

# **ASSOCIATION OF EARLY LEARNING COALITIONS**

## **Florida Child Care Licensing**

### ***Issues for Consideration***

***April 2010***

## **Background**

Child care licensing regulations and monitoring and enforcement policies are part of Florida's core elements of public safety, providing a baseline of protection for the health, safety, and well-being of children in out-of-home care. There are more than 8,000 regulated facilities and 820,000 children younger than the age of 6 needing some form of child care in Florida.<sup>1</sup> Significant health and safety issues include prevention of the spread of disease, fire and other building safety hazards, and injuries. Of equal significance is the ability to ensure adequate supervision, positive adult-child interactions, and developmentally appropriate activities.<sup>2</sup>

There are policy reviews and discussions underway in Florida to assess duplication of services and increase efficiency. Child care business owners operate under marginal parameters for profit and need monitoring practices and policies that reduce costs. Oversight agencies have the responsibility for ensuring the health, safety, and early education of children. Balancing these issues requires careful consideration of the issues and the potential impact of recommended changes.

## **Regulatory Landscape in Florida**

The following section provides a brief history of child care regulations in Florida and provides information on how Florida regulations compare to regulations in other states and national standards.

### ***A Brief History of Child Care Regulation in Florida***

Statewide child care licensing requirements were first passed in legislation in 1974 with regulations established in 1975. The Child Care Program Office of the Department of Children and Families is statutorily responsible for the statewide administration of the child care licensing program and oversees adherence to licensing standards in 60 of the 67 counties in Florida. Six counties in Florida (i.e., Brevard, Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota) have elected to exceed state licensure requirements and

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<sup>1</sup> Department of Children and Families (DCF), (2009). Child care program progress report FY 2006-07 through FY 2007-08. Available on-line:

[www.dcf.state.fl.us/programs/childcare/pubs.shtml](http://www.dcf.state.fl.us/programs/childcare/pubs.shtml).

<sup>2</sup> National Child Care Information Center (NCCIC) and National Association of Regulatory Administration (NARA), (2009). The 2007 child care licensing study. Available on-line at: [www.naralicensing.org](http://www.naralicensing.org).

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designate a local licensing authority to regulate child care arrangements (based on provisions in s. 402.306, Florida Statutes).<sup>3</sup>

Licensing regulations have been revised periodically over the years. In 1986, requirements for family child care registration were established and in 1988, legislation was passed that required that family child care licensing be available in all Florida counties. Adult to child ratio and square footage requirements were revised and mandated child care training hours were increased in 1991 legislation. The Florida Legislature established the Gold Seal Quality Care Program in 1996 to acknowledge child care programs that are accredited by nationally recognized organizations and adhere to standards of quality child care. The legislation provided a mechanism for higher reimbursement rates for those serving children receiving child care subsidies (hereafter referred to as the school readiness rate). In 1999, tax incentives for Gold Seal programs were established through the Florida Department of Revenue or county tax appraiser. Subsequent legislation also revised the maximum amount of the differential payment rate, and Gold Seal programs can now receive a maximum of 20% above the school readiness rate established by local Early Learning Coalitions.

### ***Overview of Regulations Across the United States***

Child care regulations in Florida require adherence to a variety of standards designed to protect the health, safety, and well-being of children and the staff working in child care programs. Florida standards include but are not limited to<sup>4</sup>:

- Personnel requirements
- Minimum staff credentials
- Capacity requirements
- Staff-to-child ratios
- Physical environment
- Sanitation and safety
- Training
- Health-related requirements
- Food and nutrition
- Record keeping
- Transportation safety

National comparisons of child care licensing regulations highlight some of the opportunities and challenges in Florida relative to protecting the health, safety, and well-being of children in child care settings.<sup>5 6</sup>

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<sup>3</sup> DCF, (2007). Child care licensing overview. Available on-line: [www.dcf.state.fl.us/programs/childcare/pubs.shtml](http://www.dcf.state.fl.us/programs/childcare/pubs.shtml).

<sup>4</sup> DCF, (2007). Child care licensing overview. Available on-line at: [www.dcf.state.fl.us/programs/childcare/pubs.shtml](http://www.dcf.state.fl.us/programs/childcare/pubs.shtml).

<sup>5</sup> National Association of Child Care Resource and Referral Agencies (NACCRRRA), 2010. We can do better: 2009 update. Available on-line at: [www.naccrra.org/publications](http://www.naccrra.org/publications).

