

## PART VI – HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

*The National Resource Center for Health and Safety in Child Care (NRCHSCC) 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/>.*

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

*(658E(c)(2)(F), §§98.41, §98.16(j))*

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

The number of States requiring all center-based providers to meet licensing requirements under State law has remained relatively constant since the 2002-2003 Plan Period.

- Twenty-five States (AK, AZ, AR, DE, DC, GA, ID, IA, KS, KY, ME, MD, MA, MS, MT, NE, NJ, NM, NC, OH, OK, PA, SC, SD, VT) *require* all center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.
- Twenty-six States (AL, CA, CO, CT, FL, HI, IL, IN, LA, MI, MN, MO, NV, NH, NY, ND, OR, RI, TN, TX, UT, VA, WA, WV, WI, WY) *do not require* all center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

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

- School-based centers operated by school districts (seven States: CA, FL, LA, MI, UT, VA, WA)
- Military-based centers (four States: AZ, MI, TX, WA)
- On-site drop-in centers (three States: CO, MI, WI)
- Religious-exempt centers (three States: AL, CO, FL)
- Tribal centers (three States: AZ, MI, WA)
- Summer camps (RI and TN)
- Head Start (CO and ND)
- Boys and Girls Club operated school-age centers (NV)
- Centers that operate less than four hours (AL)

*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))*

- Thirteen States (AL, AR, CO, FL, ME, MT, NJ, NM, OH, OK, TN, TX, WV) *have* modified staff-child ratios, group size, or staff training licensing requirements since approval of their last State Plan.
- Ten States (AL, CO, FL, ME, MT, NJ, OH, OK, TX, WV) *have* modified staff training requirements.
- Two States (TN and WV) *have* modified staff-child ratios and group size.
- One State (AR) *has* modified group size.
- One State (OK) *has* modified ratios by redefining age of infant.
- One State (NM) *has* defined number of children counted in licensed capacity.
- Thirty-eight States (AK, AZ, CA, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, NE, NV, NH, NY, NC, ND, OR, PA, RI, SC, SD, UT, VT, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training licensing requirements since approval of their last State Plan.

## **Section 6.2 – Health and Safety Requirements for Group Home Providers**

*(658E(c)(2)(F), §§98.41, 98.16(j))*

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

- Thirty-eight States (AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, MA, MS, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV) *require* all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.
- Three States (AL, MI, WY) *do not require* all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.
- Ten States (AR, DC, IN, LA, ME, MD, MN, NJ, WA, WI) *do not* have a group home category.

*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))*

- Eight States (AL, FL, IA, MN, MT, NC, OR, TX) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.
- Six States (AL, FL, MT, NM, OH, OR) *have* modified staff training requirements.

- One State (NM) *has* defined number of children counted in licensed capacity.
- One State (TX) *has* changed regulations to give existing group homes the option of becoming either a child care home or a child care center.
- One State (IA) *has* changed child care home registration rules from seven categories to three levels of Child Development Homes.
- Thirty-three States (AK, AZ, CA, CO, CT, DE, GA, HI, ID, IL, IN, KS, KY, MA, MI, MS, MO, NE, NV, NH, NY, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WV, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

### **Section 6.3 – Health and Safety Requirements for Family Providers**

*(658E(c)(2)(F), §§98.41, 98.16(j))*

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

- Sixteen States (AZ, CT, DE, DC, GA, KS, ME, MD, MA, MS, MT, NC, OH, OK, VT, WA) *require* all family child care homes to be licensed under State law as reflected in the NRCHSCC’s compilation.
- Thirty-five States (AL, AK, AR, CA, CO, FL, HI, ID, IL, IN, IA, KY, LA, MI, MN, MO, NE, NV, NH, NJ, NY, NC, ND, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY) *do not* require all family child care homes to be licensed under State law as reflected in the NRCHSCC’s compilation.

*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))*

- Twelve States (AL, FL, IA, KY, LA, MT, NM, OH, OR, TX, UT, WV) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.
- Ten States (AL, FL, IA, LA, MT, NM, OH, OR, TX, WV) *have* modified staff training requirements.
- Two States (KY and UT) *have* modified ratio/group size requirements.
- Thirty-nine States (AK, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, KS, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OK, PA, RI, SC, SD, TN, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

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

*(658E(c)(2)(F), §§98.41, 98.16(j))*

*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?*

- Four States (AZ, MS, OH, VT) *require* all in-home providers to be licensed under State law as reflected in the NRCHSCC's compilation.
- Forty-seven States (AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) *do not* require all in-home providers to be licensed under State law as reflected in the NRCHSCC's compilation.

