-age or younger	NA	NC		
Oklahoma	1-7	5 for any age; 6, with no more than 3 younger than 2 years; 7, with no more than 2 younger than 2 years	Yes, if younger than age 5	5 younger than 2 years	8-12	5:1 for any age; 6:1, with no more than 3 younger than 2 years; 7:1, with no more than 2 younger than 2 years; 7:1, 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	Yes, if younger than age 5
South Carolina*	2-6	6	Yes, if younger than age 12	NA	7-12	8:1, with no more than 3 younger than 2 years	Yes
Tennessee*	5-7 (plus 5 children related to the provider)	7	Yes, if younger than age 9	4 younger than 2 years	8-12 (plus 3 SAC)	See State Notes	Yes, if younger than age 9

Southern States	Small FCC Homes				Large/Group FCC Homes		
	Number of Children Allowed	Maximum Number/Ratio of Children to One Provider	Provider's Own Children Counted	Maximum Number of Infants and Toddlers Allowed to One Provider	Number of Children Allowed	Ratio of Children to One Provider	Provider's Own Children Counted
Texas	4-6 (plus 6 SAC)	12	Yes	4 younger than 17 months	Up to 12	See State Notes	Yes
Virginia	NL (voluntary registration)				6-12	See State notes	Yes, if younger than age 8
West Virginia	4-6	6	Yes, if younger than age 6	2 younger than 2 years	7-12	6:1, with no more than 2 infants	Yes, if younger than age 6

**Key**

NA = Not addressed in regulations

NC = No category of facility

NL = Facility not licensed

SAC = School-age children

**State Notes**

\***Kentucky:** The State also has certified FCC homes that are allowed to care for four to six children. Information reported is only for licensed FCC homes.

\***Florida and South Carolina:** Exclude child care that is provided for the children of only one family.

\***Tennessee:**

Number of Caregivers Required <sup>1</sup>	Maximum Number of Children and Ages <sup>2</sup>
1	Maximum of 15 present, and no child present is younger than 3 years of age. <sup>3</sup>
2	Maximum of 15 present, and at least 1 child up to a maximum of 9 children present are younger than 3 years of age, but no more than 4 present are younger than 2 years of age. <sup>3</sup>
3	Maximum of 15 if 10 or more are younger than 3 years of age. <sup>3</sup>

<sup>1</sup> If any child's physical or mental condition requires special care, if children younger than 9 living in the home increases the group size, or when a field trip is taken off premises, the number of caregivers required shall be increased by one.

<sup>2</sup> Before eight or more children are enrolled, the facility shall be approved by a fire safety inspector and by an environmentalist.

<sup>3</sup> If more than 12 children are enrolled, the additional children shall be of school age, and a school-age program shall be provided.

**\*Texas:** Texas requires FCC homes that care for one to three children to be listed with the State. For listed homes, no inspections are conducted, and there are no standards to meet. Small FCC homes (4–6 children) are required to be registered and meet State requirements; large FCC homes are required to be licensed. Regulations for registered and licensed homes are combined, with specific stipulations included for each type of home. The following tables present the child-staff ratios and maximum group sizes allowed by the State. A large (licensed) FCC home with 3 providers may care for up to 12 children of any age birth through age 13.

Small (Registered) Family Child Care Combinations			
0–17 Months	18 Months and Older	SAC 5 Years and Older	Max.
0	6	6	12
0	5	7	12
0	4	8	12
0	3	9	12
0	2	10	12
0	1	11	12
0	0	12	12
1	5	4	10
1	4	5	10
1	3	6	10
1	2	7	10
1	1	8	10
1	0	9	10
2	4	2	8
2	3	3	8
2	2	4	8
2	1	5	8
2	0	6	8
3	3	1	7
3	2	2	7
3	1	3	7
3	0	4	7
4	2	0	6
4	1	1	6
4	0	2	6