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- **Monitoring Visits** – Florida meets or exceeds many states in the frequency of its monitoring visits and unannounced inspections.
- **Posting of licensure reports** – Florida is one of 13 states that post licensing inspection reports on a website for access by parents and the general public.
- **Basic health and safety requirements** – Florida is one of 31 states that has regulatory standards that address all 10 basic health and safety requirements identified by national experts.
- **Adult-to-child ratio requirement** – The majority of states have lower adult-to-child ratio requirements than Florida, particularly for two- to four-year-olds. The average adult-to-child ratio requirement for eighteen-month-olds is 1:6, for twenty-seven month olds is 1:8, for three- and four-year-olds is 1:10 nationwide.
- **Group size limitations** – Florida has no group size limitations; most other states have group size limitations and many also address multi-age group requirements.
- **Training requirements** – Unlike Florida, most states have pre-service training and experience requirements for staff, specify training areas for annual in-service, and require staff orientation training; most states also require more hours of annual in-service than Florida.
- **Parental communications** – Florida is one of only five states that do not include requirements for parental communications in regulatory standards.

Staff-child interactions are consistently linked to quality of care in child care research, and these interactions are impacted by teacher education and training as well as curricula. With research and information from noted national experts and organizations regarding the relationship between regulation and improved quality of care, regulatory standards in some states address the following:

- **Teacher-child interactions** – The interactions between adults and children have a powerful impact on child outcomes; a few states have led the field in developing regulations that define and require appropriate teacher-child interactions. Although reliable and valid methods of assessing teacher-child interactions are limited and can be costly, a few states have developed indicators that they include on licensure monitoring tools (e.g., Massachusetts, Tennessee).
- **Advanced educational requirements** – Based on research that specialized training and education is most predictive of the quality of care, several states have developed requirements that require specified positions or a portion of staff in early care and

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<sup>6</sup> NCCIC and NARA, (2009). *The 2007 child care licensing study*. Available on-line at: [www.naralicensing.org](http://www.naralicensing.org).

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education settings to obtain formal education such as Associate or Baccalaureate degrees.

- **Curricula** – Understanding and implementing a developmentally appropriate curriculum is linked to higher quality of care. Most states have included curricula requirements of some kind in their regulations, and Florida includes ‘developmentally appropriate activities’ addressing cognition and social and emotional development in their child care standards. Although fidelity tools to reliably and validly assess appropriate implementation of a specific curriculum require time and cost that exceed licensing inspection resources, a few states have developed indicators on their monitoring tools to assess implementation of a curricula.

### ***National Quality of Care Standards***

Although child care licensing standards are typically recognized as establishing the floor for basic health and safety requirements, a number of states have recognized the role of licensing standards in improving the quality of care and education in these settings. National standards for the health, safety, and well-being of children in out-of-home care have been the focus of numerous organizations and experts, including the U.S. Department of Health and Human Services, the American Academy of Pediatrics, the National Resource Center for Health and Safety in Child Care, the American Public Health Association, and the National Association for the Education of Young Children. Many of these entities collaborate to produce and regularly update a comprehensive guide to child care regulatory recommendations called *Caring for Our Children*.<sup>7</sup>

In 2002, the U.S. Department of Health and Human Services commissioned a research study to provide guidance to states in establishing child care regulatory standards. The research methodology was designed to identify the standards that were most likely to protect children from harm, and the report identified 13 quality of care areas for attention by state policymakers.<sup>8</sup> Those areas included:

- **Child abuse indicators** – 12 different standards were identified relative to prevention of child abuse and neglect
- **Immunization indicator** – adherence to the AAP immunization schedule was the only standard identified for this indicator
- **Staff-to-child ratios and group size indicator** – adherence to the recommendations in *Caring for Our Children* was the only standard identified for this indicator; these requirements are ratios of 1:3 with a maximum group size of 6 for children birth to 24 months, ratios of 1:4 with a maximum group size of 8 for children 25-30 months,

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<sup>7</sup> American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care, (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care*. Available on-line at: [www.nrckids.org](http://www.nrckids.org).

<sup>8</sup> National Resource Center for Health and Safety in Child Care, (2002). 13 indicators of quality child care: A research update. Available on-line at: <http://aspe.hhs.gov/hsp/ccquality%2Dind02/>.

