

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

The National Resource Center for Health and Safety in Child Care (NRCHSCC)¹ of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.²

The number of States requiring facilities paid with CCDF funds to meet licensing requirements has remained stable since the Fiscal Year 2004-2005 CCDF Plan period. States may exempt certain child care providers and allow them to not be licensed; however, States must establish health and safety requirements for these providers, as specified in CCDF regulations.³ States can determine health and safety requirements for nonlicensed providers, but the requirements must include prevention and control of infectious disease (including immunizations), building and physical premises safety and minimum health and safety training appropriate to the provider setting.⁴

All CCDF Plans must include a description of the health and safety requirements, applicable to all providers of child care services for which assistance is provided under CCDF.⁵

Section 6.1 – Health and Safety Requirements for Center-Based Providers

(658E(c)(2)(F), §§98.41, §98.16(j))

The following describes health and safety requirements for licensed and nonlicensed center-based providers.

Section 6.1.1 – Licensing Requirements for Center-Based Providers

Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

¹ The organization is now the National Resource Center for Health and Safety in Child Care and Early Education.

² Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

³ CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

⁴ Data provided for Massachusetts are from the 2004-2005 CCDF Plans.

⁵ Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 25, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

More than half of States require all center-based providers paid with Child Care and Development Fund (CCDF) funds to be licensed. The remaining States allow various types of center-based providers to be exempt from licensing requirements.

Twenty-seven States (AK, AR, AZ, CO, DC, DE, GA, IA, ID, KS, KY, MA, MD, ME, MS, MT, NC, NE, NJ, NM, NY, OH, OK, PA, SC, SD, VT) require all center-based providers paid with CCDF funds to meet State licensing laws as indicated in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Twenty-four States (AL, CA, CT, FL, HI, IL, IN, LA, MI, MN, MO, ND, NH, NV, OR, RI, TN, TX, UT, VA, WA, WI, WV, WY) do not require all center-based providers paid with CCDF funds to meet State licensing laws as indicated in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

In States that do not require all center-based providers to meet State licensing laws, the following types of centers are exempt from licensing:

- Eleven States (CT, FL, HI, IL, MN, UT, VA, WA, WI, WV, WY) exempt school-based centers operated by State departments of education or local school districts.
- Nine States (AL, FL, HI, IL, MD, MI, TX, VA, WA) exempt military-based centers, centers operated by religious organizations or Tribal centers.
- Seven States (MN, NH, NV, RI, TN, WA, WV) exempt summer camps and school-age centers operated by Boys and Girls Clubs.
- Six States (AL, IL, MI, MN, WI, WV) exempt onsite drop-in centers and centers that operate fewer than 4 hours.
- One State (ND) exempts Head Start programs.
- Fifteen States (AL, CA, CT, FL, HI, IL, MN, NH, TX, UT, VA, WA, WI, WV, WY) indicate other types of center-based providers are exempt from licensing.

The following are examples of other types of center-based programs that are exempt from licensing.

In **California**, public and private schools that operate a program before and/or after school for school-age children are exempt from licensing if the program is operated by the school and run by qualified teachers employed by the school or school district. An outside organization or individual using a public or private school site to operate a child care program is subject to licensure even if the program is open only to the children enrolled at that school.

In **Illinois**, programs operated by institutions of higher learning are exempt from licensing. This exemption includes child care programs operated by institutions of higher learning that serve their adult students with children, whether programs are on the campus or at another facility controlled by the institution.

In **Washington**, centers that are not subject to licensing must be certified as meeting State licensing requirements or have an approved Federal plan in accordance with national or State standards for health and safety. The Lead Agency may certify a child care center for payment if the center is licensed by a Tribe, certified by the Federal Department of Defense or approved by the Superintendent of Public Instruction's Office.

Section 6.1.2 – Center-Based Provider Requirements Modified

Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))

Since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans, several States made changes to their child care center licensing requirements, mostly related to staff training and staff-child ratios. A few States changed group size and other requirements.

Twelve States (AL, IL, IN, ME, MN, NJ, NM, NY, SC, SD, VA, WI) modified staff training, staff-child ratio, group size or other licensing requirements for center-based providers since approval of the last CCDF Plan.

- Nine States (IL, IN, MN, NJ, NM, NY, SD, VA, WI) modified staff training requirements.

Minnesota added training requirements for CPR, first aid, Shaken Baby Syndrome and use of vehicle child safety restraint systems for those providing transportation. These requirements also were added for group home providers and family child care providers.

In **New Mexico**, effective July 1, 2005, new staff members working with children were required to complete the 45-hour entry-level course, approved three-credit early care and education course or an equivalent approved by the Lead Agency prior to or within 6 months of employment. Veteran staff members had to meet the requirement by December 31, 2005. This requirement also was added for group home providers.

In **South Dakota**, training categories were expanded, with added topics including cultural diversity, professionalism, inclusion and program management and regulation. Staff must have training in all categories within the first year of employment. In subsequent years, the director can determine priority subject areas for staff development and effective center operation.

- Six States (AL, IN, ME, NJ, SC, VA) modified staff-child ratio requirements.

In **New Jersey**, the staff-child ratio for toddlers (ages 18 months to 2½ years) was one staff member for every seven children, which changed to one staff member for every six children. The staff-child ratio for school-age children (6 years and older), which was 1 staff member for every 18 children, changed to 1 staff member for every 15 children.

- Three States (IN, ME, NJ) modified group size requirements.

In **Indiana**, effective September 11, 2004, group size for 2-year-olds changed from 15 to 10; for 3-year-olds, from no maximum to 20; for 4-year-olds, from no maximum to 24 and for 5 years and older, from no maximum to 30.

- Two States (NM, NY) modified other requirements.

In **New York**, as of January 31, 2005, child care providers who opt to administer medications to children in their care must comply with the additional requirements of Health and Infection Control regulations.

Thirty-nine States (AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, KS, KY, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, RI, TN, TX, UT, VT, WA, WV, WY) did not modify staff training, staff-child ratios or group size licensing requirements for center-based programs since approval of the last CCDF Plan.

Section 6.1.3 – Requirements for Center-Based Providers Not Licensed

(658E(c)(2)(F), §§98.41, §98.16(j))

For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

States that do not require all center-based providers to be licensed have established health and safety requirements these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF regulations oblige all programs to meet health and safety requirements for the prevention and control of infectious disease, building and physical premises safety and health and safety training.⁶ Within these requirements, center-based providers must, for example, complete CPR/first aid training, self-certify compliance with requirements, attend training or meet the requirements of other oversight agencies.

States indicate the following requirements for center-based providers that are not licensed:

Eight States (CA, FL, IL, MO, OR, UT, WI, WV) rely on local fire, building and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.