*Have in-home 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?*

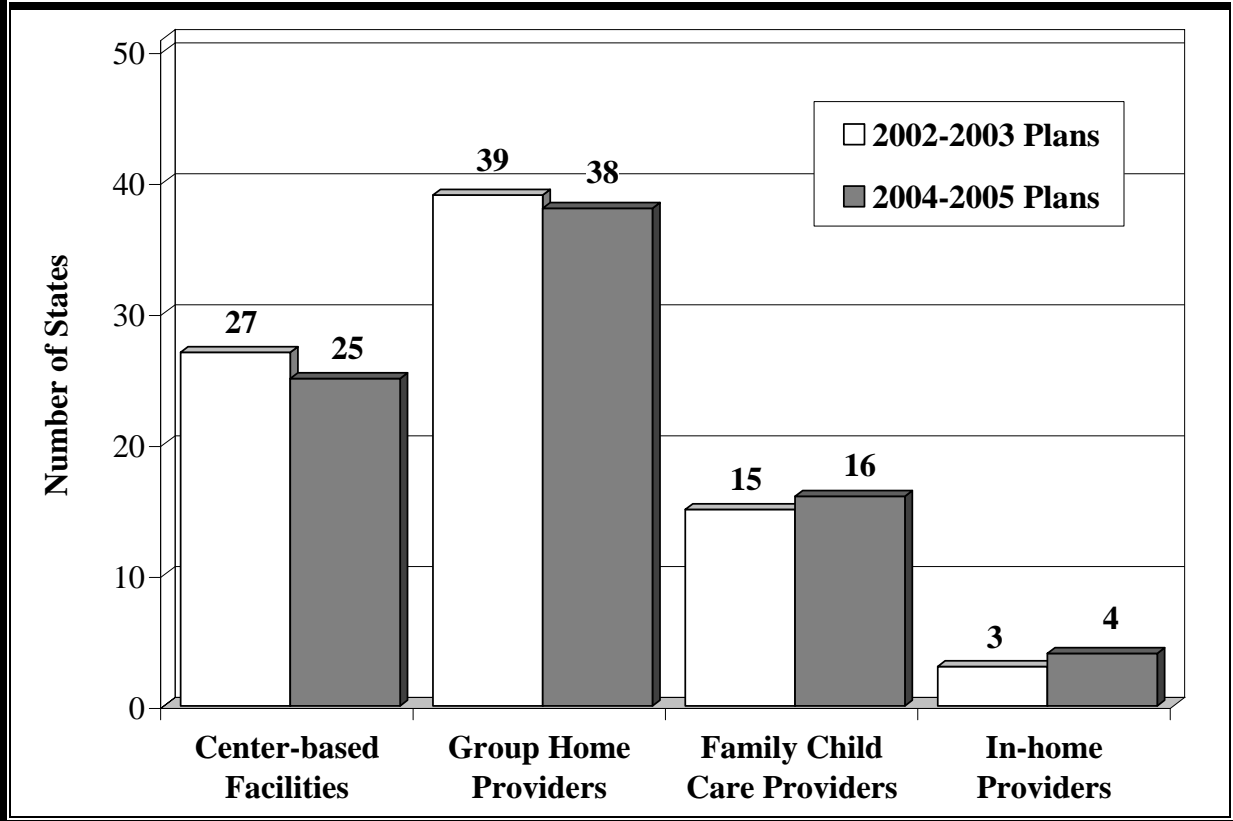
- Three States (KY, OH, WV) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

**Kentucky** modified staff-child ratio requirements.

**Ohio** added staff training requirements for in-home providers.

- Forty-five States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SC, SD, TN, UT, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.
- Two States (RI and TX) reported their definitions of in-home providers are *not* included in licensing regulations.

**CHART 6.1-6.4**  
**NUMBER of STATES REQUIRING FACILITIES PAID with**  
**CCDF FUNDS to MEET LICENSING REQUIREMENTS**



Source: Information compiled from State CCDF Plans, FY 2004-2005.

*For that care (center-based, group home, family home, and in-home) 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, and health and safety training:*

States use a number of approaches to address health and safety requirements in center-based, group home, family home, and in-home child care.

States indicated the following requirements for center-based care that is not licensed:

- Twelve States (CO, FL, IL, MI, MN, MO, OR, RI, UT, WA, WI, WY) indicated that they rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.
- Twelve States (CT, IL, IN, MN, MO, NY, OR, RI, UT, VA, WV, WY) indicated that centers must meet immunization requirements.

- Ten States (AZ, CA, CO, FL, LA, MI, MN, NV, TX, WA) indicated that nonlicensed centers meet requirements of another oversight agency.

In **California**, staff in licensed exempt programs operated by public or private schools are required to meet the same standards as staff in licensed facilities.

