



Expand Monitoring and Technical Assistance

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About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

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By Teresa Lim and Hannah Matthews¹

To protect and promote the growth and development of very young children, providers and caregivers need to demonstrate constant vigilance over signs of potential harm and maintain clean, nurturing spaces. All babies and toddlers in child care need healthy and safe environments in which to explore and learn. To support this goal, CLASP recommends that states conduct routine monitoring of infant and toddler child care in centers and family child care settings at least twice a year, provide technical assistance to help providers with licensing compliance, and use information on provider compliance to inform parents and ensure ongoing improvements in monitoring systems and child care quality.

This document presents research supporting the recommendation to expand monitoring and technical assistance. Visit www.clasp.org/babiesinchildcare for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

What does the research say about conducting regular monitoring and providing technical assistance to child care providers of infants and toddlers?

Babies and toddlers are vulnerable to illness and injury and need providers and caregivers who are knowledgeable and can accurately and consistently implement health and safety practices to ensure their well-being. Every day, babies and toddlers rely on those who care for them to keep their environments clean,

prevent them from coming in contact with potentially dangerous objects and situations, and respond to their needs. Babies and toddlers are vulnerable to illnesses, infections, and physical injuries due to their early stage of growth and development. They are just beginning to build their immune systems. They may also not yet be able to accomplish simple functions on their own, such as holding up their heads and rolling over. Research has shown that infants and other children entering group care for the first time are more likely to be exposed to illness compared to those cared for in the home.²

Ensuring very young children stay healthy and safe every day in child care requires knowledgeable providers and caregivers and clear health and safety procedures. State child care licensing policies set out specific regulations governing procedures and practices by licensed providers to prevent illness and injury in child care settings. For example, proper sanitation practices, such as those on hand washing and diapering, and safe sleep procedures, such as requiring babies to be put on their backs to sleep to prevent Sudden Infant Death Syndrome (SIDS), are critical to preventing illness and harm.³ To protect infants and toddlers, health and safety procedures and protections that are required in child care licensing policies have to be accurately and consistently followed by providers.

Regular monitoring of child care providers that includes unannounced inspections can increase the likelihood that key health and safety regulations are implemented correctly and consistently. Some research indicates that child care providers are more likely to follow licensing regulations at all times when they are more frequently observed for compliance. For instance, researchers in one study examined the rate of unintentional injuries in regulated child care and found that requiring more than one inspection a year correlated with lower rates of fatal accidents.⁴ A state study similarly found that increasing the number of licensing inspection visits increased compliance levels among child care facilities across a select set of key safety and quality licensing regulations.⁵ Further research suggests that monitors are more likely to observe that best practices are not consistently followed when inspections are unannounced. In another state study comparing unannounced versus announced inspections, monitors

identified a greater number of areas for improvement among providers when inspections were unannounced. This was particularly the case among providers whom monitors had previously found not to be in compliance.⁶

A 1994 five-state audit by the U.S. Department of Health and Human Services Office of the Inspector General (OIG) revealed a significant number of health and safety violations among child care facilities. Unsanitary conditions and facility hazards were the top two areas of non-compliance.⁷ The OIG attributed these violations primarily to weak monitoring and enforcement practices by states. Routinely announced inspections, infrequent enforcement of sanctions for violations, lack of interagency coordination on inspections, and insufficient numbers of inspectors were some of the factors that the OIG identified as contributing to the high rate of health and safety violations.

According to an evaluation conducted by the RAND Corporation, changes in the type and frequency of monitoring played a key role in the implementation of the Military Child Care Act (MCCA) of 1989, an act recognized for significantly improving the quality of center-based care through numerous reforms to the military child care system.⁸ The MCCA focused on reforming centers; however, some changes were also implemented in family child care (FCC) programs. Among the RAND evaluation's findings, one of the major problems of the military child care system prior to the act was inconsistent enforcement of child care regulations among centers.