Eight States (IN, LA, NV, VA, WA, WI, WV, WY) require CPR/first aid training.

Washington's Early Childhood Education Assistance Program Performance Standards require staff working with children to receive training in child health and safety. Specific

⁶ CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

training must be provided on pediatric emergency first aid and CPR (by a certified instructor in infant and child CPR, food handling and first aid treatment).

Six States (AL, CT, HI, IL, TN, WY) require center providers to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In **Hawaii**, providers self-certify that their facility has an installed smoke detector, unobstructed emergency exits and an emergency exit plan.

Five States (MN, RI, VA, WA, WY) require centers to meet other standards.

Section 63.2-1715 of the Code of **Virginia** states that child care services provided by public schools may be licensed or regulated by the State Board of Education using regulations that incorporate, but may exceed, regulations for child day centers licensed by the Lead Agency. Public schools self-certify compliance with Minimum Standards for Licensed Child Day Centers through their annual pre-accreditation report to the Virginia Department of Education.

Five States (HI, IL, IN, VA, WI) require physical exams or health statements and/or verification of tuberculosis tests.

In **Illinois**, staff/caregivers must have on file at the facility documentation that they have had a physical examination, which includes a tuberculosis test.

Four States (FL, MI, ND, NV) indicate that nonlicensed centers meet requirements of another oversight agency.

In **Florida**, if exempt, centers affiliated with a church or parochial school must comply with an accrediting agency's published requirements for health, safety and sanitation. They also must comply with Florida statute for background screening and with requirements of the local governing body related to health, sanitation and safety.

Three States (CT, WI, WV) require either orientation, preservice or annual training on health and safety.

Wisconsin requires a director to have at least 1 year of experience with preschool or school-age children or complete 36 classroom hours or three credits of training in a related area for each program; a program leader to complete high school or its equivalency and 10 classroom hours of training in child development, education or a related area for each program; 10 classroom hours of training in child development, education or a related area for program assistants; training for the prevention of Sudden Infant Death Syndrome for all providers caring for children younger than age 1 and an orientation session for new staff and volunteers in the first week that focuses on health, nutrition and discipline policies, plans for evacuation and other emergencies, emergency procedures and use of first aid, recognition of signs of child abuse and neglect, explanation of responsibilities for reporting abuse and/or neglect and recognition of childhood illness.

Three States (IL, OR, WY) notify centers of training opportunities and encourage center staff to attend.

License-exempt centers in **Illinois** that are in the child care resource and referral database are advised of available training, including health and safety training, through the Lead Agency or the child care resource and referral agency.

In **Wyoming**, both licensed and legally exempt providers have access to any information the Lead Agency offers regarding health and safety training, technical assistance and regulatory requirements.

Three States (HI, MO, NH) provide centers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

The **New Hampshire** Child Care Health and Safety Information brochure identifies procedures to be followed: there must be a fire extinguisher in kitchens, inside and outside environments must be safe, hazardous materials must be out of children's reach and electric outlets must be covered.

The following are additional examples of State health and safety requirements for center-based providers that are not licensed.

In **Louisiana**, public and nonpublic schools operating a program that receives CCDF funds must maintain a detailed health record on each child. Schools are mandated by the Louisiana Department of Education to provide pertinent health services and screenings that are essential for the promotion of health and the protection of the children and staff. Principals and teachers at each school are responsible for checking student records to ensure immunization requirements are met.

The consultation services of **Missouri** child care health consultant nurses at local health agencies are available to all license-exempt and exempt centers, as well as licensed centers.

In **Virginia**, food service and water supply must meet health and sanitation rules if applicable, the State's immunization laws must be met, hand-washing routines must be followed, daily screening and exclusion of sick children must be performed by a person with training and staff must have annual health reports.

Section 6.2 – Health and Safety Requirements for Group Home Providers⁷

(658E(c)(2)(F), §§98.41, 98.16(j))

The following describes health and safety requirements for licensed and nonlicensed group home providers.

⁷ Ten States (DC, IN, LA, MD, ME, NJ, VA, VT, WA, WI) do not have a group home category.

Section 6.2.1 – Licensing Requirements for Group Home Providers

Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC compilation?

Of the States that have a category of group homes, almost all require them to be licensed in order to receive Child Care and Development Fund funds.

Thirty-eight States (AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, KS, KY, MA, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, WV) require all group homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Three States (AL, MI, WY) do not require all group homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Under **Alabama** law, group home providers that are affiliated with a religious or faith-based organization may be exempt from licensing.

Section 6.2.2 – Group Home Requirements Modified

Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Some States modified their licensing requirements relating to staff-child ratios and staff training for group home providers since approval of the Fiscal Year 2004-2005 child Care and Development Fund (CCDF) Plans. A few States also changed their requirements for how school-age children are counted in group homes.

Eight States (AL, CA, IL, MN, NM, NV, NY, SD) modified staff-child ratios or staff training since approval of the last CCDF Plan.

- One State (AL) modified staff-child ratio requirements.

In **Alabama**, effective September 1, 2004, group homes cannot care for more than six children younger than 12 months of age, and at least one caregiver must be present and supervising each three children younger than 12 months.

- Six States (IL, MN, NM, NV, NY, SD) modified training requirements.

The **Illinois** Department of Children and Family Services Licensing Standards now require licensed family child care providers to receive 6 or more hours of training related to providing care to children with disabilities. This requirement also was added for child care center staff and family child care providers.

Initial training requirements in **Nevada** now include 9 hours of training in specific areas within the first 90 days of employment, as well as training on CPR and child abuse and neglect. Ongoing training requirements changed from 12 to 15 hours yearly. Symptoms of illness and first aid training must be completed by at least one staff member prior to providing child care services.

New York requires providers and alternate providers to complete additional training on the identification, diagnosis and prevention of Shaken Baby Syndrome. This requirement also was added for child care centers and family child care providers.

- Three States (AL, CA, NM) also modified other requirements.

For large family child care homes in **California** to serve up to 14 children, at least two of the children in care must be at least 6 years of age. One of these two children can be enrolled in or attending kindergarten. A comparable requirement was established for small family child care homes.

Thirty-two States (AK, AR, AZ, CT, DE, FL, GA, HI, IA, ID, KS, KY, MA, MI, MO, MS, MT, NC, ND, NE, NH, OH, OK, OR, PA, RI, SC, TN, TX, UT, WV, WY) did not modify staff-child ratios, group size or staff training requirements since approval of the last CCDF Plan.⁸

Section 6.2.3 – Requirements for Group Homes Not Licensed

(658E(c)(2)(F), §§98.41, 98.16(j))

For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

Since most States require all group home providers to be licensed to receive Child Care and Development Fund funding, few States have established health and safety requirements for group home providers that do not need to be licensed.