Large (Licensed) Family Child Care Combinations With One Provider			
0–17 Months	18 Months–3 Years	4 Years and Older	Max.
0	8	4	12
0	7	5	12
0	6	6	12
0	5	7	12
0	4	8	12
0	3	9	12
0	2	10	12
0	1	11	12
0	0	12	12
1	6	4	11
1	5	5	11
1	4	6	11
1	3	7	11
1	2	8	11
1	1	9	11
1	0	10	11
2	5	3	10
2	4	4	10
2	3	5	10
2	2	6	10
2	1	7	10
2	0	8	10
3	2	1	6
3	1	2	6
4	0	0	4

Large (Licensed) Family Child Care Combinations With Two Providers		
0–17 Months	18 Months and Older	Max.
0	12	12
1	11	12
2	10	12
3	9	12
4	8	12
5	7	12
6	6	12
7	5	12
8	4	12
9	3	12
10	0	10

**\*Virginia:**

*In determining the need for an assistant, the following ratios are required, including the provider's own and resident children younger than 8 years of age:*

<b>Age of Child</b>	<b><i>Ratio</i></b>
Birth–15 months	4:1
16–23 months	5:1
2–4 years	8:1
5–9 years	16:1
10 years and older	Not counted

*When children are in mixed-age groups, the provider shall apply the following point system in determining the need for an assistant. Each caregiver shall not exceed 16 points. The provider's own and resident children younger than 8 years of age count in point maximums.*

<b>Age of Child</b>	<b><i>Points</i></b>
Birth–15 months	4
16–23 months	3
2–4 years	2
5–9 years	1
10 years and older	0

### Appendix. Family Child Day Care Home Regulation in Louisiana

#### Comparison of requirements and key features of DSS Child Care Assistance Program (CCAP) and DOE Child and Adult Care Food Program (CACFP)

Note: Both are voluntary standards; only required for homes that want access to public funding.

<b>Feature</b>	<b>Department of Social Services (DSS) registered homes</b>	<b>Good practice?</b>	<b>Department of Education (DOE) approved homes</b>	<b>Good practice?</b>
Purpose	quality child care		child nutrition	
Public Funding Source	Federal CCDF via Child Care & Development Block Grant Act, state match required		Federal USDA, no state funds.	
Source of authority	Federal 45CFR parts 98 & 99 Federal P.L. 104-193 Louisiana R.S. 36:474 Louisiana R.S. 36:1441		Federal 7CFR256	
Number of providers	1,479 registered (per DSS on 2/13/2009) (including 504 also approved by DOE)		6,731 approved (per website on 2/16/2009)	
Directory of providers	Yes, but not published or available to public		Yes, web-based directory, available to public.	
Number of children permitted	At least 1 non-relative child up to 6 children No more than 6, under age 13, or age 13 through 17 if disabled or under court supervision	✓	At least 1 non-resident child up to 6 children (any can be relatives)  No more than 6, under age 13; and no age limit if disabled as long as the majority of the enrolled participants are age 18 or younger.	✓
Provider's own children counted?	Yes		Yes	

<b>Feature</b>	<b>Department of Social Services (DSS) registered homes</b>	<b>Good practice?</b>	<b>Department of Education (DOE) approved homes</b>	<b>Good practice?</b>
Contract/Agreement	DSS agreement with provider to provide child care to eligible children		DOE contracts with Sponsors (31) to train, monitor, pre-approve homes	
Fees paid by providers	Fire Marshal \$30 Criminal background check \$26-\$36/person		Fire Marshal \$30 Any other fees prohibited by federal rule	
Application Process	<p>Provider completes application &amp; verification forms (available from Parish DSS/OFS Offices, CCR&amp;Rs, etc.) and sends completed packet with fees to centralized OFS Provider Directory.</p> <p>Provider Directory verifies information, requests criminal background checks &amp; Fire Marshal inspection.</p> <p>DSS/OFS enters provider into system when eligibility determined</p>		<p>Sponsors, providers, and parents complete application and registry forms. Sponsor verifies information, schedules Fire Marshal inspection, trains, and conducts on-site preapproval visit with providers. Sponsors send completed packets with fees collected from providers to the Fire Marshal's office. After Fire Marshal inspection is completed, sponsor sends (both electronic and hardcopies) inspection report along with other required information to DOE.</p> <p>DOE reviews provider's packet of information and verifies information to determine if provider is eligible for DOE registration. Provider information and a determination are entered into the DOE database system.</p>	
ID number used	SSN & computer-assigned TIPS #		Computer-assigned ID#, SSN not used	
Duration of eligibility	Up to 2 years from date of Fire Marshal inspection		One year	
Fire Marshal Inspection	Required yearly Accept Food Program inspection	✓	Required yearly Accept CCAP inspection	✓