From Amie Lapp Payne, consultant for the National Association for Regulatory Administration in *Strong Licensing: The Foundation for a Quality Early Care and Education System – Research-Based Preliminary Principles and Suggestions to Strengthen Requirements and Enforcement for Licensed Child Care*

“Parents need to know that they can count on state licensing programs to monitor and enforce quality child care that is licensed to protect their children while promoting children’s learning and development, particularly before they enter kindergarten.”⁹

The MCCA revamped the inspection process and required four unannounced visits to each center annually. On these visits, inspectors assessed program quality using a checklist comprised of 13 indicators, including staff training, food services, program curriculum, and parent participation. To be recertified each year, MCAA required centers to address any violations identified during the inspections. It also required FCC homes to follow the newly instituted inspection and certification process.¹⁰ The RAND evaluation observed that at one Air Force base, inspectors went a step further and conducted unannounced inspections of FCC homes on a monthly basis.¹¹ Spurred on by the MCCA, the base revamped their inspection program to ensure compliance with the act. Overall, the RAND Corporation found that regular monitoring inspections, including unannounced visits, were instrumental in improving the quality of care in centers and FCC homes.¹²

Follow-up to provider training can improve routine implementation of important health and safety measures. A range of research on the implementation of health and safety measures in child care seem to indicate that including a provision in regulation or providing training without follow-up, is not sufficient to ensure accurate and consistent compliance. In one study, child care center directors received information about specific safety problems found on their playgrounds, including why they were hazardous, and they were given educational materials on child safety. Two years after the intervention, inspectors found that there was no difference in the level of safety between participating centers and a control group that did not receive the intervention.¹³ Study researchers of the study recommend further review of other approaches, such as stronger enforcement practices.

Findings from another study similarly indicate that some providers may not be applying what they learn in health and safety training to actual care routines.¹⁴ In this investigation, a group of child care providers received training on diarrheal infection prevention. After initially passing a test on this training, less than half passed the same test eight months later. Results from a different evaluation, however, suggest that follow up can help translate training on sanitation procedures into practice.

Researchers examining the effectiveness of a handwashing program found a significant decrease in diarrheal cases among two child care centers where staff received training *and* subsequent regular monitoring of their actual hand washing practices.¹⁵

In yet another evaluation, investigators examined how to improve center compliance with rules on maintaining child immunization records. Registered nurses worked with a group of child care centers to identify incomplete immunization records and inform parents to update their children's immunization forms. The nurses later followed up with the centers on the status of the incomplete records. Evaluators found a notable increase in the reported number of complete immunization records after the centers received follow-up.¹⁶

Expanded monitoring and technical assistance could make an important difference in key elements of quality infant/toddler child care.

Increasing the number of visits to child care providers can play a critical role in identifying areas that need to be addressed to protect the health and safety of infants and toddlers and providing targeted technical assistance. In an evaluation of the Military Child Care Act (MCCA) of 1989, the RAND Corporation found that the increased frequency of monitoring and use of unannounced visits brought notice to child care providers that had been struggling for years to obtain resources necessary to make facility improvements. As a result of the increased monitoring activities, providers received the attention and assistance they needed to make repairs and renovations.¹⁷ In addition to physical improvements, monitoring and technical assistance can help improve provider understanding of practices particularly important to infant/toddler care. Most child care directors interviewed in the RAND evaluation stated that the new inspection process helped to improve staff knowledge of the elements of high-quality child care. Less than 2 percent indicated that they believed the inspections did not have positive impacts.

Expanding monitoring and technical assistance for licensed providers may be particularly important to the quality of infant/toddler care. The most frequently reported complaint in the *2008 Child Care Licensing*

Study, for instance, is on provider-to-child ratios: 24 state licensing agencies report that this is the most common type of complaint filed against licensed programs.¹⁸ Licensing complaints may be filed by inspectors and/or parents and the public. Maintaining small provider-to-child ratios and group sizes is critical for the care of infants and toddlers. Research shows that lower ratios and group sizes are among the strongest predictors of positive infant/toddler caregiving.¹⁹ Providers who have fewer infants and toddlers to care for are better able to develop warm, nurturing, and responsive relationships with them. Increased monitoring and unannounced visits may help reduce violations of state regulations on ratios. In the licensing study, 15 states also report problems related to conditions of the facility and environment.²⁰ This finding is concerning since infants and toddlers are particularly vulnerable to illness and injury given their early stage of growth and development.