States indicate the following requirements for group homes that are not licensed:

Three States (AL, MI, WY) require group homes to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

⁸ Data are not available for Colorado.

Registered providers in **Alabama** who are exempt from licensure (i.e., in-home providers, relative out-of-home providers, faith-based centers, programs operating fewer than 4 hours per day and certain programs operated by another State agency) must complete a health and safety self-certification form, which is posted in the facility and certifies, at least, that all children in care are up to date with immunizations in accordance with the Alabama Department of Public Health; procedures are followed to prevent and/or control infectious disease; the facility is free of hazardous conditions; the facility participates in health and safety training appropriate to the provider setting and, for facilities providing care for 13 or more children, appropriate fire and health agencies have been notified.

One State (WY) requires CPR/first aid training and notifies group homes of training opportunities, encouraging staff to attend.

Section 6.3 – Health and Safety Requirements for Family Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

The following describes health and safety requirements for licensed and nonlicensed family child care providers.

Section 6.3.1 – Licensing Requirements for Family Child Care

Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC' compilation?

One-third of States require all family child care providers to be licensed in order to receive Child Care and Development Fund (CCDF) funds. The remaining States may require some family child care providers to be licensed if they meet certain criteria, most often related to the number of children in care or the number of families served.

Seventeen States (AR, AZ, CT, DC, DE, GA, KS, KY, MA, MD, ME, MT, NC, NJ, OK, VT, WA) require all family child care homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Thirty-four States (AK, AL, CA, CO, FL, HI, IA, ID, IL, IN, LA, MI, MN, MO, MS, ND, NE, NH, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, WY) do not require all family child care homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Nonlicensed family child care providers in **New Mexico** are required to register through one of the Child and Adult Care Food Program sponsors. They also must meet and maintain compliance with registration regulations to receive payments for child care services.

Wyoming State law exempts any child care program that is supervised by the State, any local government, school district or agency or political subdivision from child care licensure. State law also exempts any program caring for fewer than three unrelated minors.

Section 6.3.2 – Family Child Care Requirements Modified

Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Of the States that modified licensing requirements for family child care providers since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans, all have changed either training requirements or requirements related to how school-age children are counted in family child care homes.

Twelve States (AL, CA, IL, KY, LA, MD, MN, NJ, NM, NY, SD, WI) modified staff training or other requirements since approval of the last CCDF Plan.

- Ten States (IL, KY, LA, MD, MN, NJ, NM, NY, SD, WI) modified training requirements.

Changes made to **Kentucky** administrative regulation 922 KAR 2:100 in November 2003 included the addition of a training requirement for certified family child care providers, requiring substitutes to be certified in infant and child CPR and first aid.

Effective January 1, 2005, family child care home providers in **Louisiana** are required to participate in a 4-hour orientation that counts toward the 12 annual hours of mandated training, and new providers must complete the orientation within 12 months of being registered. Also, effective October 1, 2005, family child care home providers are required to have certification in first aid prior to initially being registered.

In **Maryland**, amendments that went into effect on April 1, 2004 require family child care providers to complete an Office of Child Care approved Sudden Infant Death Syndrome training course in order to care or continue to care for children younger than 2 years.

- Two States (AL, CA) modified other requirements.

In **Alabama**, effective September 4, 2004, family homes no longer are licensed to care for more than three children younger than 12 months of age. Children younger than school age who live in the home are counted in the total number of children.

Thirty-nine States (AK, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, MA, ME, MI, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WV, WY) did not modify staff-child ratios, group size or staff training since approval of the last CCDF Plan.

Section 6.3.3 – Requirements for Family Child Care Homes Not Licensed

(658E(c)(2)(F), §§98.41, 98.16(j))

For family child care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

States that do not require all family child care providers to be licensed established health and safety requirements these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF requires that all programs meet health and safety requirements on the prevention and control of infectious disease, building and physical premises safety and health and safety training.⁹ Within these requirements, family child care providers must, for example, receive written materials on health and safety, complete physical exams or provide health statements or have inspections from local fire, building or health departments.

States indicate the following requirements for family child care homes that are not licensed:

Nineteen States (AK, AL, CA, CO, FL, HI, ID, IL, LA, MI, MO, MS, MT, NE, RI, SD, TN, VA, WY) require family child care providers to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In **Nebraska**, unlicensed family child care providers (called license-exempt) complete a checklist certifying that the home is kept clean and in good repair, is free from fire hazards, firearms, medications and poisons and furnaces and water heaters are inaccessible to children.

Twelve States (HI, IA, LA, MO, MS, NE, NH, NV, NY, PA, RI, WI) offer family child care providers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

In **Iowa**, the brochure *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers* is given to every child care provider who is not registered with the State and wishes to provide state-funded child care.

Mississippi provides consumer education materials on building and physical premises safety to parents for evaluating child care settings.

Eight States (CA, HI, IL, IN, MO, SD, VA, WI) require verification of tuberculosis tests.

⁹ CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

Family providers in **California** who care for the children of one other family besides their own children are exempt from licensing. These license-exempt family providers, except for aunts, uncles and grandparents, must self-certify that they have been tested within 12 months prior to employment and were deemed free of tuberculosis.

In **Missouri**, registered child care providers have a tuberculosis test or chest x-ray annually at re-registration.

Eight States (CA, FL, IA, ID, IL, LA, RI, WV) require physical exams or health statements.

Providers in **Idaho** must certify they do not have any physical or psychological condition that might pose a threat to the safety of children in their care.

Six States (IL, LA, NY, SD, UT, WY) notify family child care providers of training opportunities and encourage providers to attend.

In **New York**, a one-day course in medication administration was developed and is available for legally exempt providers.

In **Utah**, parents are notified that provider training is available through their local child care resource and referral agency, and are instructed to share this information with their provider. Available training covers CPR, first aid, basic nutrition and basic health and safety issues.

Six States (IA, ID, IN, LA, UT, WY) require CPR/first aid training.

In **Indiana**, at all times, at least one provider onsite must have annual certification in age-appropriate CPR. All providers must have current first aid certification.

Four States (FL, LA, MT, NM) require either orientation, preservice or annual training on health and safety.

All registered family child care providers in **Florida** must take health and safety training, which is a component of the Fundamentals of Family Child Care course. The State's required training covers universal precautions, communicable disease control, proper hand-washing techniques, administration of medications, child health and development, poison prevention, safe food handling and a variety of other health and safety issues.

In **Montana**, legally unregistered providers must attend an orientation within 60 days of approval to participate in the program. The session gives providers, including those who are registered and licensed, information about health and safety standards (including information on immunizations, building safety and equipment safety), State payment information, business planning, child care nutrition and recommendations for creating a positive, developmentally appropriate environment.

Three States (MN, NY, UT) require family child care providers to meet other standards.