- Seven States (AL, CT, HI, TN, UT, VA, WY) *require* centers to self-certify compliance with prevention and control of infectious disease, building and physical premises safety, and health and safety requirements.
- Six States (FL, MI, MN, NY, OR, WV) *require* criminal background checks.
- Five States (HI, MO, NH, NY, WY) provide centers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.
- Five States (AL, IL, NH, OR, UT) notify centers of training opportunities and encourage center staff to attend.
- Four States (IN, VA, WV, WY) *require* CPR/First Aid training.
- Three States (IL, IN, WI) *require* verification of tuberculosis tests.
- Three States (VA, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.

**Examples of Health and Safety Standards Required Center-Based Care that is NOT Licensed:**

- ◆ Hand washing procedures
- ◆ Hazardous materials storage
- ◆ Working telephones
- ◆ Documented fire drills
- ◆ Smoke detectors and fire extinguishers
- ◆ Cushioned materials under playground equipment
- ◆ Transporting vehicles in compliance with applicable laws

In **West Virginia**, center staff must complete three hours of health and safety training annually. Also, at least one staff person must have 10 hours of training in child development and/or curriculum development related to school-age care.

**Washington** requires seasonal day camp programs to be accredited by the American Camping Association.

In **Wisconsin**, only on-site drop in centers are exempt from licensing. Health and safety requirements

include: 1) directors must have at least one year of experience with preschool or school-age children or have completed 36 hours (or three credits) of approved training; 2) program leaders must have completed high school and 10 hours of approved training; 3) program assistants must have completed 10 hours of approved training; 4) all staff have completed

Sudden Infant Death Syndrome (SIDS) prevention training; and 5) the center must hold an orientation session for all new staff.

States indicated the following requirements for group home care that is not licensed:

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

**Wyoming** indicated that group homes must meet immunization requirements, and that it provides group homes with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety. Wyoming requires CPR/First Aid training.

States indicated the following requirements for family home care that is not licensed:

- Twenty-four States (AK, AR, CO, FL, IL, IN, IA, KY, LA, MN, MO, NE, NV, NJ, NM, NY, OR, RI, SC, SD, UT, VA, WV, WY) indicated that family homes must meet immunization requirements.
- Twenty-three States (AL, AK, AR, CA, CO, HI, ID, KY, LA, MD, MI, MS, MO, MT, NJ, PA, RI, SC, SD, TN, UT, VA, WY) *require* family homes to self-certify compliance with prevention and control of infectious disease, building and physical premises safety, and health and safety requirements.
- Fifteen States (AR, HI, IA, LA, MD, MS, MO, NE, NV, NH, NY, PA, SD, WI, WY) provide family homes and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.
- Twelve States (AL, CA, IL, LA, NE, NH, NJ, OR, PA, SD, UT, VA) notify family homes of training opportunities and encourage providers to attend.
- Ten States (CA, FL, KY, LA, MI, MN, MO, NY, OR, WV) *require* criminal background checks.
- Nine States (AR, ID, IN, IA, KY, LA, SC, WV, WY) *require* CPR/First Aid training.
- Eight States (AR, FL, IA, KY, LA, SD, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.
- Five States (AR, IL, LA, MN, UT) rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.
- Five States (IN, KY, MI, SC, SD) *require* verification of tuberculosis tests.
- Two States (MI and RI) *require* attendance at health and safety orientations.

- One State (AZ) indicates family homes meet requirements of another oversight agency.
- In five States (AR, IL, IA, LA, WV), physical exams or health statements are *required* on a periodic basis.

**Examples of Health and Safety Standards  
Required Family Home Care that is NOT  
Licensed:**

- ◆ Hand washing procedures
- ◆ Hazardous materials storage
- ◆ Working telephones
- ◆ Documented fire drills
- ◆ Documented emergency plans
- ◆ Smoke detectors and fire extinguishers
- ◆ Cushioned materials under playground equipment
- ◆ Transporting vehicles in compliance with applicable laws
- ◆ Certification that unsafe/recalled products have been removed
- ◆ Reporting suspected child abuse
- ◆ Running water/water is tested annually
- ◆ Fenced play areas
- ◆ First Aid supplies

In **California**, nonrelative exempt home providers must submit a Trustline application and complete a background check.

**Nevada** uses contractor quality assurance staff to complete a home inspection within 45 days of registration. Also, contractors provide training materials and access to a video training series. Trained consultants help providers improve health practices and mental health consultants work with providers who care for children with behavioral or emotional difficulties.

**Oregon's** policy includes a higher reimbursement rate and more flexible billing practices if exempt home providers participate in training on health and safety practices and on recognizing child abuse and neglect.

In **Texas**, standards for registered homes are essentially the same as for licensed homes.