Monitoring requirements for Early Head Start programs include prompt follow-up reviews of program deficiencies and periodic training and support for monitoring staff. The federal Early Head Start (EHS) program for infants and toddlers recognizes the importance of routine program monitoring and technical assistance to meet standards. EHS programs are required to receive a full [compliance review](#) at least once every three years with newly designated EHS programs reviewed after one year.²¹ During full compliance reviews, monitors evaluate whether all federal Head Start Program Performance Standards for EHS are being met. Child care provided by EHS must be licensed by states and comply with the federal monitoring process. When monitors identify a deficiency in a program, a follow-up review is required to be conducted within six months of notifying the program about the problem. Monthly visits to the program are conducted until the deficiency has been corrected. Federal review teams, who receive periodic training to ensure consistency and quality across reviews, administer the compliance reviews. Teams must include individuals with knowledge in infant/toddler development when monitoring EHS.

In between full compliance reviews, each Head Start agency and delegate agency is expected to conduct a comprehensive self-assessment at least once a year and

establish a process for ongoing monitoring of their respective programs. When a full compliance review is conducted, they must explain their system or procedures for monitoring the delivery and quality of services as well as staff performance.²² This includes providing details about their methodology for ongoing monitoring, such as kinds of tools used, timeframe, and follow-up processes.

Monitoring can play a role in ensuring that programs meet and adhere to standards that are important to providing quality care. A comprehensive evaluation of EHS found that EHS programs that fully adhered to the federal Head Start Performance Standards for EHS displayed a broader range of positive child and parent outcomes compared to programs in which the standards were not as completely implemented. The evaluation concludes that implementing the standards fully and early is critical to maximizing positive child and family impacts.²³

Most states require at least one annual, unannounced inspection of child care centers, but just over half conduct full compliance reviews at least annually. In the *2008 Child Care Licensing Study* by the National Child Care Information and Technical Assistance Center (NCCIC) and the National Association for Regulatory Administration (NARA), the majority of states reported that they require at least one annual inspection of child care centers for routine compliance: 26 states require an annual inspection of child care centers; 14 states require two or more inspections a year;²⁴ seven states require inspections once every two years or less, and three states have a different policy on inspection frequency s.²⁵ Nearly all states (46) also conduct unannounced visits. More than half of these states conduct one or more routine unannounced visits per year.²⁶ A group of national organizations has created a vision for [reform of child care](#) and recommends at least two visits a year, one announced and one unannounced, for all child care centers.²⁷ Currently, only 14 states conduct inspections at least twice a year for child care centers.²⁸

States conduct full compliance reviews on a less frequent basis. During these reviews, all child care regulations are evaluated. Twenty-three states require full reviews for centers once a year; six states more than once a year. At

least 16 states have longer periods, with two or more years between full reviews.²⁹ When full reviews are not conducted, roughly half of states use abbreviated compliance forms to inspect programs.³⁰ These forms are abbreviated lists of requirements and are sometimes called indicator checklists. States have taken varying approaches in developing these forms and use them for different purposes. For instance, some states use an abbreviated compliance form when the program to be inspected has a record of compliance while others use the form in between licensing renewal visits.³¹ According to data collected by NARA and NCCIC, 27 states use abbreviated compliance forms for centers. Abbreviated compliance forms are not intended to replace full compliance reviews. Twenty states that use these forms for centers indicate they have measures in place for deciding when to change from the form to a full compliance review.³²