In **Utah**, license-exempt providers who participate in the Federal Child and Adult Care Food Program are subject to local health and fire department inspections.

Two States (IL, LA) rely on local fire, building and health departments to inspect for building and physical premises safety and prevention and control of infectious disease in family child care homes.

The **Louisiana** Department of Public Safety, Office of the State Fire Marshal, makes an inspection of the home, using a checklist to ensure building and physical premises safety standards are met.

Section 6.4 – Health and Safety Requirements for In-Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

The following describes health and safety requirements for licensed and nonlicensed in-home care.

Section 6.4.1 – Licensing Requirements for In-Home Care

Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

Most States do not require all in-home providers to be licensed to receive Child Care and Development Fund (CCDF) funds. The remaining States may require some in-home providers to be licensed or may exempt them all from licensing.

Three States (AR, AZ, VT) require all in-home providers to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Forty-eight States (AK, AL, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY) do not require all in-home providers to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

In **Nebraska**, a provider who cares for children in the children's home is not subject to licensing, except when the provider and family reside together and the provider meets requirements for licensing, i.e., cares for enough children to require a license.

In **Oregon**, an in-home provider is exempt from regulation if care is provided to three or fewer children, not including the provider's own children; to children from one family, not including the provider's own children; on an occasional basis by a person not ordinarily engaged in providing child care; by the child's parent, guardian or person acting in place of a parent; by a person related to the child care children by blood, marriage or adoption or by a person who is a member of the child's extended family, as determined by the Lead Agency on a case-by-case basis.

West Virginia's in-home child care providers are all exempt from regulatory requirements. In-home child care providers receiving CCDF funds are subject to the same requirements as legally exempt family child care homes.

In **Wisconsin**, care provided by a relative or guardian of a child, or care provided by a person employed in the home of the child's parent or guardian, for fewer than 24 hours per day is not required to be licensed. Additionally, if there are three or fewer children younger than age 7 in care who are not related to the provider, the State does not require a license. In order to receive child care subsidy funds, Wisconsin requires these providers to be certified by the county in which the care is provided.

Section 6.4.2 – In-Home Care Requirements Modified

Have in-home health and safety requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

A few States that require some in-home providers to be licensed modified requirements for training since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans.

Three States (DE, KY, LA) modified staff training since approval of the last CCDF Plan.

Beginning October 2005, **Delaware** requires license-exempt in-home providers to complete 45 hours of training consisting of health, safety and nutrition (9 hours); CPR and first aid (6 hours); child development (15 hours); understanding children's behavior (12 hours) and understanding early literacy and language development (3 hours).

Kentucky established requirements for registered providers, mandating that training in infant and child first aid, recognition of child abuse and neglect and health and safety standards be obtained within 90 days of registration.

In **Louisiana**, effective October 1, 2005, in-home child care providers are required to provide proof of current certification in infant/child or infant/adult CPR and first aid training at initial certification and every renewal.

Forty-four States (AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, VA, VT, WA, WI, WV, WY) did not modify staff-child ratios, group size or staff training since approval of their last CCDF Plan.¹⁰

¹⁰ Alabama indicates that all in-home providers are exempt from staff-child ratio, group size and training requirements. Texas indicates that in-home providers are not regulated. Data are not available for South Dakota or Utah.

Section 6.4.3 – Requirements for In-Home Care Not Licensed

(658E(c)(2)(F), §§98.41, §98.16(j))

For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

As with other child care providers, States that do not require all in-home care to be licensed established health and safety requirements that these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF requires that all programs meet health and safety requirements on the prevention and control of infectious disease, building and physical premises safety and health and safety training.¹¹ Health and safety requirements for in-home care are similar to those for other child care providers. In addition, States, for example, established requirements on hand washing, smoke detectors and fire extinguishers, working telephones and storage of hazardous materials.

States indicate the following requirements for in-home care that is not licensed:

Twenty-five States (AL, CO, CT, DE, HI, ID, IL, KS, KY, LA, MA, MD, MO, MS, MT, NC, NJ, NM, OK, RI, SD, TN, UT, VA, WY) require in-home providers to self-certify compliance or complete checklists for prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In the **Connecticut** Child Care Assistance Program, the eligible parent must give the in-home provider information on the Provider/Parent Agreement form. The provider must complete and sign a form attesting that certain conditions are met, such as that the provider is 18 years or older and local town code enforcement and minimum health and safety standards will be met, among others.

In **North Carolina**, all nonlicensed home child care exempt from State regulation, other than care provided exclusively by relatives such as grandparents, aunts and uncles, must complete a checklist to verify compliance with basic safety requirements to apply to all funding sources for publicly subsidized child care.

Seventeen States (HI, IA, MA, ME, MI, MO, MS, NE, NH, NM, NV, NY, OK, PA, RI, SD, WI) offer in-home providers and/or parents written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

¹¹ CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

The Voucher Management Agency in **Maine** distributes materials that inform unregulated caregivers, relative caregivers and in-home caregivers of health and safety issues, including control of communicable disease, immunization requirements, physical premises safety and training opportunities in health and safety, first aid, CPR and early care and education.

In-home child care providers in **Nebraska** receive guidelines on safe environments for young children, including fire safety, emergency safety plans for tornadoes and other weather emergencies, the importance of practicing fire/tornado drills with the children in care, how to childproof a home/apartment and other information that addresses building and physical premises safety.

The certifying county or Tribal agency in **Wisconsin** is required to provide basic health and safety information to all applicants for certification during an onsite inspection of the home where care will be provided. Sudden Infant Death Syndrome prevention information, including a Healthy Child Care America Back to Sleep campaign brochure, is provided to all certified provider applicants.

Eight States (IL, LA, MI, NM, NY, SD, UT, WY) notify in-home providers of training opportunities and encourage them to attend.

Formal training is provided through the **Michigan** 4C Association, community colleges, public and private universities and university extension programs. An incentive payment of \$150 is designed to encourage child care aides to participate.

Eight States (DC, DE, IA, ID, IN, KY, NC, WY) require CPR/first aid training.

All nonlicensed home caregivers in **North Carolina**, except for grandparents, aunts and uncles, are required to complete a basic first aid course within 3 months after being approved for payment and renew this training every 3 years.

Seven States (HI, IL, IN, KY, NC, SD, VA) require verification of tuberculosis tests.

In **Hawaii**, providers self-certify and assure they have received a satisfactory tuberculosis or chest x-ray clearance within the past 2 years.

Seven States (DC, IA, ID, IL, NC, RI, WV) require physical exams or health statements.

Prior to beginning services, in-home providers in the **District of Columbia** must submit proof of a current health examination and certificate issued by a licensed physician or nurse practitioner. The health certificate must include the physician's written report stating the provider is free from communicable diseases. "Current" means an examination and certificate dated no earlier than 1 year before the date on which a subsidy agreement is signed by the provider.