**Virginia** has three levels of nonlicensed family child care homes: voluntary, local agency approved, and unregulated. Health and safety requirements differ among the three levels. The unregulated-level provider attests to compliance with regulations.

In **Wisconsin**, exempt home care is limited to situations such as short-term care when a child is ill and cannot remain with the certified or licensed provider, or when the certified or licensed provider has an emergency. Certified homes must comply with health and safety requirements, including an on-site monitoring visit and completion of 15 hours of approved training.



For in-home care that is not licensed, States may require health and safety precautions as a condition of receipt of CCDF funds:

- Twenty-seven States (AL, AR, CO, DE, DC, FL, GA, IL, IN, IA, KY, LA, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, SD, UT, VA, WV, WY) indicated in-home providers must meet immunization requirements.
- Twenty-one States (AR, CT, DE, DC, HI, LA, ME, MD, MA, MI, MO, NE, NV, NH, NM, NY, OK, PA, SD, WI, WY) provide in-home providers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.
- Thirteen States (AL, IL, LA, MI, MT, NH, NJ, NM, OR, PA, SD, UT, VT) notify in-home providers of training opportunities and encourage providers to attend.
- Twelve States (AK, AR, DC, FL, GA, IA, KY, MA, OK, SD, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.
- Eleven States (CA, CT, DE, FL, KY, MA, MI, MN, NC, WA, WV) *require* criminal background checks.
- Eight States (IN, KY, MO, NM, NC, SD, VA, WI) *require* verification of tuberculosis tests.
- Eight States (AR, IN, IA, KY, MA, NC, WV, WY) *require* CPR/First Aid training.
- Three States (IL, MN, UT) rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.
- Three States (DE, MA, MT) *require* attendance at health and safety orientations.
- In three States (AK, NM, WA), parents are required to attest to and/or verify compliance with health and safety requirements.
- In four States (AR, IL, IA, WV), updated physical exams or health statements are required on a periodic basis.
- In one State (CA), nonrelative in-home providers must submit a Trustline application and complete a background check.

**Examples of Health and Safety Standards Required  
In-home Care that is NOT Licensed:**

- ◆ Hand washing procedures
- ◆ Sanitary diapering procedures
- ◆ Hazardous materials storage
- ◆ Working telephones
- ◆ Documented fire drills
- ◆ Documented emergency plans
- ◆ Smoke detectors and fire extinguishers
- ◆ Adequate exits
- ◆ Transporting vehicles in compliance with applicable laws
- ◆ Reporting suspected child abuse
- ◆ Running water
- ◆ Fenced play areas
- ◆ First Aid supplies

The **District of Columbia** requires providers and parents to present proof of annual health exams.

In **Georgia**, 20 percent of in-home providers are monitored annually. In addition, eight hours of health and safety training is required during the first six months of each enrollment period.

**Michigan** provides an incentive payment of \$150 to encourage in-home providers to participate in health and safety training through the Michigan 4C Association.

**Nevada** makes training videos available at libraries.

In **Oklahoma**, in-home providers must complete a

minimum of six hours of training within 90 days of being approved to provide child care. In addition, an add-on special needs rate is available for providers who are certified in First Aid and infant and child CPR and who receive an on-site consultation related to a child's disability and the development of a child care plan. Also, the provider must also agree to complete six additional hours of training on caring for children with disabilities within six months of being approved.

**Oregon's** policy includes a higher reimbursement rate and more flexible billing practices if exempt home providers participate in training on health and safety practices and on recognizing child abuse and neglect training.