Fewer states require annual monitoring inspections, including unannounced visits, of licensed family child care homes compared to child care centers. Regular monitoring, including unannounced inspections, of FCC homes is critical to protecting the health and safety of infants and toddlers. Among low-income families with infants and toddlers receiving child care assistance, a substantial proportion use FCC homes for their child care arrangement. In 2008, about 38 percent of infants and 33 percent of toddlers receiving child care assistance were cared for in family/group homes.³³ A vision for [reform of child care](#) developed by a group of national organizations recommends at least two visits a year, one announced and one unannounced, for all FCC homes.³⁴

According to the *2008 Child Care Licensing Study*, roughly half of states do not even conduct at least an annual inspection of FCC homes. Twenty-five states require at least an annual routine inspection of small FCC homes, and 29 states require this of large/group FCC homes.³⁵ In contrast, more than three-quarters (40 states) require at least annual routine inspections of licensed child care centers. Fewer states also require unannounced inspections of FCC homes compared to centers. As part of routine compliance, 37 states require unannounced visits to small FCC homes and 36 states to large/group FCC

homes, while nearly all states (48 states) require this for centers.³⁶

Similar to centers, states conduct full compliance reviews of FCC homes on a less frequent basis. During these reviews, all child care regulations are evaluated. Twenty-one states require full reviews of small FCC homes at least once a year; 22 states require at least an annual full review for large/group FCC homes.³⁷ Eighteen states use abbreviated compliance forms for small FCC homes and 19 states for large/group FCC homes. Abbreviated compliance forms are not intended to be complete replacements for full compliance reviews. Thirteen states that use these forms for small FCC homes indicate that they have measures in place for deciding when to change from the form to a full compliance review.³⁸ Fifteen states have similar inspection policies for large/group FCC homes.

Some states design monitoring systems to target providers with lower levels of compliance. States use differential monitoring, also known as risk assessment monitoring or risk-based monitoring, to determine the frequency of inspections for licensed providers. In this approach, the occurrence and/or depth of monitoring are determined by an evaluation of a provider's compliance with licensing regulations.³⁹ Providers that maintain strong records of compliance are allowed fewer periodic inspections. States vary in terms of what factors are reviewed in differential monitoring and how the approach is used to ensure that providers are in compliance with licensing policies. Some states use differential monitoring when a provider is placed on a corrective action or enforcement plan, or when a particular rule violation occurs that could endanger a child's health and safety.⁴⁰ Site visits are conducted more frequently in these cases. The *2008 Child Care Licensing Study* reports that 21 states use differential monitoring with centers, and 17 states use differential monitoring with FCC homes.

Differential monitoring may be a useful tool for targeting more frequent monitoring and technical assistance to help some providers with compliance but it should not replace routine inspections of all licensed providers. At present, limited research is available on the effectiveness of the differential monitoring approach. A study on Vermont's

differential licensing system tracked the compliance records of child care centers over a five-year period, beginning in 1991 when the state implemented a new licensing system. In the new system, centers with good or excellent records of compliance were given two- or three-year licenses, while those with mediocre or poor compliance records were given one-year licenses; the frequency of inspections depended on the type of license granted to a center. Overall, the study found that upon license renewal, the compliance level of centers with good records declined, while compliance among centers with poor records improved. The study concludes that while more frequent inspections of centers with poor compliance records may be effective, centers with good compliance records also need regular attention to ensure that licensing regulations are maintained.⁴¹

On best practices for monitoring, NARA recommends that “routine monitoring inspections occur with sufficient frequency to protect consumers and to prevent or reduce compliance deterioration – at least twice-yearly, unless the agency has a reliable system to reduce the frequency of routine monitoring for stable, high-compliance facilities, provided that all facilities are inspected at least once a year.”⁴²