Feature	Department of Social Services (DSS) registered homes	Good practice?	Department of Education (DOE) approved homes	Good practice?
Fire Inspection content	Fire extinguisher, smoke detector, two means of escape from rooms, closet doors openable from inside, bathroom doors openable from outside, adequate lighting/ventilation/temperature, fridge at 45 degrees or less, home clean and free of rodents/insects, water and sewer systems working, garbage disposed sanitarly	✓	Same, except also require signed assurance statement that reiterates no use of rooms without 2 means of escape and includes additional items re burglar bars, deadbolt locks, jalousie windows and windowless rooms	✓
Criminal Background Check	Required for provider and anyone 18 years or older who lives in or works on provider's property.		Not required	
CPR/First Aid	Required; Must have current card from approved DSS sources of training	✓	Not required Sponsors do offer these classes	
Orientation training (Chapter 1441.14)	State requires 4 hour orientation within first year in childcare related subjects. Accept Food Program orientation (only one accepted by OFS)		CACFP federal rules require sponsor to do orientation training for each new provider within first month in CACFP;  State requires 4 hours orientation for all new providers within first year in childcare related subjects.  DOE accepts CCAP for state-required orientation	
Training	12 clock hours every 12 months. Training provided by OFS training contractors and other approved entities.	✓	No certain number of hours required. Sponsor must conduct a minimum of one training session annually. DOE approves sponsor's training program every year. Providers required to attend. Other training not accepted.	

Feature	Department of Social Services (DSS) registered homes	Good practice?	Department of Education (DOE) approved homes	Good practice?
Health	<p>Provider must be 18 years old; have statement of good health from doctor (updated every three years); working telephone in the home.</p> <p>Agree to use only safe children’s products and remove ones unsafe and recalled</p>		<p>Provider must be at least 18 years old or legally emancipated. No health requirement.</p> <p>Provider must have first aid supplies; access to telephone and transportation; doctor’s phone number for each child.</p> <p>Must agree that the State is not responsible for health and safety, loss or injury in the home, or financial obligations of the provider</p>	
Visits – public agency	<p>No monitoring done, unless in response to specific issue, parish office will do home visit</p>		<p>Sponsors are monitored at least once every two years and a % of homes are visited (10% if sponsor has fewer than 100 homes; 5% if more than 100). DOE does at least 2 on-site technical assistance visit to each sponsor every year. During these visits, state sometimes accompanies sponsors on monitoring visits to homes.</p> <p>DOE/CACFP staff (5 individuals) has made ‘courtesy call’ visits to all homes over 5+ year period</p>	
Visits – other than public agency	<p>CCR&amp;Rs have contracts to conduct 2 TA visits annually – 1 must be unannounced.</p>		<p>Sponsors must do a minimum of 4 visits annually to monitor compliance with CACFP rules and Fire Marshal basics. One is pre-approval (or for annual renewal); a minimum of 3 additional visits must be unannounced and at meal times. (Each meal type claimed must be monitored unannounced.)</p>	