Five States (DE, MA, MN, MT, WV) require either orientation, preservice or annual training on health and safety.

License-exempt in-home providers in **Delaware** are required to participate in Department of Social Services sponsored CPR and first aid training, health, safety and nutrition workshops and an initial orientation workshop, which explains Department of Social Services rules for care, reimbursement policies, payment and attendance reporting requirements and provides tips for good child care and safety practices.

Three States (FL, NY, UT) require in-home providers to meet other standards or the requirements of another oversight agency.

In **Florida**, local coalitions have flexibility in establishing additional standards of health and safety for informal care providers to ensure compliance with statutory requirements.

In **New York**, in-home providers must comply with the State Sanitary Code and State Uniform Fire Prevention and Building Code.

In **Utah**, providers must meet all local and State fire and safety requirements as defined by law. License-exempt providers who participate in the Federal Child and Adult Care Food Program are subject to local health and fire department inspections.

One State (IL) relies on local fire, building and health departments to inspect in-home care for building and physical premises safety and prevention and control of infectious disease.

The following are additional examples of State health and safety requirements for in-home care that is not licensed.

Alaska Health and Safety Guidelines for In-home Care requires in-home providers to ensure the home is free of fire hazards, encourage children to wash their hands and wash their hands for at least 10 seconds with soap and water and rinse before food handling, preparation, serving, eating or table setting, after toileting and assisting children with toileting or diapering and when hands are contaminated with bodily fluids, including nose wiping.

Bright From the Start: **Georgia** Department of Early Care and Learning monitors in-home providers who are required to have a working smoke detector and working fire extinguisher in the place where they provide care. Additionally, fire drills; proper storage of poisons, guns and matches; covering of outlets and fireplaces; safety of outdoor play areas and overall cleanliness and safety of the area are evaluated and discussed during monitoring visits.

In **Utah**, license-exempt providers must maintain a working telephone with emergency numbers posted near the telephone. Hazardous material must be stored in an area inaccessible to children. Providers must meet all local and State fire and safety requirements as defined by law. An approved fire extinguisher and smoke detectors are required on each floor occupied by children.

Section 6.5 – Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A)) Indicate the Lead Agency's policy regarding these relative providers:

- *All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.*
- *All relative providers are exempt from all health and safety requirements.*
- *Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:*

More than half of the States subject relative care providers, grandparents, great grandparents, aunts, uncles or siblings, to the same health and safety requirements as described in the sections on center-based, group home, family child care and in-home care providers. Only a few States exempt all relative providers from health and safety requirements.

Thirty-two States (AK, AR, CT, DC, DE, GA, HI, IA, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, NE, NH, NJ, NY, OH, OK, OR, PA, SC, UT, VT, WA, WI, WY) subject all relative providers to the same health and safety requirements as described in Sections 6.1–6.4.

Five States (AL, ME, MI, ND, TX) exempt all relative providers from all health and safety requirements.

Fourteen States (AZ, CA, CO, FL, KS, MA, NC, NM, NV, RI, SD, TN, VA, WV) subject some or all relative providers to different health and safety requirements from those described in Sections 6.1–6.4.

In **Arizona**, providers who are grandparents, aunts, uncles or siblings are referred to as Non-Certified Relative Providers and are not subject to licensing regardless if they care for children in their own home or the children's home. These providers are subject to the following health and safety requirements:

- Certification that they are not awaiting trial on, and have never been convicted of or admitted committing, any criminal offenses specified by State statute and that they have not committed any act of sexual abuse of a child;
- Certification that they are not the parent or guardian of a child adjudicated to be a dependent child, as defined by State statute;
- Certification that they have not been denied a license to operate a facility nor had a license or certification revoked; and
- Compliance with State statutory fingerprint requirements.

In **Florida**, grandparents, great-grandparents, aunts, uncles and adult siblings of the child are not required to be licensed or registered if they are caring for grandchildren, great-grandchildren, nieces, nephews, sisters or brothers. They are not required to meet any other requirements except they must provide caregiver information to the local early learning coalition's fiscal agent for reimbursement purposes and are required to participate in the introductory training course. In addition, a Florida Abuse Hotline Information Systems records check is completed.

In **Nevada**, in-home care and care provided by a qualified relative in his or her home is exempt from health and safety requirements. However, the parent can request a home visit for evaluation and recommendations for improvements.

Section 6.6 – Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

Most States indicate health and safety requirements are met through unannounced visits, background checks and reporting serious injuries. Additional methods of addressing health and safety issues include investigation of complaints, providing technical assistance to providers and initiating corrective actions.

Unannounced Visits

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Forty-six States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN,¹² TX, UT, VA, VT, WA, WI, WY) report that child care providers are subject to routine unannounced visits.

Five States (ID, KS, KY, MS, WV) report that child care providers are not subject to routine unannounced visits.

In many States, the frequency of unannounced inspections varies by type of program. Most States conduct unannounced inspections at least once a year in center-based programs, group homes and family child care homes.

¹² In Tennessee, unregulated family home providers exempt from licensing and participating in the assistance program are not subject to unannounced visits, but are required to complete one annual scheduled visit by staff of the Lead Agency or its contract agency staff. All other providers are required to have unannounced visits.

Center-Based Programs

Twenty-three States (AZ, DC, DE, HI, IA, IL, IN, LA, MD, NC, ND, NE, NJ, NM, OH, OR, SD, TX, UT, VA, WA, WI, WY) report that they conduct unannounced inspections in center-based programs once a year.

Louisiana licensing requirements are enforced by Department of Social Services licensing specialists making onsite visits to child care centers. Inspections are mandated by State law to be at regular intervals not to exceed one year, or as deemed necessary by the Lead Agency, and without previous notice. Follow-up inspections are made to ensure correction of any deficiencies that may have been found. Also, drop-in visits are made at random times to check for continued compliance.

Eight States (AR, FL, GA, MO, MT, NV, OK, TN) report that they conduct unannounced inspections in center-based programs more than once a year.

In **Georgia**, all child care centers are visited an average of three times a year. Annual licensing inspections by the Georgia Department of Early Care and Learning to licensed child care programs and all follow-up and complaint investigations are unannounced. Technical assistance visits to child care centers typically are announced.

In **Tennessee**, the minimum number of unannounced visits required to be performed on each agency every licensing year is determined according to the Tennessee Child Care Evaluation and Report Card Program and the Star-Quality Child Care Program as follows: six visits for new agencies and those not eligible for stars, five for agencies eligible for one star and four for agencies eligible for two or three stars.

Seven States (AK, CA, CO, CT, MI, NH, PA) conduct unannounced inspections in center-based programs less than once a year.