More than half of states weight particular regulations most critical for health and safety in assessing for risk. Thirty states have weighted/indicator licensing systems that measure the compliance level of programs based on the relative threat of harm posed by violation of a regulation.⁴³ In these systems, a regulation is rated or scored based on its relative threat of harm to children. Violations of some regulations pose a greater risk for harm than others and consequently, different sanctions or enforcement actions are taken depending on what regulation(s) are in non-compliance. Some states, such as Ohio, have a select set of rules in several key areas of licensing that are weighted.⁴⁴ Other states, such as Texas, have developed fully weighted systems where every rule is assigned a risk level, ranging from low to high. Virginia has developed an advanced risk assessment process and matrix for licensed programs over the past decade that assesses a rule’s risk level based on the probability and severity of harm caused by violation of the rule.⁴⁵ In 2000, as a result of a legislative mandate, the

state also implemented a formal risk assessment tool to improve consistency among licensing staff in assessing for risk.⁴⁶

Among some states that use weighted/indicator systems, regulations pertaining to infant/toddler care are given greater weight. For instance, in Ohio, regulations on crib safety and safe sleep practices are among a set of rules identified as serious risk non-compliance.⁴⁷ These rules represent the greatest risk of harm to children. The state has a progressive sanctions policy, which is also enforced in the state quality rating and improvement system (QRIS). Based on a child’s age, the location of the child, and actual harm to the child, the penalties for non-compliance may begin with a warning and rise up to removal of a star rating in the QRIS. A program that is in non-compliance with any of the serious risk rules may not receive a rating until it has had a regular inspection visit without a violation of these rules. Detailed guides are available to help prevent providers from incurring violations in the four most commonly cited areas of serious risk non-compliance.

In 2010, California’s Community Care Licensing Division (CCLD) launched a new Licensing Indicator System, in part, in response to reduced staffing resources.⁴⁸ To improve the efficiency of time that inspectors spend in the field, CCLD developed a set of key indicator tools for inspectors to use on programs with records of compliance. Key indicator tools were designed for different care settings and age groups (by license type), including one for infants and toddlers in child care centers. The indicator tools are a list of regulations used to guide the inspection of licensed facilities. CCLD selected the regulations based on a number of factors, including the frequency of violation and the level of health and safety risk. Inspectors check for compliance with these regulations but will cite any rule violation that they observe, regardless of whether the rule is on the lists. In addition, inspectors will automatically switch to a full compliance review if serious health and safety risks or “zero tolerance” violations are spotted. California’s goal is to ultimately increase the frequency of required licensing inspections from once every 5 years (with a random sample of 30 percent of facilities inspected each year) to annual unannounced inspections for child care

centers and biennial unannounced inspections for FCC homes. CCLD conducted a preliminary evaluation of the tools and found that key indicator and full compliance reviews produced a comparable number of Type A violations and ratio of violations per inspection.⁴⁹

As a best practice, NARA recommends that a monitoring agency “maintains a research-based risk-assessment method whereby industry-wide and facility-specific risks, including both immediate and cumulative risks, are identified and prioritized; focuses inspections and technical assistance accordingly; and, applies the agency’s enforcement continuum systematically to avert or abate priority risks, to build consistent compliance, and to improve overall consumer protection across all relevant domains.”⁵⁰

State licensing staff often have large caseloads and may not have adequate training to effectively monitor infant/toddler child care quality. For monitoring to be effectively conducted, licensing staff need reasonable caseload sizes that allow them to monitor on a regular basis and promptly investigate complaints against providers.⁵¹ Only nine states meet the benchmark level of no more than 50 cases per licensing staff member, as recommended by NARA, the National Association for the Education of Young Children, and the National Association of Child Care Resource and Referral Agencies.⁵² Among 16 states, licensing staff oversee caseloads of 140 or more, nearly triple the benchmark. Twenty-nine state child care licensing directors recently responded to a NARA survey; of those respondents, only 17 states reported that no additional staff would be needed to conduct annual inspections of all licensed child care providers.⁵³ Of the remaining 12 states, the number of additional staff that directors reported needing ranged from 2 to 48 new positions.