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ratios of 1:5 with a maximum group size of 10 for children 31 to 35 months, ratios of 1:7 with a maximum group size of 14 for 3-year-old children, ratios of 1:8 with a maximum group size of 16 for 4- and 5-year-old children, ratios of 1:10 with a maximum group size of 20 for children 6-8 years of age, and ratios of 1:12 with a maximum group size of 24 for children 9-12 years of age

- *Staff qualifications indicator* – 15 standards are identified for this indicator, including educational degree requirements for directors and staff
- *Staff training indicator* – 11 standards are identified for this indicator, including requirements for pre-service and orientation and a variety of specialized training topics
- *Supervision/discipline indicator* – 8 standards are identified for this indicator, including supervision of children by sight and sound and prohibition of corporal punishment
- *Fire drill indicator* – 5 standards are identified for this indicator, including written plans, procedures, and practice schedules
- *Medication indicator* – 7 standards are identified for this indicator, including written permission, labeling, and administration policies and procedures
- *Emergency plan/contact indicator* – 1 standard is identified for this area addressing a written plan and procedure for managing incidents and unusual occurrences
- *Outdoor playground indicator* – 24 standards are identified for this indicator
- *Toxic substances indicator* – 19 standards are identified for this indicator
- *Handwashing/diapering indicator* – 8 standards are identified for this indicator, including procedures and access requirements

In summary, Florida has made major improvements to child care regulations since they were first established in 1974. It has many standards that meet or exceed national recommendations for health and safety regulation. It also has many standards that do not meet recommendations of healthy and safety and several areas where no standards have been established.

### ***Regulatory Oversight Issues and Barriers to Effectiveness***

A recommendation has been presented to the Florida Legislature that DCF should be the sole regulatory and monitoring and enforcement agency for child care in Florida, eliminating the roles of the Department of Health, the Agency for Workforce Innovation Office of Early Learning, and the Early Learning Coalitions. The following issues should be carefully considered before adopting this recommendation.

- ***Regulation of unlicensed environments*** - School readiness funds (child care subsidy from federal and state dollars) serve many children in child care environments that are not licensed in Florida; these environments are required to meet health, safety, and educational requirements by federal and state statutes; DCF has no current authority or staffing skill requirements for monitoring and enforcement in these sites.
- ***Regulation of educational programs*** - The Florida Voluntary Prekindergarten Education Program (VPK) requires regulation, monitoring, and enforcement of

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enrollment, eligibility, staffing, health and safety issues, and educational requirements; DCF has no current authority or staffing skill requirements for monitoring and enforcement in these sites.

- ***Effectiveness of current monitoring and enforcement*** – DCF has not established an effective mechanism to communicate regulatory violations with local early learning coalitions and has indicated reluctance to fully enforce regulatory standards (e.g., DCF staff have indicated to legislative staff that square footage requirements or Gold Seal ratio violations will not interfere with proposed increases in VPK adult-to-child ratio and group size)
- ***Tremendous variation in Gold Seal standards and processes*** - DCF has established policies and procedures that have resulted in recognition of a wide variety of Gold Seal accrediting bodies with tremendous variations in standards, verification processes, and compliance procedures; the result is that the Gold Seal standard established by the Florida Legislature to recognize quality of care above the minimum standard of licensure may not be a good indicator of quality, calling in to question the tremendous investment of state and federal dollars in increased reimbursement rates and property tax exemptions
- ***Ability to provide up-to-date and timely regulatory information*** – Partners, stakeholders, and providers frequently report that information on the DCF web site regarding staff credentials and child care programs is inaccurate and the training registration process is difficult; coordination across partner agency websites and data systems is critical
- ***Detrimental impact of eliminating quality improvement efforts*** – DCF has argued that local quality rating improvement system (QRIS) efforts “confuse the industry and create further duplication”; efforts by local early learning coalitions to create and implement a system that assists business owners in making quality improvements (through financial, training, and technical assistance incentives) should be recognized as critical to moving child care environments above the baseline of regulation; it is an effort that can and does produce better outcomes for Florida’s children and should be an effort that DCF supports
  - QRIS is a comprehensive approach to improving quality encompassing research-based standards, assessment and accountability, program and practitioner outreach and support, financial incentives and compensation, and parent and consumer education; it is a voluntary system
  - QRIS in Florida has been spearheaded by the QRIS Collaborative - local early learning coalitions, children’s services councils, and other local partners working in concert to come to agreement on common standards and implementation plans; this work will relieve child care business owner confusion about differences between systems

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- Local commitments and investments (for example, The Children’s Trust invests more than \$4 million annually in QRIS) have driven the system; local leaders and citizens recognize the importance of supporting quality of child care
- **Required investments** - The DCF monitoring and enforcement system is currently under-funded, and inspections and inspectors often do not occur with the level of attention, skill level, timeliness, follow-up, and communication with partners (e.g., local early learning coalitions, AWI, DOE) that protect children; in order for DCF to assume responsibility for monitoring and enforcement of School Readiness and VPK requirements, additional staff, staff training and skill development, enforcement policies, and authority would be required
- **Consideration of unintended consequences** – Although it is important to consider the needs of child care business owners and the impact of multiple agencies ‘stepping through their doors’, an important question for careful consideration is whether the protection of children is best served by having only one agency or multiple agencies involved in monitoring and enforcement