<b>Feature</b>	<b>Department of Social Services (DSS) registered homes</b>	<b>Good practice?</b>	<b>Department of Education (DOE) approved homes</b>	<b>Good practice?</b>
<p>Actions: Closure</p>	<p>Imminent danger – can do immediate termination.</p> <p>Reasons for terminating registration (46:1441.13):</p> <ol style="list-style-type: none"> <li>1) lack of CPR certificate</li> <li>2) results of Criminal Background Check (i.e., criminal conviction of a felony offense, an offense of a violent or sexual nature, or an offense involving a juvenile victim.)</li> </ol> <p>Reasons for terminating CCAP agreement; same as above, or failed Fire Marshal inspection, or validated abuse or neglect, or breaking terms of the CCAP agreement. Must show have corrected problem before can be reinstated</p> <p>Homes can only appeal termination of registration (cannot appeal termination of CCAP agreement)</p> <p>Administrative law judge hears appeals</p> <p>OFS tracks closures by placing file in red folder in the Provider Directory</p> <p>In some circumstances, homes can be ineligible to receive CCAP payments but remain registered.</p>		<p>Imminent danger –can do immediate suspension, cannot terminate immediately</p> <p>Sponsors give DOE copies of documentation for homes that have been declared seriously deficient:</p> <ol style="list-style-type: none"> <li>1) seriously deficient letter;</li> <li>2) corrective action;</li> <li>3) propose termination</li> <li>4) termination letter (if applicable)</li> </ol> <p>Homes have appeal rights; if no response within 15 days, terminated by default</p> <p>DOE staff hear appeals</p> <p>If home loses appeal or is terminated by default, put on seriously deficient list for 7 years. DOE tracks by name &amp; DOB</p>	

## Appendix

### Comments from Regional Family Child Care Technical Assistance Specialists on Family Child Care Licensing

Four of the six specialists were interviewed by during January 2009. They were asked in an open-ended way about their perceptions of the needs and desires of family child care providers. The following is a list, in no particular order, of the issues and concerns they raised:

1. Sanitation concerns, e.g., babies using each other's bottles
2. Many providers are grandparents of children in their care (up to half in some regions); licensing them will be very unpopular
3. High illiteracy rate among providers in some areas, need to have referrals to literacy programs
4. Licensing needs to be feasible, attainable, not drive people away
5. The idea of large family child care home would be very welcomed by providers
6. Access to telephones (many use prepaid cell phones, do not have landline)
7. Lack of toys and play equipment in homes (could take advantage of Repair and Improvement grants, but feel it's too much work to fill out the forms)
8. Free roaming pets (some children may be used to and vice versa, but makes some children anxious and visitors to the home may be afraid)
9. Lack of visitor sign in sheets – do not who is in the home
10. Smoking in the home
11. Orientation training ought to come before starting to care for children
12. There should be home inspections
13. Current law specifically prohibits providers from hiring anyone, so can't have substitutes if they need to go an appointment, etc.
14. Lack of emergency plans
15. Unsafe outdoors areas, e.g., clutter in the yard, fences in disrepair
16. Would be very good to have rules about sleeping, hand washing, diapering, sanitizing small toys that get mouthed, no bottles in cribs, babies being held while feeding
17. Family child care zoning is a problem in some areas. Some of the issues can be prevented by simple courtesy to one's neighbors. It would be helpful for state to have licensing rules and to officially declare family child care allowable in residential areas.
18. Large family child care will not be competition for centers; they are different services and styles; having both is more choices for parents
19. Requiring a high school diploma/GED would probably work if it was phased in and did not apply to the grandparents.

