

## Licensing Related Indicators of Quality Child Care

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The purpose of this article is to provide guidance for state child care agencies as they think about revising their state child care regulations. This article is based upon a research monograph completed by the author for the U.S. Department of Health and Human Services, Office of the Assistant secretary for Planning and Evaluation; and the Health Resources and Services Administration/Maternal and Child Health Bureau entitled *Thirteen Indicators of Quality Child Care: Research Update* (Fiene, 2002). That monograph is based upon a synthesis of research literature around the health and safety standards for out of home child care as found in the *Stepping Stones to Using Caring for Our Children*. Thirteen predictor licensing indicator topics and the latest pertinent research studies which pertain to these topics based upon the author's licensing indicator and licensing weighting research were delineated. Licensing weighting and indicator systems are two licensing measurement tools that have been utilized in the licensing literature for the past 20 years. These two methodologies are part of the *Licensing Curriculum* developed by the National Association for Regulatory Administration (Fiene & Kroh, 2000).

The National Resource Center for Health and Safety in Child Care utilized the two licensing measurement methodologies to develop a user friendly, shortened assistance tool based upon *Caring for Our Children: National Health and Safety Performance Standards for Out of Home Child Care*. The shortened assistance tool, *Stepping Stones to Using Caring for Our Children*, is a statistically determined version of *Caring for Our Children*, based upon the most critical standards to protect children from harm in out of home child care. Employing the indicator system methodology, the research brief *Thirteen Indicators of Quality Child Care: Research Update* built upon *Stepping Stones* by focusing on those standards that protect children from harm in child care. These standards are also key predictors regarding children's positive outcomes while in child care and are statistical indicators of overall compliance with child care regulations.

*Thirteen Indicators of Quality Child Care* updates reviews of recent research that is related to the 13 indicators that form the basis of the national database maintained at the Pennsylvania State University. The database also lists the standards from *Caring for Our Children* that correspond to the 13 indicators. The research monograph then summarizes the research that has been completed in the 1990's and identifies gaps where additional research is needed. This research base and review clearly documents the importance of the 13 indicators when determining the health and safety of young children in child care and the overall quality of a program.

The thirteen indicators are the following: prevention of child abuse, immunizations, staff child ratio, group size, staff qualifications and training, supervision/discipline, fire drills, medication administration, emergency plan/contact, outdoor playground, inaccessibility of toxic substances, and proper hand washing/diapering.

Child abuse indicator—fewer instances of abuse occur in child care programs than in homes or residential facilities. A program can do the following to help curb child abuse: increased caregiver support, such as high staff child ratios, sufficient breaks; inform caregivers of their legal responsibilities and their rights and protections under the law; focus on positive behavior; evaluate your program with feedback to staff; provide sufficient training opportunities; and offer social support, parent networking, child reading advice, & informal counseling to troubled parents.

Immunizations indicator—young children in child care face an increased risk of acquiring infectious diseases as compared to older children and adults. Immunizations help protect children both during childhood and for the rest of their lives. Reviewing and monitoring child care center records increases the reported rate of correctly immunized preschool children. Statewide systems as implemented in Pennsylvania such as ECELS TRAC developed by the Early Childhood Education Linkage System is a very effective intervention.

Staff child ratio and group size indicators—two of the best indicators for determining the quality of a child care program. These two indicators significantly effect many other health and safety issues, such as the transmission of disease being greater when there are more children and adults present. These two indicators improve the care giving behaviors of staff and the safety of children. And on the mental health and school readiness side, more secure attachments occur with higher staff child ratios and smaller group sizes.

Staff (Director and Teachers) qualifications indicators—educated and trained caregivers are more likely to promote the physical and mental health, safety, and cognitive development of children in their care. Experienced and educated directors more effectively and appropriately monitor their staff. College educated care givers encourage children more, exhibit more teacher direction, and engage in less restrictive behavior. They are more likely to continue in child care employment which impacts turnover and helps with attachment and bonding with very young children.

Staff training indicator—directors and caregivers training hours in the first year should be 30 hours per year and then 24 hours per year thereafter. Staff training programs help to reduce the transmission of infectious diseases, reduce the number of accidental injuries in child care centers, and help to better facilitate a positive learning and socialization environment. Trainings should build on one another and actively involve the participants in learning. Mentoring programs are a good example of this type of training.

Supervision/discipline—proper supervision will lessen certain behavioral problems, such as being disruptive and unruly and decrease injury rates. Discipline if used inappropriately such as controlling behaviors, punishment, verbal reprimands and corporal punishment will have children acting out and being disruptive. These types of behaviors should not be occurring in a child care program.

Fire drills indicator—children under the age of 5 are 2xs more likely to die from fire than any other childhood age group. Kids Safe program has shown to be effective way of teaching young children fire safety.

Medication administration indicator—children in child care are more likely to be taking medications because of the increased illnesses associated with being in child care. With over the counter medications written permission of the parent or guardian and instructions from a physician are required. There are many standards and licensing requirements regarding this indicator. A program must have a written policy and clear procedures on giving medicine, proper storage and have designated staff to administer.

Emergency plan/contact indicator—staff need to be prepared for emergency situations and injuries by having completed first aid and CPR training; by having emergency medical policies and procedures in place; and by having critical information on children and staff readily available in an organized, easy to use file. Accurate contact names and phone numbers, preferred hospitals, copies of insurance, parent/guardian signatures authorizing emergency care, and information on allergies should be kept as a minimum.

Outdoor playground indicator—the majority of child care injuries occur in outdoor playgrounds. Most injuries are due to falls. Lowering the height of playground equipment and providing more resilient playground surfaces can reduce injury risk in child care centers.

Toxic substances indicator—many potentially toxic material can be found in child care centers, such as pesticides, art materials, cleaning agents, fuel by products, cigarette smoke, building materials, improperly fired ceramics, and ground soil. Children differ from adults in susceptibility. There are several prevention and management of environmental hazards in the child care center that can be taken, such as know the building materials and products used within the center, eliminate hazards regularly, and be familiar with the local health department in the event that you need their assistance.

Hand washing/diapering indicator—hand washing is the single most effective way to interrupt the transmission of infectious diseases. Infrequent washing of children's or providers hands will cause higher frequency of respiratory illness. Child care programs must provide continuous training, technical assistance and mentoring assistance in hand washing procedures.

These constitute the thirteen licensing indicators that predict the overall quality of child care programs.

## References:

Fiene (2002). *13 indicators of quality childcare: Research update 2002*, US Department of Health and Human Services: Washington, DC.

Fiene & Kroh (2000). Measurement tools and system, in *Licensing Curriculum*, Minneapolis, Minnesota: National Association for Regulatory Administration.

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To order copies of *Thirteen Indicators of Quality Child Care: Research Update 2002*, contact:

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<http://aspe.hhs.gov/hsp/ccquality-ind02>