Monitoring staff also need an adequate understanding of early childhood development in order to accurately assess whether a provider is following licensing regulations on the care of young children.⁵⁴ This understanding is particularly important for the care of infants and toddlers, who are in a critical period of growth and development and rely on adults to nurture and protect them. Just 16 states require that licensing staff have a Bachelor’s

Degree (B.A.) or higher in early childhood education or a related field.⁵⁵ National data are not available on whether licensing staff are required to have training in child development particular to the age of children who are cared for in the programs they monitor.

Monitors must be skilled not only in infant/toddler development and infant/toddler child care regulations, but must have the skills to observe providers and appropriately interpret the implementation of regulations. In Virginia, studies conducted on licensing staff indicate that regular and thorough training of staff on risk assessment is critical to ensuring consistency among inspectors in determining risk for harm among programs.⁵⁶ In one study, 70 percent of surveyed inspectors reported that they did not go over the risk assessment process at unit meetings.⁵⁷ Moreover, about half reported that they were either not confident or uncertain about their skills in assessing risk. The study concludes that the lack of regular discussions of the risk assessment process contributed to inconsistencies in the use of the risk assessment tool, leading ultimately to major inconsistencies in risk ratings of programs.

In many states, parents do not have easy online access to child care licensing and complaint reports that could help them make an informed choice about the safety of providers they are considering. Parents need easily accessible information about providers in order to make informed decisions about their child care arrangements. Both the National Association for the Education of Young Children (NAEYC) and the National Association of Child Care Resource and Referral Agencies (NACCRRA) advise that information on licensed providers who have substantiated violations be clearly publicized.⁵⁸ NACCRRA recommends in particular that licensing inspection reports as well as complaint reports be posted online for public viewing.⁵⁹

A study conducted in Broward County, Florida’s second largest county, found an increased use of inspection reports by parents after they were made available on the county’s department of human services website.⁶⁰ While parents could request the inspection reports at the county’s child care licensing and enforcement office, very few people actually did so. The director of the licensing

office reported that only about one person per day on average made this effort. In contrast, the number of visits to the county's website doubled from about 35,000 hits to 71,000 hits a month after the inspection reports were posted online and publicized.

The study also found that monitors conducted more inspections, including more revisits, after inspection reports were made available online. Inspectors produced more mixed assessments of programs, finding providers to be in compliance on some routine inspections and in non-compliance on other visits instead of producing all passes or all failures. Study researchers attribute the change in the inspectors' behavior partly to the clear displaying of the inspectors' contact information on the front page of the inspection reports. Among other findings, the quality of child care improved among programs that served children receiving child care subsidies, and providers in general were more likely to seek accreditation. Overall, these findings suggest that posting inspection and complaint reports online can improve parent access to provider information and promote accountability among child care inspectors and program providers.

According to the National Child Care Information and Technical Assistance Center (NCCIC), at least 12 states post licensing inspection reports online, while another 11 states post licensing information about child care providers, although not full inspection reports.⁶¹ In the latter case, partial information may be provided about rule violations, complaints, and enforcement actions taken against a facility. Among the states with licensing information available online, Indiana's Family and Social Services Administration posts records of all licensed and registered providers in an [online database](#) that can be accessed by parents and other members of the public. For each provider, the database includes inspection results, validated complaints, and enforcement actions. If the provider is participating in the state's quality rating and improvement system (QRIS), Paths to QUALITY, the provider's quality rating is also posted. Additionally, the database includes information on ages of children served, such as infants and toddlers. Other states, such as [Arizona](#), [Florida](#), [Texas](#), and [Virginia](#), have similar

online databases that include details on inspections, violations, and ages of children served by a provider.

How can state child care licensing, subsidy, and quality enhancement policies ensure regular monitoring and technical assistance services and supports are appropriate and effective for providers serving babies and toddlers?