## **Appendix. National Accreditation and Quality Rating and Improvement Systems**

There are several national accreditation systems for centers; the National Accreditation Commission (NAC) run by the National Association of Child Care Professionals, National Early Childhood Program Accreditation (NECPA) which is an independent organization that has accredited 300 programs (none are in Louisiana). The largest accrediting system for centers is offered by the National Association for the Education of Young Children (NAEYC). There are 8,247 NAEYC accredited programs; 33 of them are in Louisiana. An additional 50 centers in Louisiana are engaged in self-study, the first step in the NAEYC accreditation process. National accreditation represents a comprehensive measure of quality based on the up-to-date research and is a rigorous and reliable process involving self-study and documentation and on-site review by reliable professional assessors. For example, the NAEYC accreditation has 10 Standards (Relationships, Curriculum, Teaching, Assessment of Child Progress, Health, Teachers, Families, Community Relationships, Physical Environment, and Leadership and Management). Accreditation is valid for 5 years as long as the standards continue to be met; accredited programs must submit detailed annual reports and are subject to random unannounced compliance visits by NAEYC assessors.

There is only one national accreditation for family child care homes, offered by the National Association for Family Child Care (NAFCC). It represents a similarly comprehensive measure of high quality tailored to the home-based environment, with self-study, documentation, on-site observation and annual renewals. There are 2,054 NAFCC accredited homes; 3 of them are in Louisiana.

Whether for centers or homes, national accreditation is used in QRIS in four distinct ways: 1) as the highest rating (or level) of the QRIS; 2) as a separate category within the QRIS; 3) as one among several criteria for reaching the highest levels of the QRIS; and 4) as one criterion for which points are awarded.

There are several reasons to include national accreditation in a QRIS; first, national accreditation represents the highest-quality standards; second, it is an efficient use of resources since national accreditation systems that are valid and reliable can save a state the effort of reinventing a valid and reliable system of its own to measure comprehensive high quality; third, many states already offer support for programs seeking national accreditation; fourth, a QRIS is a graduated measure of quality that progresses in achievable steps toward high quality and the top level of most state's QRIS is attainable by nationally accredited programs; and finally, if national accreditation is included in all state QRISs, families and policymakers will have a way to compare quality among the different state systems. There are reasons for not including accreditation. One is that some states do not want to relinquish control of any part of their quality improvement system to an outside body which they cannot directly influence. Another is that it is not necessary to specifically include accreditation since the top level of the state's QRIS (e.g., in Louisiana and North Carolina) is consistent with accreditation standards and an accredited program is likely to achieve that level.

**Nationally Accredited Family Child Care Homes in Southern States**

<b>State</b> * operating QRIS	<b>Number accredited by NAFCC (2/1/09)</b>	<b>Population of children under 5</b>	<b>Number NAFCC Accredited per 100,000 children</b>
Alabama	18	293,727	6
Arkansas	6	194,741	3
Florida	258	1,117,630	23
Georgia	68	698,935	10
Kentucky*	16	276,964	6
Louisiana*	3	301,198	1
Mississippi	0	206,089	0
North Carolina*	46	602,733	8
Oklahoma*	49	252,053	19
South Carolina	4	284,708	1
Tennessee*	43	399,006	11
Texas	69	1,922,227	4
Virginia	35	503,491	7
West Virginia	7	104,429	7

States that have a QRIS are marked with an asterisk (\*) in the table. Those states that recognize accreditation in their QRIS (that is, not Louisiana or North Carolina) and that provide technical and financial supports have more accredited homes than those that do not. For example, Tennessee and Oklahoma provide much more support for accreditation in their QRIS than Kentucky does. The large proportion of accredited family child care homes in Florida is likely the result of long-standing state policy, called Gold Seal, to pay higher subsidy rates to accredited programs and providers.

For more information on national accreditation, see:

NAEYC	<a href="http://www.naeyc.org/academy/">http://www.naeyc.org/academy/</a>
NAFCC	<a href="http://nafcc.org/restructured_process/overview.htm">http://nafcc.org/restructured_process/overview.htm</a>
NECPA	<a href="http://www.necpa.net/index.html">http://www.necpa.net/index.html</a>
NAC	<a href="http://www.naccp.org/index.cfm">http://www.naccp.org/index.cfm</a>

For a comparison of national accreditations, see:

<http://www.naeyc.org/academy/pdf/BodiesStatementSummary10-07.pdf>