One State (AL) reports it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

Group Homes

Twelve States (DE, HI, IL, ND, NE, NM, OH, OR, SD, TX, UT, WY) report they conduct unannounced inspections in group homes once a year.

Before the initial license is issued, all licensed group family day care homes in **South Dakota** receive an announced visit by the Division of Child Care Services licensing social worker, who reviews the business practices, staff qualifications and program services and activities. A Department of Public Safety inspector also makes an announced initial visit to the program to review items related to building and fire codes, fire and safety regulations and environmental health and food safety regulations. After licensure, these programs receive an annual unannounced visit by these two entities as long as the license is in place.

Ten States (AK, CA, CO, CT, GA, IA, MI, MT, NH, PA) report they conduct unannounced inspections in group homes less than once a year.

Seven States (AR, AZ, FL, MO, NV, OK, TN) report they conduct unannounced inspections in group homes more than once a year.

Licensed child care providers in **Florida** are subject to unannounced licensing inspections at least twice a year. Additional unannounced visits may be made based on complaints received or reports filed with the Florida Abuse Hotline.

One State (AL) reports that it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

Family Child Care Homes

Sixteen States (AZ, DC, DE, HI, IL, IN, MD, NC, ND, NE, NM, OH, UT, VA, WI, WY) report they conduct unannounced inspections in family child care homes once a year.

Effective January 1, 2005, **Maryland's** child care licensing laws were amended to require each family day care home to have a routine unannounced inspection every year.

In **North Carolina**, all family child care homes are monitored annually, at which time the Lead Agency assesses continued compliance with home requirements. Consultants also make unannounced visits to investigate reports of noncompliance and allegations of child abuse or neglect and to follow up on sanctions imposed by the Lead Agency. Fire, sanitation and building requirements must be met in accordance with State and local requirements and are monitored by the Lead Agency unless local ordinances mandate inspections by local personnel.

Thirteen States (AK, CA, CO, CT, GA, IA, MI, MT, NH, NY, SD, TX, WA) report they conduct unannounced inspections in family child care homes less than once a year.

Six States (AR, FL, MO, NV, OK, TN) report they conduct unannounced inspections in family child care homes more than once a year.

Oklahoma State statute requires all child care facilities, including family child care homes, be licensed. Upon licensure, Oklahoma Department of Human Services licensing staff conducts a minimum of three unannounced visits each year.

One State (AL) reports it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

In-Home Care

One State (AZ) reports it conducts unannounced inspections on in-home providers once a year.

One State (NC) reports it conducts unannounced inspections on in-home providers less than once a year.

Background Checks

Are child care providers subject to background checks?

Fifty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) subject child care providers to background checks.

- Twenty-four States (AR, AZ, CA, DE, FL, HI, IA, ID, IL, IN, MD, MT, ND, NJ, NM, NY, PA, SC, SD, VA, VT, WI, WV, WY) report child care providers are subject to child abuse registry checks.
- Eighteen States (AZ, CO, FL, HI, ID, IN, MD, NJ, NM, NY, OR, PA, SC, SD, VA, WA, WI, WY) specify that child care providers are subject to State criminal background checks.
- Twelve States (AR, AZ, CO, FL, ID, MD, NM, OR, PA, SC, SD, WA) specify that child care providers are subject to FBI criminal background checks.
- Eleven States (AZ, CO, FL, ID, MD, NM, OR, PA, SC, SD, WA) specify that child care providers are subject to both State and FBI criminal background checks.
- Eight States (AZ, FL, ID, MD, NM, PA, SC, SD) subject child care providers to State and FBI criminal background checks and child abuse registry checks.
- Four States (IA, ND, NY, SC) check sex offender registries.
- Three States (HI, KS, MT) conduct annual criminal background checks on child care providers.
- One State (NV) reports that parents make decisions on whether or not their child care provider is subject to background checks.

The following examples illustrate the types of background checks providers might experience.

In **Arkansas**, all licensed and registered providers are subject to background checks. Criminal history checks are mandated every 5 years and Central Registry maltreatment checks are mandated every 2 years. FBI checks are required for all owner/operators of licensed care and for any employee who has not resided in the State for the previous 6 years.

All publicly funded child care providers in **Florida**, except informal providers who are not licensed or registered and who care for children from up to two unrelated families, are subject to a background check. Background checks include fingerprinting, a local law enforcement background check, a Florida Department of Law Enforcement criminal history check, an FBI background check, an employment history check and a Statement of Affidavit of Good Moral Character. Informal providers are required to have a child abuse and neglect background screening.

In **Kansas**, regulations require background checks be conducted on all persons, 10 years of age and older, living, working or regularly volunteering in the child care home or facility. Identifying information must be submitted initially upon application or within one week of living, working or volunteering in the child care home or facility. Upon receipt of this information, the Kansas Department of Health and Environment initiates the background check. In addition, background checks are conducted annually when the license/certificate is renewed.

New York enacted legislation requiring criminal background checks for all applicants, current operators and assistants in child care centers, school-age child care programs, group family child care homes and family child care homes. Volunteers who may have regular and substantial contact with children and persons 18 years of age and older who live in family and group family homes also must be checked for criminal backgrounds. Providers of legally exempt child care who are enrolled with a local department of social services are required to attest to criminal history on behalf of themselves, all employees, assistants, volunteers and household members age 18 and older.

In **Texas**, each caregiver who is newly employed in a licensed, registered or listed child care facility must undergo a criminal background check at the time of employment and once every 24 months thereafter. In addition, for licensed, registered and listed child care home providers, anyone living in the home who is older than 14 years of age is subject to the same requirements.

Reporting Serious Injuries

Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Forty-four States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WA, WI, WV, WY) require child care providers to report serious injuries while a child is in care.

- Fifteen States (AL, AR, CA, CO, CT, DC, GA, KS, LA, MD, NJ, OK, SD, WV, WY) require child care providers to report serious injuries within 24 hours.
- Eleven States (AR, DE, IA, IL, KS, MA, MN, MS, NM, NV, WV) require child care providers to report serious injuries immediately.
- Three States (TX, VT, WI) require child care providers to report serious injuries within 48 hours.

In the **District of Columbia**, all licensed providers are required to report any unusual incident by telephone to the program monitor immediately, or as soon as possible, and no later than 24 hours following the incident.

Under **Maryland** child care licensing regulations governing child care centers and family child care homes, an operator or provider must notify the Office of Child Care within 24 hours of the death of a child if the child died while at a center or home; the death of a child enrolled at a center or home if the child died of a contagious disease, regardless of where the death actually occurred and an injury to a child while the child is at the center or home or participating in an off-site activity if the injury requires treatment by a medical professional or admission to a hospital.

