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## Improve Child Care Ratios and Group Sizes

**Ensure that babies and toddlers in centers and family child care homes are in small groups with sufficient numbers of providers.**

### **WHY? RESEARCH SAYS:**

Child care providers who are attuned to each child's unique needs and personality can support, nurture, and guide a child's growth and development. Research has found that when there are fewer children and more providers in small groups, group care situations are more likely to promote the well-being of babies and toddlers. Numerous studies on center-based programs have identified links between "structural" features of child care, such as provider-to-child ratios and group size, that can be regulated and child care provider behavior that is more positive and sensitive to individual children in care; similar evidence has been found for family child care homes. States can help programs move toward implementing smaller group sizes and better provider-to-child ratios through various mechanisms, such as requirements in licensing standards, supports to programs, or incentive-based strategies.<sup>1</sup>

### **HOW? STATE POLICY OPTIONS:**

**Require in state licensing standards that center-based programs meet nationally recognized, high-quality standards for infant and toddler group size and provider-to-child ratios.**

States can move towards implementing the recognized, high-quality standards in *Caring for Our Children*, which recommends that infants in center-based programs be cared for in groups no larger than six, with ratios of one child care provider to no more than three infants; toddlers should be cared for in groups no larger than eight, with ratios of one provider to no more than four toddlers.<sup>2</sup> States can use funds to support centers in meeting the increased demand for child care workers and related costs.<sup>3</sup>

Three states (Kansas, Maryland, Massachusetts) currently require licensed child care center providers to meet the 1:3 provider-to-child ratio for infants, and one (Maryland) also limits group size to six if three or more infants are in the group. Maryland also maintains the 1:3 ratio for 18-month-olds, with a group size of nine. Eight other states (Connecticut, District of Columbia, Missouri, North Dakota, Oregon, Utah, Vermont, Wisconsin) meet ratio guidelines of 1:4 with a maximum group size of 8 for toddlers aged 18 months, but only two (Connecticut, District of Columbia) still do so for children at 27 months.

## **Require in state licensing standards that family child care homes meet nationally recognized, high-quality standards for infant and toddler group size and provider-to-child ratios.**

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The U.S. Department of Defense and the U.S. Department of Health and Human Services, Office of Head Start, have adopted similar standards for family child care homes participating in their systems. Both require that no more than two children under age 2 be cared for by a family child care provider at one time, and limit group size to six children (including all children related to the provider). States can use funds to help family child care providers implement these changes.<sup>4</sup>

Twelve states already require no more than two children under age 2 per family child care provider. Thirteen states cap maximum group size at six for small family child care homes regardless of the ages of children in care. Some states reduce group size when very young children are present. For example, New York limits group size to five when any children under age 2 are in care with a maximum of two children under age 2 allowed.

## **Implement direct contracts with centers and family child care providers that are tied to requirements on small group sizes and high provider-to-child ratios.**

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In California, contracted programs serving babies require better provider-to-child ratios than other licensed providers in the voucher program. Both center-based child care and family child care home contracts require ratios of 1:3 for infants less than 18 months, exceeding state licensing requirements of 1:4 for infants and toddlers. Contracted center-based providers also receive a 70 percent higher rate for infant care and a 40 percent higher rate for toddlers above the standard reimbursement rate. Contracted family child care providers serving infants or toddlers receive a 40 percent higher rate.<sup>5</sup>

## **Ensure that state quality rating and improvement systems (QRIS) specifically address and encourage small group sizes and high provider-to-child ratios for infants and toddlers.**

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As of May 2008, 17 states had a statewide QRIS. Among them, seven required that infants be served in smaller groups than toddlers in their QRIS standards, and six states required lower ratios for infants and toddlers in their QRIS standards.<sup>6</sup> States can provide grants to programs to pay for the additional staff needed to implement recommended ratios and group sizes.

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<sup>1</sup> For additional resources and complete references, see Rachel Schumacher, *Center Ratios and Group Sizes: Charting Progress for Babies in Child Care Research-Based Rationale*, CLASP, [http://www.clasp.org/publications/cp\\_rationale6.htm](http://www.clasp.org/publications/cp_rationale6.htm) and Rachel Schumacher and Elizabeth Hoffmann, *Family Child Care Ratios and Group Sizes: Charting Progress for Babies in Child Care Research-Based Rationale*, CLASP, [http://www.clasp.org/publications/cp\\_rationale7.htm](http://www.clasp.org/publications/cp_rationale7.htm).

<sup>2</sup> *Caring for Our Children, Second Edition*, American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care, 2002, <http://nrc.uchsc.edu/CFOC/HTMLVersion/TOC.html>.

<sup>3</sup> National Child Care Information and Technical Assistance Center, *State Requirements for Child-Staff Ratios and Maximum Group Sizes for Child Care Centers in 2007, 2008*, <http://nccic.acf.hhs.gov/pubs/cclicensingreq/ratios.html>.

<sup>4</sup> National Child Care Information and Technical Assistance Center, *Definition of Licensed FCC Homes in 2007, 2008*, <http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.html>.

<sup>5</sup> California Department of Education Reimbursement Fact Sheet, <http://www.cde.ca.gov/sp/cd/op/factsheet07.asp>.

<sup>6</sup> National Infant & Toddler Child Care Initiative, *State Quality Rating and Improvement Systems (QRIS): Inclusion of Infant/Toddler Quality Indicators*, 2008, [http://www.zerotothree.org/site/DocServer/IT\\_Indicators\\_in\\_State\\_QRIS.Matrix\\_Final\\_to\\_Dawn.pdf?docID=6144](http://www.zerotothree.org/site/DocServer/IT_Indicators_in_State_QRIS.Matrix_Final_to_Dawn.pdf?docID=6144).