

What Should Be Done?

Licensing

- States should license all market (out-of-family) child care.
- States should hire more licensing staff to adequately enforce standards in facilities and to deal with expected growth.
- Many states should raise their standards to reduce the risk of harm.
- Infant-toddler and school-age staff should be required to have training specific to the age group.
- Directors should have required management training, in addition to child development training.
- States should require substantial hours of annual training with college credit for all workers.
- States should raise preservice qualifications.

Funding policies

- States need to establish fiscal standards and monitoring for subsidized care not covered by licensing, including care by family members.
- States should pay higher rates for higher quality care, tying rates to some measure of quality, such as recognition through accrediting bodies or evaluation ratings.
- States should withdraw subsidy from programs with records of repeated noncompliance.

Regulation of Child Care

Licensing is the first line of protection for children in out-of-family child care settings in the United States. In general, licensing intends to insure that the care provided is good enough to do no harm to children—that the building is safe and sanitary and that adequate learning experiences and caring relationships are provided to children.

However, research tells us that there can be both positive and negative consequences of attending child care related to the quality of care provided. Characteristics of care which have a significant impact on children's outcomes can be improved through strengthened state licensing requirements, higher standards for public subsidy, and better consumer ratings and information.

Research documenting the relatively low quality of child care in the United States suggests that it is time to improve the licensing requirements in many states for both center and family child care, and to use additional strategies that lead to higher quality care and education for our children.

What does research tell us?

- **Child-to-staff ratio & group size**
Lower child-to-staff ratios and smaller group sizes are associated with improved quality in child care centers in a number of studies.
- **Staff turnover & compensation**
Staff turnover rates are quite high in child care centers—roughly three times the rates of school teachers. Turnover has a clear connection to quality of programs. Turnover is closely associated with compensation, which is dramatically low in the United States.
- **Staff education and specific training in child-related fields**
The general education level (number of years of schooling) and specific training in child-related fields are both related to quality of programs. Compensation, turnover, and education are all interrelated.
- **Director competency**
The performance of the program director, particularly as it relates to providing leadership in program functioning at the administrative level, predicts program quality.
- **Safe and sanitary design and maintenance of the physical environment**
Research has clearly demonstrated the value of requiring hygienic practices, particularly stressing the value of hand washing, in the reduction of the spread of infectious diseases in child care facilities.
- **Relationships and activities**
More difficult-to-regulate aspects of programs that have a significant impact on children such as continuity of child relationships with adults, emphasis on child-initiated activities, child participation in representational play, and positive relationships between parents and staff, are consistently associated with positive outcomes for children.



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Implications for research, evaluation

- Research is needed to more accurately identify thresholds of quality below which harm to children occurs.
- All accrediting organizations should be sure that the programs they accredit are good, i.e. above the licensing level of good enough to do no harm.
- Specific research is urgently needed on the types of care that are not licensed, such as care by family members, illegal family child care, and care in homes that are not required to be licensed, to determine the implications for child development of subsidizing these types of care.
- More research is needed on the characteristics of program administrators that impact program quality and child outcomes.

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