In **North Carolina**, all child care centers and family child care homes must submit a report to the Division of Child Care each time a child receives medical treatment by a health care professional as a result of an incident occurring while the child is in care. The report must be signed by the parent and include the child's name, date and time of incident, part of body injured, type of injury, names of adult witnesses, description of how and when the incident occurred, piece of equipment involved (if any), treatment received and steps taken to prevent recurrence. The Division uses these data to track the number and type of injuries that occur in child care facilities each year.

Nine States (AZ,¹³ CT,¹⁴ HI, ID, KY, MO, NH, TN, VA) do not require child care providers to report serious injuries while a child is in care.

Other Enforcement Methods

Other methods used to ensure that health and safety requirements are effectively enforced:

Forty-one States (AR, AZ, CA, CO, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) use other methods to ensure effective enforcement of health and safety requirements.

Twenty-four States (CA, CO, DC, FL, HI, IL, IN, KS, KY, MA, MI, MT, ND, NH, OH, PA, SD, TN, UT, VA, VT, WA, WI, WV) use monitoring site visits.

In **Colorado**, centers are visited every 1 to 2 years by different regulatory agencies. Licensing staff conducts unannounced visits, determined by a risk-based model. Visits occur on a time interval from once a month to once every 3 years.

¹³ In Arizona, only family child care providers and in-home providers are required to report serious injuries. There are no reporting requirements for child care centers, group homes or noncertified relative providers.

¹⁴ In Connecticut, child day care centers and group day care homes do not have specific reporting requirements unless it is deemed a report of abuse, neglect or reportable disease and laboratory finding. Family child care providers are required to report serious injuries.

In **Tennessee**, unregulated family home providers exempt from licensing and participating in the assistance program are subject to an initial home inspection then an annual home inspection for basic health and safety conditions. For agencies licensed by the State, health and safety requirements are enforced in a variety of ways. Licensing staff investigates all complaints, and all agencies receive between four and six announced visits and one unannounced visit each year.

Twenty States (CA, HI, IN, KS, MA, MI, MS, NE, NH, NM, NY, OH, SD, TN, TX, UT, VA, VT, WA, WI) use complaint investigations.

As required by law, the **Michigan** Department of Human Services Division of Child Day Care Licensing monitors each provider annually to ensure quality standards are met. The Lead Agency investigates complaints related to alleged licensing rule and act violations.

Vermont responds to complaints from parents, staff and community members with in-person investigative visits by licensing staff.

Fourteen States (AZ, CA, IA, IN, KS, LA, MA, MO, NH, PA, VA, WA, WI, WV) initiate corrective action including denying, revoking, suspending or issuing probationary licenses.

The **Missouri** discipline process for providers who do not correct rule violations may include suspension, probation, denial or revocation of the license or seeking injunctive relief through the circuit court in cases of imminent bodily harm to children in care.

New Hampshire licensed child care providers found to be in violation of critical rules or laws are issued a Statement of Findings and must submit a written corrective action plan, including a date by which the violation will be corrected. The Department of Health and Human Services determines critical rules to be those for which noncompliance has the greatest potential to jeopardize the health, safety or well-being of the children in care.

Twelve States (AR, CA, CO, DE, IL, MO, MT, NC, OR, VT, WA, WV) require fire, sanitation, building or health inspections in addition to licensing inspections.

In **North Carolina**, sanitation inspections in centers are performed twice a year by environmental health specialists. Fire inspections are performed annually in centers by the local fire inspector or fire marshal. The North Carolina Department of Insurance also developed rules for training on fire prevention. Child care centers must have an initial building inspection plus an additional inspection if major renovations or additions are made. Child care consultants may request a building inspection if it appears a building has deteriorated or there is a dangerous condition. A lead investigation can be requested to determine if there is lead-based paint.

Thirteen States (AR, CA, CO, DC, FL, MD, MI, MT, NH, NY, PA, VT, WV) describe licensing processes and requirements.

In **Maryland**, all child care health and safety requirements are specified in State licensing regulations. These requirements are listed on child care licensing inspection forms, which are used for all inspections of licensed child care facilities. During an inspection, assessment of compliance with these requirements is made through direct observation and review of applicable documentation maintained on file at the facility.

Twelve States (AZ, CA, DE, GA, IA, KY, MA, NC, SC, VT, WA, WI) offer technical assistance to providers.

Technical assistance is provided by Licensing Specialists in **Delaware** to ensure health and safety requirements are enforced effectively. This may occur on an as-requested basis or during announced or unannounced visits. Training sessions are offered throughout the year, some of which address these issues.

In **Georgia**, child care providers are linked to local agencies that can offer onsite technical assistance to meet standards. The local agencies include child care resource and referral agencies, child care health consultants and various technical assistance projects that assist programs working to meet standards.

Eight States (AZ, CA, DE, MA, MI, NC, WA, WI) conduct orientations, meetings or trainings.

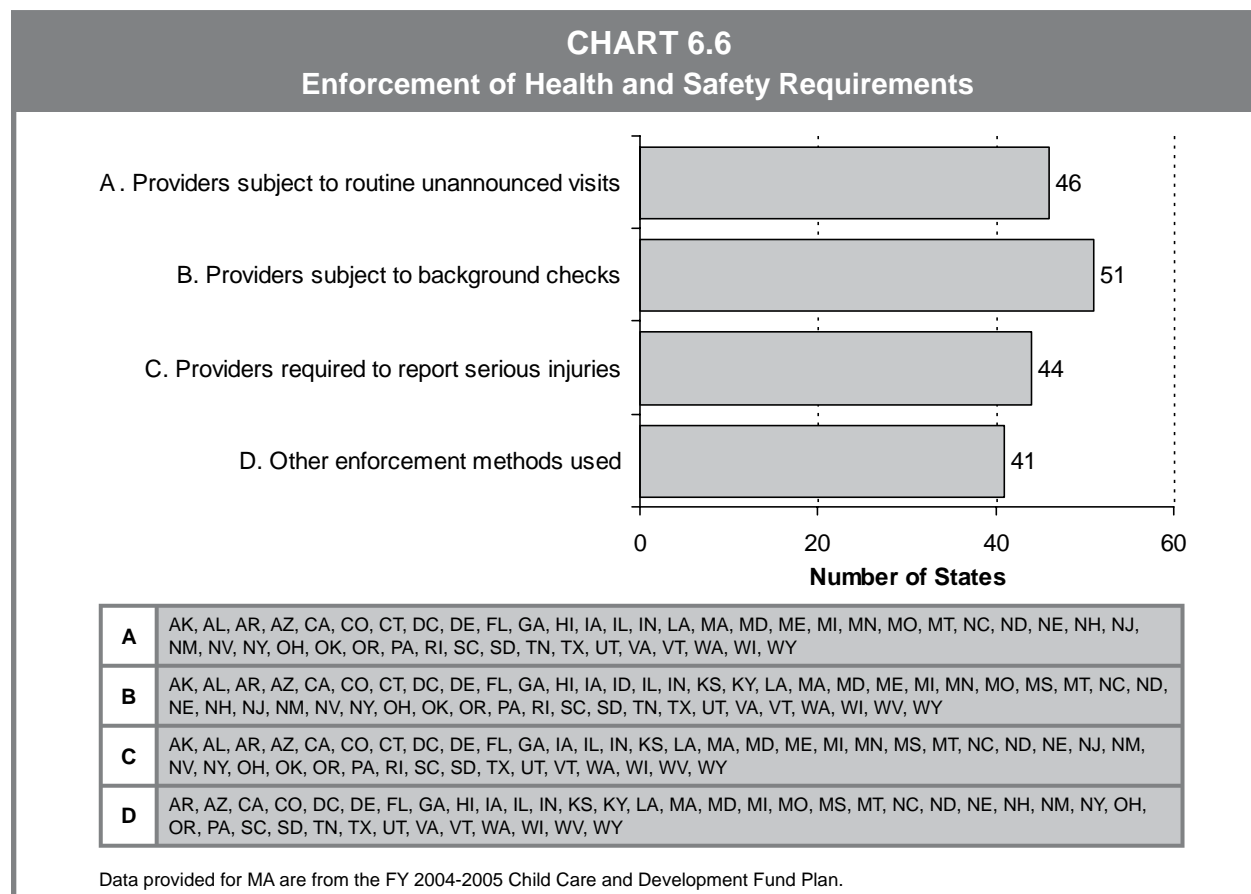
In **Wisconsin**, licensing specialists and certification specialists speak at provider support group meetings, training events and conferences about licensing and certification rules and health and safety issues.