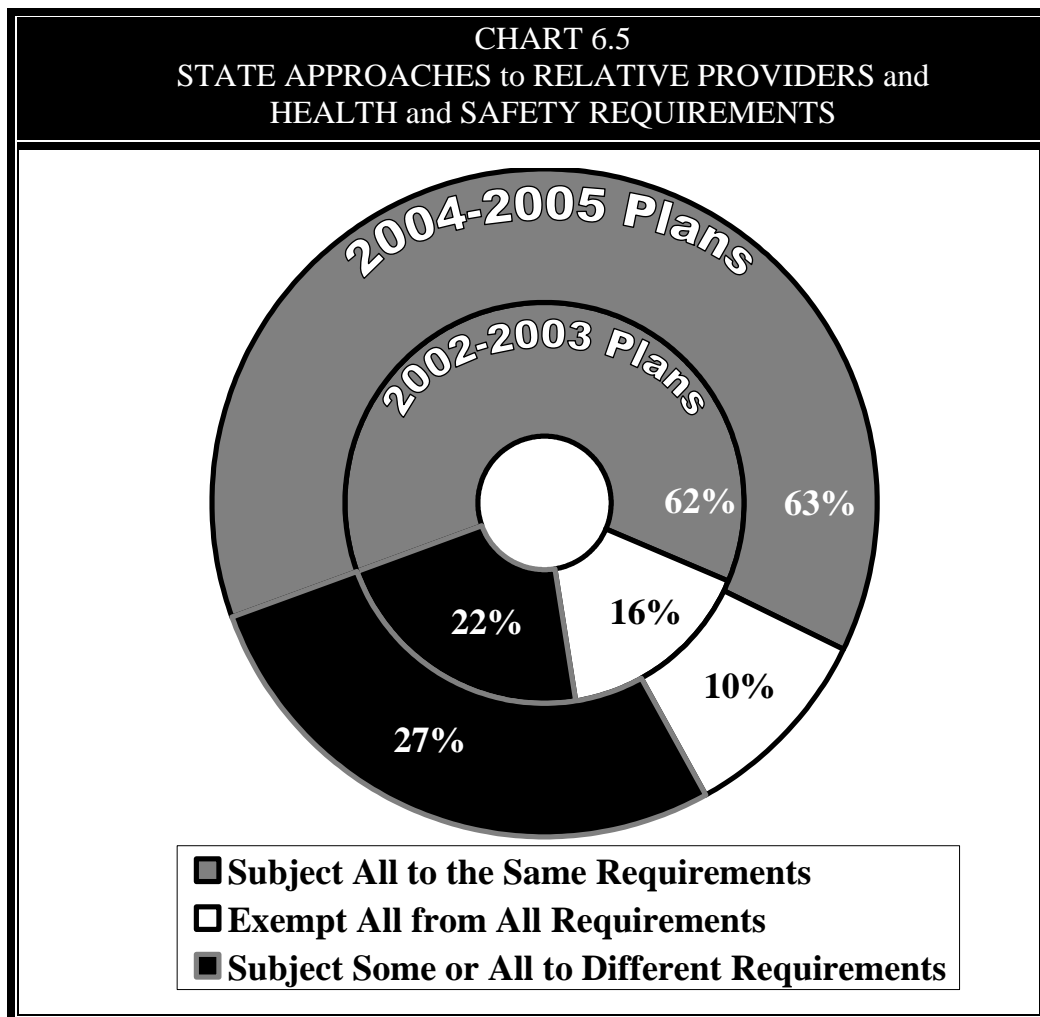
**Wisconsin** requires in-home providers to become certified, which includes a home monitoring visit to evaluate compliance with prevention and control of infectious disease and building and physical premises safety. During the visit, information on health and safety is provided. In addition, completion of SIDS training is mandatory and the "regularly" certified providers must complete 15 hours of training.

## **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:

- Thirty-two States (AK, AR, CT, DE, DC, GA, HI, ID, IL, IN, IA, KY, LA, MD, MN, MS, MO, MT, NE, NV, NH, NJ, NY, OK, OR, PA, SC, UT, VT, WA, WI, WY) *subject all* providers to the same health and safety requirements as described in Sections 6.1–6.4.
- Fourteen States (AZ, CA, CO, FL, KS, MA, NM, NC, OH, 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.
- Five States (AL, ME, MI, ND, TX) *exempt all* relative providers from all health and safety requirements.



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Since the last State Plan summary, fewer States are exempting all relative providers from health and safety requirements.

## 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:*

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

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

The States reported the following frequency of unannounced visits:

- One State (TN) conducts six unannounced visits each year of licensed facilities. In addition, unregulated providers are scheduled for one visit annually.
- Two States (AR and OK) conduct three visits a year.

In **Arkansas**, both licensed and registered providers are visited three times each year.

- Five States (AR, FL, MO, NE, NV) conduct two visits a year.

In **Arizona**, centers and group homes are visited twice each year. Family homes are visited once each year, and in-home care is visited with permission from the parent(s).

In **Missouri**, licensed family homes, group homes, and centers receive two unannounced visits per year. Licensed-exempt facilities receive annual announced health and safety, fire safety, and sanitation inspections.

In **Nebraska**, centers and preschools licensed for 30 or more children receive two unannounced visits each year, while other centers, preschools, and family child care homes are visited once each year.

In **Nevada**, both licensed and registered providers are visited twice each year.

- One State (WA) conducts one visit every 18 months.
- Twenty-seven States (CA, DE, DC, GA, HI, IL, IN, IA, KY, LA, MA, MT, NJ, NM, NC, ND, OH, OR, PA, SC, SD, TX, UT, VA, VT, WI, WY) conduct one visit each year.

In **California**, centers are visited once each year, while homes are visited once every three years.

In **Georgia** centers are visited once a year; random samples of 20 percent of family homes are visited annually.