States can increase the frequency of monitoring, including unannounced visits, and reduce caseloads to provide adequate attention to each provider, as well as promote relationships between monitors and providers. States can work to increase the frequency of routine inspections to ensure that providers consistently follow health and safety standards. In [Tennessee](#), unannounced monitoring visits are conducted a minimum of four-to-six times a year, depending on a program's quality rating, for all licensed settings—both licensed centers and family child care (FCC) homes.⁶² Providers that offer transportation services receive an extra unannounced visit, and all licensed facilities receive at least one announced visit per year. Additionally, licensed providers undergo an annual evaluation, the results of which are compiled into a [report card](#). Providers must post this report card with their renewal license where parents can easily see them. To conduct regular monitoring of licensed providers, the state has an extensive licensing agency staff that includes 141 Licensing Program Evaluator positions.⁶³ Tennessee maintains the lowest estimated caseload ratio for licensing line staff among all states. Approximately 24 cases are assigned per licensing staff member, well below the recommended ratio of no more than 50 cases per licensing staff.⁶⁴

States can provide training for monitors so that they can identify health and safety issues that are important for the healthy development of infants and toddlers. States can prepare licensing staff and others that monitor child care providers on issues important to infant/toddler care so that they can keep an

effective check on providers and ensure that the needs of infants and toddlers are addressed. West Virginia's Division of Early Care and Education holds an annual conference for child care regulatory and licensing specialists. At the conference, participants learn about various key issues, including developmentally appropriate practices and child growth and development.⁶⁵ The department uses curriculum developed by NARA to train their licensing staff.

Some states include licensing staff in training opportunities developed for early childhood professionals. For instance, in Arizona, arrangements may be made for licensing staff housed in the state's Department of Health Services to participate in workshops offered to child care providers.⁶⁶ These workshops may focus on specific issues or be part of broader curricula training, such as on providing infant/toddler care. In 2006, licensing staff received 16 hours of training from the Arizona Infant Toddler Institute on infant mental health issues.⁶⁷ New Mexico has used funds from the American Recovery and Reinvestment Act (ARRA) to provide additional [T.E.A.C.H. scholarships](#). T.E.A.C.H. scholarships provide financial support to early care professionals to complete coursework in early childhood education. Ten of these scholarships have been set aside for child care licensing staff and training and technical assistance program staff to take courses in early childhood education.⁶⁸ The state has also used ARRA funds to provide training for child care licensing surveyors and technical assistance program staff in the state's quality rating and improvement system (QRIS), "Look for the STARS," which enhances the licensing staff's understanding of high quality child care and the state's quality standards.⁶⁹

States can provide skilled, knowledgeable technical assistance to licensed providers that focuses on promoting the health and safety of infants and toddlers and coordinate technical assistance with other state initiatives to further improve the quality of infant/toddler care. Most state licensing agencies provide technical assistance or consultations to child care centers and family child care (FCC) homes to help them meet minimum child care licensing regulations.⁷⁰ Technical assistance or consultations are provided at various times, including during routine inspections, on the

phone, or on an as-needed basis by individual providers. To support the specific needs of infant/toddler providers, licensing agencies may collaborate with other state agencies or departments to provide more specialized technical assistance. For instance, licensing staff may provide referrals to infant/toddler specialists. Commonly housed in child care resource and referral agencies, these specialists are trained to assist early care and education providers serving infants and toddlers. As of March 2010, 23 states had infant/toddler specialist networks that coordinated various services and supports for infant/toddler providers, including technical assistance, mentoring programs, and quality improvement stipends.⁷¹ These specialist networks can partner with licensing agencies to target additional support on providers with compliance issues in infant/toddler care.

Child care licensing policies often serve as the foundation of state quality rating and improvement systems (QRIS), which are designed to improve the quality of early care and education settings and help inform parents about available early childhood programs.⁷² Although states vary in how they structure their QRIS, most require that providers be in compliance with child care licensing standards and regulations at the entry level of the rating system.⁷³ Expanded monitoring and technical assistance can help providers to meet licensing policies and become eligible for participation in a QRIS where additional resources may be available for further quality improvements.