### **Recommendations**

The protection of the health, safety, and well-being of children in child care is a major public safety issue in Florida. Working within the requirements of Florida Statutes, the Department of Children and Families (DCF) has the authority to establish basic health and safety regulations for the child care industry and to monitor and enforce those regulations in Florida. Although Florida has many good health and safety standards in place, it is important for DCF and Florida policymakers to establish stronger regulations to protect children’s health, safety, and well-being in child care environments and to adequately fund monitoring and enforcement. The following recommendations are offered to guide **incremental change and improvement** in child care regulation. The recommendations are grouped under issues of health and safety and issues of quality of care.

#### ***Recommendations to Improve Health and Safety Regulation***

In an effort to outline a plan for incremental change and improvement, the following recommendations are presented in a particular order from those that may be easier to establish and implement to those that may require more planning and time.

***Review innovative rules and regulations in other states addressing adult-child interactions, curricula requirements, and family communications*** – Several states have standards, rules, and monitoring instruments that promote positive adult-child interactions, require multiple methods of family communications, and address implementation of developmentally appropriate curricula.

**Recommendation: Upon completion of the review, develop rule and revise state-mandated training and licensure monitoring tools to promote positive adult-child interactions, developmentally appropriate curricula implementation, and multiple methods of family communications.**

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*Rationale: Positive adult-child interactions lower the risk of safety and health violations and result in good child outcomes; curricula has the potential to have a positive impact on quality of care only when appropriately implemented; and parental involvement is linked to higher quality of child care.*

**Improve background screening requirements and policies** – explicit federal and state checks of child abuse and neglect and sex offender registries should be required for all individuals in child care environments prior to entering the programs, including family members of family child care providers; mechanisms to ensure child care business owners are able to have screenings completed in a timely manner must be established

**Recommendation: Require checks of criminal history, child abuse and neglect, state and federal fingerprint, and sex offender registry**

*Rationale: Protection of children from harm is paramount, and current background screening requirements are insufficient to identify all individuals that may jeopardize the health and safety of children in child care environments*

**Increase staff training requirements** – there are no preservice training requirements in Florida resulting in staff working with children without any training for extended periods of time, and staff inservice training requirements, at 10 hours per year, fall below the requirements in many other states and below federal requirements (e.g., Department of Defense) and recommendations; training requirements should be aligned with what we know early childhood practitioners should know and be able to do

**Recommendation: Require 10 hours of preservice training on rules and regulations and 24 hours of annual inservice training in at least three core competency areas (standards adopted in Florida about what child care practitioners should know and be able to do); Revise state training requirements to align with Florida Core Competencies for Early Care and Education Practitioners**

*Rationale: Staff training and education is the best predictor of quality of care and child outcomes*

**License family child care** – licensure is required to adequately protect the basic health and safety of children

**Recommendation: Require all family child care homes to meet licensure standards**

*Rationale: Strong research evidence exists that licensure impacts quality of care and child outcomes*

**Reduce adult-to-child ratios and establish group size limitations** - adult-to-child ratios are of particular concern for two-year-olds (1:11) and exceed most states for 3 to 5 year-olds; and most states have established group size limitations.

**Recommendation: Two-year-old – 1:8; three- and four-year-olds – 1:10; groups size limited to twice the recommended ratio**

*Rationale: Strong research evidence exists that ratio and group size impact quality of care and child outcomes*

**License religious-exempt facilities** – licensure is required to adequately protect the basic health and safety of children; religious accreditation body standards, monitoring, and

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enforcement vary tremendously with little to no consequences for serious health and safety violations

**Recommendation: Require licensure of faith-based child care programs; at the very least, develop and enforce stronger regulatory requirements for religious accreditation bodies**

*Rationale: Strong research evidence exists that licensure impacts quality of care and child outcomes*

### ***Recommendations to Improve Quality of Care Regulation***

Although many of the recommendations listed above under recommendations for health and safety will impact and improve the quality of child care if enacted, the Gold Seal Quality Care Program is the primary mechanism within the Florida regulatory system for promoting quality of care that meets national standards of excellence in child care. To that end, the following recommendations are made:

***Conduct a thorough assessment of the Gold Seal Quality Care Program processes and procedures*** – The Florida Gold Seal Program recognizes accrediting bodies with tremendous variations in standards, verification processes, and compliance requirements

**Recommendation: Establish policies and procedures that ensure that all Gold Seal recognized accrediting bodies have standards, verification, and compliance requirements that meet those of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission**

*Rationale: Research has found that NAEYC accreditation standards are linked to quality of care*

***Determine the relationship between quality of care and the Gold Seal Quality Care Program*** – Florida provides millions of dollars in incentives for programs to become Gold Seal Programs, yet there is little evidence that the goal of the program, to increase the quality of programming for children and improve child outcomes, is realized through these investments. The Gold Seal Program may be the best vehicle for advancing quality of care, or there may be more effective investments to enhance child care quality.

**Recommendation: Conduct a research study of the relationship between Gold Seal programs and quality of care standards and outcomes**

*Rationale: Accountability measures are needed to ensure that state and federal investments are spent wisely*

### ***Task Force Recommendations***

In order to determine priorities among the above recommendations for incremental change and improvement, to establish additional priorities, and to develop a plan of action and implementation for progress, a Health and Safety Task Force and a Quality Child Care Task Force is recommended. The charge of each Task Force would be to offer recommendations to DCF on rule and policy guidance in their specific area and to guide DCF and other policymakers in developing a plan of action and implementation for child

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care regulatory changes. Members of the Health and Safety Task Force should have expertise in ensuring children are in healthy and safe environments, and members of the Quality of Child Care Task Force should have expertise in child care program quality standards and indicators. Potential membership considerations include:

### ***Health and Safety Task Force***

- State Agency Representatives from DCF, AWI, DOE, and DOH
- Florida protective services expert
- Center-based and family child care provider representatives
- Early Learning Coalition representative
- DCF and local licensing representatives
- Head Start representative
- Juvenile court representative
- National Child Care Experts, possible participants include:
  - Linda Smith, Executive Director of the National Association of Child Care Resource and Referral Agencies
  - Pauline Koch, Executive Director of the National Association of Regulatory Administration
  - M. A. Lucas, Director, Child and Youth Services, U.S. Army
  - Marilyn Krajicek, Director, National Center for Health and Safety in Child Care
  - Representative from American Academy of Pediatrics
- State Child Care Experts, possible participants include:
  - Abby Thorman, Ph.D., early childhood consultant
  - Pam Phelps, Ed.D., early childhood consultant and program owner/director
  - Lynne Katz, Ph.D., Linda Ray Intervention Center
  - Alisa S. Ghazvini, Ph.D., early childhood consultant

### ***Quality Child Care Task Force***

- State Agency Representatives from DCF, AWI, DOE, and DOH
- Center-based and family child care provider representatives
- Early Learning Coalition representative
- Head Start representative
- Children's Services Council representative
- Juvenile court representative
- Child care assessors, possible participants include:
  - Michelle Kaplan
  - Debby Conley
- National Child Care Experts, possible participants include:
  - Danielle Ewen, Director, Child Care and Early Education, Center for Law and Social Policy
  - M. A. Lucas, Director, Child and Youth Services, U.S. Army
  - Desiree Reddick-Head, State Technical Assistance Specialist, National Child Care Information Center

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- State Early Childhood and/or Child Care Experts, possible participants include:
  - Abby Thorman, Ph.D., early childhood consultant
  - Pam Phelps, Ed.D., early childhood consultant and program owner/director
  - Lynne Katz, Ph.D., Linda Ray Intervention Center
  - Alisa S. Ghazvini, Ph.D., early childhood consultant

*Note: It is recommended that the size of each Task Force be limited to 8 to 12 members; recommendations have exceeded that size as to offer a variety of suggestions for consideration.*

### **Conclusion**

DCF, DOE, AWI, and early learning coalitions should work in partnership to ensure early learning environments meet basic requirements of health and safety and education for children and to support increased quality for the best child outcomes. Child care business owners deserve the support of all of these partners working collaboratively. Some of these recommendations may impact the cost of care for these small business owners, and it is important for all oversight entities to advocate at the local, state, and federal levels for additional resources to support quality of care. Local early learning coalitions are important partners in helping to generate additional funding to support child care businesses and environments. For all involved, the goal is success for Florida's children in school and life.

*This paper was prepared for the Association of Early Learning Coalitions (AELC) by Alisa S. Ghazvini, Ph.D. For additional information, contact Dr. Ghazvini at [aghazvini@hotmail.com](mailto:aghazvini@hotmail.com) or call the AELC office at 850/728-2093.*