In **Indiana**, licensed centers also receive unannounced visits on an annual basis by health and fire marshal staff. Registered Ministries receive quarterly unannounced visits by health staff and annual visits by fire marshal staff.

In **Montana**, centers receive one unannounced visit each year. Random samples of 20 percent of family homes are visited annually.

In **New Jersey**, registered homes are visited by sponsoring organizations. The Lead Agency monitors the sponsoring organizations and conducts random inspections of homes. Sponsoring organizations monitor providers at least once every two years.

In **Ohio**, licensed facilities and certified homes are visited twice each year—once unannounced and once announced.

In **Pennsylvania**, a percentage of centers and homes are visited each year.

In **South Dakota**, licensed facilities are visited once each year, and registered facilities are visited once every two years.

In **Texas**, licensed facilities are visited once each year and registered homes are visited once every three years.

In **Vermont**, licensed facilities are visited once each year and 15 percent of registered homes are visited annually.

In **Virginia**, one visit each year is unannounced and one is announced.

In **Wisconsin**, large centers are visited two times each year.

- Two States (CT and MD) conduct one visit every two years.

In **Maryland** family homes are visited once every two years. Random samples of 20 percent of centers are visited annually, unannounced.

- One State (NH) conducts one visit every three years.
- Sixteen States (AZ, AR, IN, IA, KY, ME, MT, NV, NJ, NM, NY, SC, SD, TX, VT, WI) monitor both licensed and registered child care facilities.

Other methods of unannounced visits include:

**Colorado's** visit frequency of licensed facilities is determined by a risk-based schedule.

In **Michigan**, visits may be scheduled or unscheduled. Centers and group homes are visited every other year. Random samples of 10 percent of family homes are visited every year.

In **Minnesota**, each county determines the frequency of unannounced visits.

In **New York**, 50 percent of registered homes are visited each year.

- Three States (ID, KS, WV) report child care providers are not subject to unannounced visits.

**West Virginia** indicated that centers licensed for 13 or more children typically receive one unannounced visit annually. All other licensed, certified, or registered providers may be subject to unannounced visits at the discrepancy of regulatory specialists.

*Are child care providers subject to background checks?*

- All 50 States and the District of Columbia subject child care providers to background checks.
- Twenty-six States (AZ, AR, CA, CO, DE, FL, HI, ID, KY, MD, NJ, NM, NY, OH, OK, OR, PA, SC, TX, UT, VT, VA, WA, WV, WI, WY) conduct State criminal background checks.
- Fourteen States (AZ, AR, CO, DE, FL, HI, ID, MD, NM, OR, PA, SC, UT, WA) *required* both State and national or FBI criminal background checks.
- Nineteen States (AL, CT, DC, GA, IA, KS, LA, MA, MI, MN, MS, MO, MT, NE, NV, NH, NC, RI, TN) *did not* specify the type of background check required.
- Twenty-seven States (AZ, AR, CA, CO, DE, FL, HI, ID, IL, IN, IA, KY, MD, NE, NJ, NM, ND, OR, PA, SD, UT, VT, VA, WA, WV, WI, WY) *require* child abuse registry checks.
- Thirteen States (AZ, AR, CO, DE, FL, HI, ID, MD, NM, OR, PA, UT, WA) *require* State, national, or FBI, and child abuse registry checks.
- Fifty States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) indicate background checks are conducted on licensed providers.
- Twenty-eight States (AK, AZ, CA, CT, FL, GA, HI, IN, IA, KY, MA, MI, MN, MT, NE, NJ, NM, NC, ND, OR, PA, RI, SC, SD, TX, VA, VT, WV) indicate background checks are conducted on both licensed and registered providers.
- Ten States (AZ, CA, DC, ID, KS, MD, MO, NE, NY, WA) subject volunteers to background checks.
- Five States (KS, MN, RI, TX, WV) subject providers to background checks on a scheduled basis.

**Kansas** subjects providers to background checks every year; **Minnesota, Rhode Island, Texas,** and **West Virginia** subject providers to background checks every two years.

- Three States (IA, NE, ND) check sexual offender registries.
- In one State (CO), subsequent arrests are flagged.
- In one State (DE), an automated procedure alerts unit staff of subsequent arrests.
- In one State (NV), parents make decisions on whether or not their selected registered provider is subject to background checks.
- In one State (NJ), an electronic fingerprinting system called “Live-Scan” is used. Automatic notification is sent by the State Police of subsequent crimes.

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

**Connecticut** requires family homes to report serious injuries within 24 hours. Centers and group homes do not have reporting requirements unless it’s a report of abuse/neglect or reportable disease and laboratory finding.