In 2006, Ohio launched a statewide quality rating and improvement system (QRIS), [Step Up to Quality](#). During the first two years of implementation, the state focused on helping programs achieve compliance with child care licensing standards, a requirement for participation in the QRIS.⁷⁴ Programs that did not meet child care licensing standards received 12 months of technical assistance to assist them in achieving compliance. Programs that achieved licensing standards and obtained a star rating received an additional year of technical assistance to help them maintain compliance and renew their rating. About 40 percent of providers that initially were not in compliance achieved a star rating. The state is now focused on assisting participants achieve higher quality ratings.

States can make technology improvements to their licensing systems to better monitor infant/toddler providers and increase public access to information on licensed programs. Monitoring processes and provider accountability can be hindered when equipment and materials used to track information about providers are outdated and when there is a lack of access to inspection reports and other pertinent information. Technology improvements may help to resolve some of these issues. In a 2004 report by the U.S. Government Accountability Office (GAO) on state health and safety enforcement efforts, 45 states reported using technology to support various monitoring and enforcement activities.⁷⁵ The top two uses of technology were to maintain statistics on providers (34 states) and prepare reports to meet federal and state mandates (28 states). The GAO report finds that while the use of technology has helped states to streamline licensing and enforcement processes and to manage provider and parent information more efficiently, the technology must be up-to-date to continue being an effective tool. Delaware, for instance, reported that its outdated technology system was costly to implement and difficult to use to support monitoring efforts.

According to a review by the National Women's Law Center on state uses of American Recovery and Reinvestment Act (ARRA) funds, at least nine states have used economic recovery funds to upgrade or develop technology systems in their child care licensing agencies.⁷⁶ These changes are intended to address problems, such as delays in delivering licensing reports to providers, use of outdated equipment/materials, and lack of parent access to information on providers. Missouri, for instance, has used ARRA funds to update its licensing inspection software and make inspection reports available online. Kentucky is developing an electronic child care licensing system with ARRA funds to replace its current system, which is primarily paper-based. The new system will be connected to the state's child care assistance payment system.

To move toward this recommendation, states may use multiple policy levers, starting from different points. Potential state policies include:

Licensing

- Visit licensed centers and family child care homes caring for infants and toddlers at least twice each year, including unannounced visits, to assess compliance with licensing standards.
- Increase the number of licensors/monitors to reduce caseloads to no more than 50, especially for those working with infant and toddler providers, to promote better technical assistance between monitors and providers.
- Train licensing/monitoring staff on infant and toddler developmental needs, how to identify indicators of quality in infant and toddler child care settings, and using age-specific indicators for children under age 3.
- Assign higher risk/weight levels to licensing regulations most critical to infant/toddler care in weighted/indicator licensing systems.
- Provide additional visits and target technical assistance to providers with histories of frequent or repeated non-compliance to areas of regulations most important for infants and toddlers.
- Ensure prompt action to temporarily or permanently close licensed facilities when the health and safety of babies and toddlers is in imminent danger.
- Collect and use data from monitoring and inspections to identify areas of recurring non-compliance and to focus training and technical assistance efforts for infant/toddler providers and licensing staff.

Subsidy

- Use inspection and compliance reports to provide additional targeted technical assistance and training to infant/toddler providers receiving subsidy payments.
- Ensure parents using subsidies have access to licensing compliance information as they

consider which providers to have care for their infants/toddlers.

Quality Enhancement

- Coordinate child care licensing monitoring and technical assistance efforts with those of state QRIS.
- Provide on-site technical assistance in conjunction with monitoring to help providers assess health and safety practices in infant and toddler settings and give grants to make improvements to meet the standards articulated by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs*.
- Ensure that providers with records of non-compliance are referred, when available, to infant/toddler specialists or nurse consultant networks to receive specialized coaching, mentoring, onsite or in-home consultations, technical assistance, and other supports.

Visit www.clasp.org/babiesinchildcare

for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

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