Six States (CA, DC, IN, KS, MO, WV) impose fines or bring civil or criminal actions to ensure enforcement of health and safety requirements.

Statutes authorize the **Kansas** Department of Health and Environment to enforce compliance through correction orders, denials, revocation, civil penalty up to \$500 per day, emergency suspension and injunction. The Department of Health and Environment employs a full-time child care attorney to litigate orders. Approximately 30 percent (annually) of the regulated child care community is issued enforcement action. Administrative procedures are established and followed.

West Virginia law allows certain penalties for failure to comply with State code requirements with regard to operation of a child care program. If a child care center is operating without a license when a license is required, the operator is guilty of a misdemeanor and, upon conviction, is punished by imprisonment not exceeding 1 year, or a fine of not more than \$500, or both. If a family day care provider operates without certification when certification is required, the provider is guilty of a misdemeanor and, upon conviction, is punished by a fine of not more than \$500. If a violation may result in serious harm to children in care, the licensing agency also may seek injunctive relief against a program.

Chart 6.6 shows the methods used by States to ensure providers of child care services comply with all applicable health and safety requirements.



Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

- *Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).*
- *Children who receive care in their own homes.*
- *Children whose parents object to immunization on religious grounds.*
- *Children whose medical condition contraindicates immunization.*

Most States offer exemptions from immunization requirements based on children’s medical conditions that contraindicate immunization and parent objections on religious grounds.

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) exempt children whose medical condition contraindicates immunization.

Forty-nine States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) exempt children whose parents object to immunization on religious grounds.

Sixteen States (AK, AL, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, OK, PA, TX, WA) exempt children who receive care in their own homes.

Fifteen States (AL, AZ, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, PA, TX, WA) exempt children who are cared for by relatives, defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles.

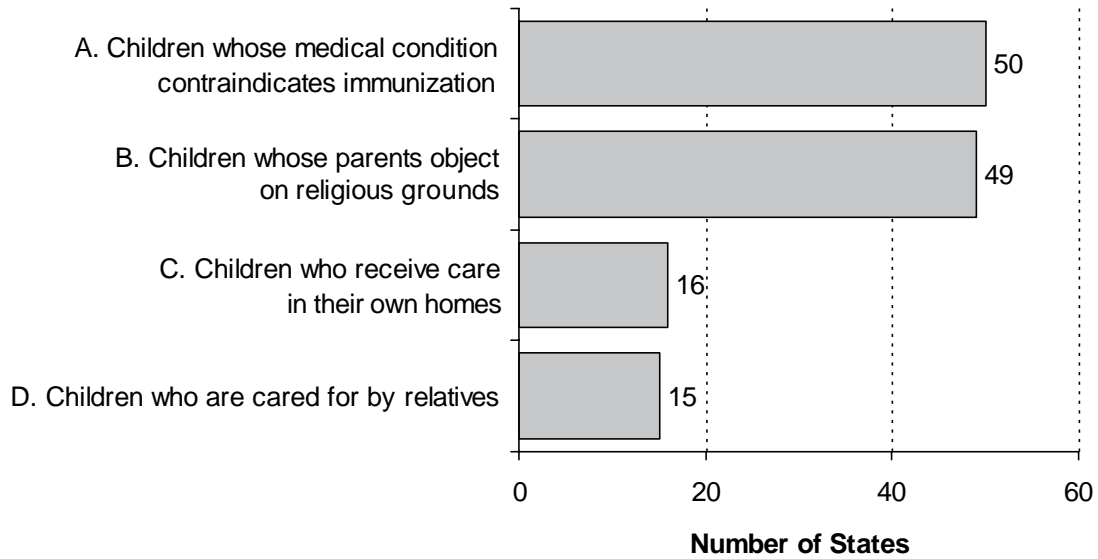
One State (MS) does not exempt children from immunization requirements.

In **New Jersey**, if a child's parent objects to a physical examination, immunization or medical treatment for his or her child on grounds that it interferes with the free exercise of the child's religious rights, the center or family child care home must admit the child, provided the parent submits a signed written statement upon the child's admission. If immunizations are contraindicated for medical reasons, the center or family child care home may choose to admit the child, provided the parent submits a written statement from a licensed physician.

In **Ohio**, immunization requirements may be waived for religious reasons by the Ohio Department of Job and Family Services Director upon submission of the parent's written request, or for medical reasons upon submission of a statement signed by a licensed physician. The parent's request and the County Director's waiver must be on file at the Ohio Department of Job and Family Services and the Director must give a copy to the provider. The waiver request and approval must be updated annually by the parent and the Director.

Chart 6.7 shows the conditions under which States grant children exemptions from immunization requirements.

CHART 6.7
Conditions Under Which States Grant Exemptions
from Immunization Requirements



A	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
B	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
C	AK, AL, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, OK, PA, TX, WA
D	AL, AZ, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, PA, TX, WA

Data provided for MA are from the FY 2004-2005 Child Care and Development Fund Plan.