**Tennessee** requires documentation of injuries. Serious injuries must be reported to parents no later than the end of the day in which the injury occurred. Unregulated providers are not required to report serious injuries.

- Seven States (HI, ID, IN, MO, NH, SD, VA) *do not require* child care providers to report serious injuries while a child is in care.
- Five States (IL, KS, KY, MA, MN) *require* providers to report serious injuries immediately.
- Fourteen States (AL, CA, CT, DE, DC, GA, KS, LA, MD, NJ, OK, UT, WV, WY) *require* providers to report serious injuries within 24 hours.

In **West Virginia**, family providers are required to report serious injuries within 24 hours. Registered family homes must immediately report serious injuries. Centers are required to report serious injuries. School-age and in-home providers are not required to report.

- Four States (AR, TX, VT, WI) *require* providers to report serious injuries within 48 hours.

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

- Thirty-nine States (AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MI, MO, MT, NE, NH, NM, NY, NC, ND, OH, OR, PA, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY) reported other methods to ensure effective enforcement of health and safety requirements.
- Twenty-one States (CA, CO, FL, HI, IL, IN, KS, KY, MA, MI, MO, MT, NM, OH, SD, TN, VT, VA, WA, WI, WV) indicated monitoring site visits to ensure enforcement of health and safety requirements.
- Seventeen States (HI, ID, IL, IN, KS, MI, NH, NM, NY, OH, SD, TN, VT, VA, WA, WV, WI) reported complaint investigations to ensure enforcement of health and safety requirements.
- Twelve States (AZ, CA, GA, ID, IA, NC, SD, VT, VA, WA, WI, WY) offer technical assistance to providers.
- Twelve States (CO, DC, IL, MO, MT, NE, NC, OR, VT, SA, WA, WV) cited fire, sanitation, building, or health inspections assisted in enforcing health and safety requirements.
- Eight States (CA, DC, KS, LA, MA, MO, PA, WV) initiate corrective action procedures including denying, revoking, suspending, or issuing probationary licenses.
- Seven States (AZ, CA, MA, MI, VT, WA, WI) conduct orientations, meetings, or trainings for providers.
- Six States (AR, CO, DE, LA, MI, NH) described licensing processes and requirements.
- Four States (CA, DC, KS, WV) reported imposing fines or civil or criminal actions as methods to ensure enforcement of health and safety requirements.

In **Georgia**, the Child and Adult Care Food Program reviews and provides technical assistance to providers enrolled in the program. Resource and referral agencies and Child Care Health Consultants also provide on-site technical assistance.

In **Iowa**, home and health consultants, through the resource and referral system, work in partnership with regulators to monitor, provide technical assistance, and enforce issues of noncompliance.

In **Louisiana**, family home providers, public and nonpublic schools, and in-home providers are permanently terminated at the close of business on the first working day after receiving verification of: 1) an existing condition that threatens to create undue risk of harm to any child; 2) any violation of the provider agreement; or 3) the provider has more than six children in care.



**Massachusetts** offers various training opportunities for providers, including new provider meetings, license renewal meetings for group child care directors, regional advisory meetings, training on specific health or safety requirements, and “Working Together” meetings including providers, Lead Agency staff, and resource and referral agencies’ staff.

**New Mexico** has hired private investigators to conduct complaint investigations to ensure timely and thorough investigations are completed.

**Oregon** checks police records on a quarterly basis for additional convictions.

In **Tennessee**, independent assessment personnel evaluate child care programs under the Star Quality Child Care Program once a year.

In **Utah**, health and safety requirements are enforced by the Health Department. The Lead Agency’s Advisory Committee coordinates health and safety monitoring with the Health Department.

