ENSURING CHILDREN ARE IN SAFE ENVIRONMENTS THAT PROMOTE HEALTH AND DEVELOPMENT is a top priority of families, state and local regulators, the federal government, and national professional organizations that accredit early care and education programs (ECE). This project examines monitoring across ECE settings and considers lessons learned from analogous sectors of child welfare and health. Although professional organizations in partnership with federal agencies developed national guidelines for health and safety, there is wide variation in state and local regulations around the minimum health and safety requirements for children in care. Areas of regulatory variation include: 1) thresholds for the number of children in licensed care at ECE facilities located in family child care homes (FCCs); 2) the comprehensiveness of background checks for ECE provider staff and individuals residing at family child care homes; and 3) the frequency of monitoring visits. This project examines how state practice will change with the implementation of the Child Care and Development Block Grant Act of 2014 (CCDBG), which was signed into law in November, 2014. The law will likely result in more uniformity in state practice around some components of monitoring. We also offer promising practices from researchers and states that have previously implemented more stringent health and safety regulations for ECE providers.

IMPROVING COORDINATION ACROSS SYSTEMS

- Systems have been implemented in response to national and local statutes in different ECE sectors, including:

<table>
<thead>
<tr>
<th>Program</th>
<th>Administration</th>
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<tr>
<td>Child Care and Development Block Grant (CCDF)</td>
<td>State</td>
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<tr>
<td>Head Start/Early Head Start (HS/EHS)</td>
<td>Federal</td>
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<tr>
<td>Pre-Kindergarten</td>
<td>State</td>
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<td>Early Intervention and Special Education</td>
<td>State</td>
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<tr>
<td>(Parts B and C of IDEA)</td>
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<tr>
<td>Department of Defense Child Care Programs (DOD)</td>
<td>Federal</td>
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- Grantees who receive funding across federal and state streams experience administrative burden from poorly coordinated monitoring.

THE NEED FOR MORE EFFECTIVE OVERSIGHT

- There are cases across states of individuals convicted of serious sexual offenses who gained access to child care facilities (Office of the Inspector General (OIG) 2011).  
- States largely conducted inspections mandated by licensing, but this did not ensure providers complied with health and safety requirements. Violations were in the areas of physical conditions of family child care homes and required criminal background or child protective services checks (OIG, 2014).

OUTLOOK AND EXPECTATIONS

- States must provide pre-service and ongoing health and safety trainings to all providers who accept subsidies from the Child Care and Development (CCDF) Program.  
- Trainings on social-emotional development, positive behavioral support, and other strategies to prevent preschool expulsion were suggested as activities to improve quality.  
- States must establish age-appropriate child-to-staff ratios.  
- States must develop health and safety standards related to drug use and substance abuse intervention (DUI) prevention, child abuse and neglect and Sudden Infant Death Syndrome (SIDS).  
- States can no longer rely solely on provider self-certification of health and safety requirements.  
- States must perform at least one annual inspection and at least one pre-licensure inspection of CCDF providers and any one annual fire, health and safety inspection of license-exempt providers.  
- Individuals who provide care for children must undergo comprehensive background checks.
LESSONS LEARNED FROM REFORM EFFORTS IN STATES

- Partnerships between state agencies and advocacy efforts that include families and practitioners can facilitate public and legislative support for reform.
- It is important to consider staff capacity, caseloads, and professional development needs when major changes in regulatory practice are being implemented.
- A robust data infrastructure is needed to support the collection of data on complaints and violations, as well as serious injuries and deaths. This information could also be communicated to the public in a seamless and timely fashion.
- State-level statutory barriers in monitoring across settings can remain even if there is extensive cooperation between the agencies that regulate settings where children are served.

THIRD PARTY CREDENTIALING AND QUALITY IMPROVEMENT SYSTEMS

- Additional goals of regulatory systems for some states include using licensing as a foundation for building quality improvement systems.
- Quality Ratings and Improvement Systems (QRIS) which assess and communicate levels of program quality, as well as National Accreditation by organizations such as the National Association for the Education of Young Children (NAEYC), move ECE programs to higher levels of quality.
- State grantees of the Race to the Top—Early Learning Challenge (RTT—ELC) have been aligning resources to build and validate QRIS that are inclusive of all ECE programs. Insights of these grantees include:
  - There is a need for outreach to child care regulatory staff who conduct inspections.
  - Co-location of regulatory and quality improvement agencies is helpful for systems reform.
  - It is helpful to offer incentives to nationally accredited providers and Head Start/Early Head Start grantees to participate in QRIS.

THE DIFFERENTIAL MONITORING MODEL & STATISTICAL/RISK-BASED APPROACHES TO MONITORING

- Methods for determining the frequency or depth of monitoring are based on an assessment of a provider’s level of compliance with regulations. This work in state and federal government is grounded in the research of Richard Fiene.
- Key indicator approaches determine which rules and regulations statistically correlate with performance standards. Key indicators are tracked to better target monitoring and technical assistance resources.
- Risk assessment approaches are used to determine which rules and regulations, when violated, pose a greater risk of harm to children.
- These approaches can be used in concert, and several states are doing so.

OPTIONS TO IMPROVE STATE PRACTICE

- Monitoring policies and procedures could be aligned across funding streams, and grounded in a universal set of health, safety, and performance standards that are research-based and endorsed by professional organizations.
- After further validation by the research community, differential monitoring could be piloted and implemented in ways that will help states target technical assistance and monitoring resources to ECE providers most at-risk for providing unsafe learning environments.
- Third party accreditation and credentialing by national organizations could be expanded. This strategy is widely used in the analogous sectors of child welfare and health care.
- For ECE programs that are also federal grantees subject to monitoring, federal agencies could share with state licensing agencies any negative findings or instances of non-compliance.
- Federal and state agencies could partner to increase understanding among the community of providers that the larger purpose of monitoring is to keep children, families, and staff safe.