## **Section 6.7 – Exemptions from Immunization Requirements**

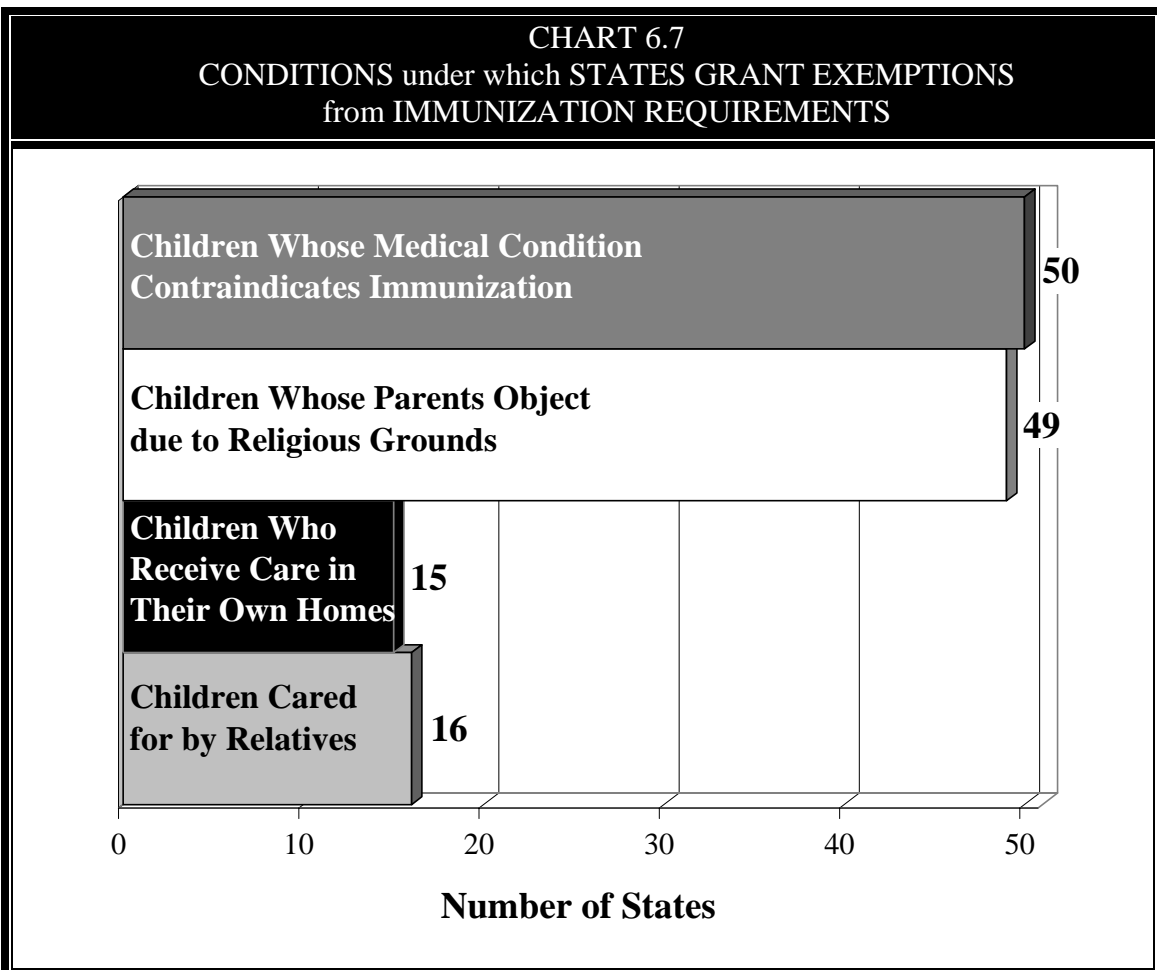
*The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))*

Most States exempt immunization requirements for children for two reasons: 1) parent objections due to religious grounds, and 2) children’s medical conditions that contraindicate immunization.

- Fifty States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) *exempt* children from immunizations whose medical condition contraindicates immunization.
- Forty-nine States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) *exempt* children whose parents object due to religious grounds.
- Sixteen States (AL, AZ, CO, DE, FL, KS, ME, MA, MI, MO, MT, NC, ND, PA, TX, WA) *exempt* children cared for by relatives from immunization requirements.
- Fifteen States (AL, AK, CO, DE, KS, ME, MA, MI, MO, MT, ND, OK, PA, TX, WA) *exempt* children who receive care in their own homes from immunization requirements.
- One State (MS) *does not* exempt children from immunization requirements.
- Thirteen States (AL, AZ, CO, DE, KS, ME, MA, MI, MO, ND, PA, TX, WA) *exempt* children from immunizations for all four reasons: 1) parent objections due to religious

grounds; 2) children’s medical conditions that contraindicate immunization; 3) children cared for by relatives; and 4) children who receive care in their own homes.

- Two States (FL and NC) *exempt* children from immunizations for the following three reasons: 1) children are cared for by relatives; 2) children’s parents object due to religious grounds; and 3) children’s medical conditions contraindicates immunization.
- One State (MT) *exempts* children from immunizations for the following three reasons: 1) children are cared for by relatives; 2) children receive care in their own homes; and 3) children’s medical condition contraindicates immunization.
- Thirty-four States (AZ, AR, CA, CT, DC, GA, HI, ID, IL, IN, IA, KY, LA, MD, MN, NE, NV, NH, NJ, NM, NY, OH, OK, OR, RI, SC, SD, TN, UT, VT, VA, WV, WI, WY) exempt children from immunizations for the following two reasons: 1) children’s parents object due to religious grounds and 2) children’s medical conditions contraindicates immunization.



Source: Information compiled from State CCDF Plans, FY 2004-2005.