



DEPARTMENT OF  
HEALTH & HUMAN  
SERVICES

---

**Model Child Care Standards Act -  
Guidance to States to Prevent  
Child Abuse in Day Care Facilities  
January, 1985**

114893

114893

MODEL CHILD CARE STANDARDS ACT -  
GUIDANCE TO STATES TO PREVENT  
CHILD ABUSE IN DAY CARE FACILITIES

NCJRS

JAN 10 1985

ACQUISITIONS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

JANUARY, 1985

114893

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/U.S. Department  
of Health and Human Services

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.

## TABLE OF CONTENTS

	FOREWORD	iii
I.	INTRODUCTION	1
II.	PARENT VISITATION AND OTHER PARENT PARTICIPATION	10
III.	EMPLOYMENT HISTORY CHECKS OF STAFF AND OTHER BACKGROUND SCREENING	20
IV.	STAFF QUALIFICATION REQUIREMENTS BY JOB CLASSIFICATION	37
V.	PROBATIONARY PERIODS FOR NEW STAFF	47
VI.	STAFF TRAINING, DEVELOPMENT, SUPERVISION AND EVALUATION	49
VII.	STAFF-CHILD RATIOS	56
VIII.	APPENDICES	62



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

FOREWORD

From whispers to whirlwind.

Those four words describe the 1984 journey - in the American public consciousness - of child abuse.

Though we have not yet been able to gauge its exact magnitude, child abuse is a serious and a national problem. The whirlwind is not a will-o-the-wisp.

One abused American youngster is one too many.

Day care facilities have now become an integral part of the environmental and educational world of millions of young American children. Since government registers, licenses, supervises and monitors day care facilities, all of us in government have a vital guardianship role to perform. Our vigilance can make a difference.

The first line of defense against child abuse is, as always, alert, involved parents. But the overwhelming majority of honorable day care providers and involved government officials also have a constructive role to play. Speedy and sure implementation of the following proposals can do much to prevent child abuse in day care.

The counsel, suggestions, and guidance which follow have been compiled to help States and municipalities as they review and revise their licensing, registration, and policing procedures.

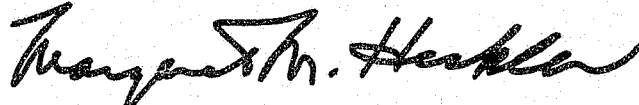
We, especially, encourage State day care licensing authorities to require:

- intensive background screening, including fingerprint checks, reference checks and employment history checks, for potential employees of day care facilities.
- probationary periods for new child care employees during which further background investigations and on-site evaluations should take place.
- an "open door" policy at day care facilities so that parents can visit their children at any time. Unannounced.
- increased training of child care workers to hone their skills in the prevention, detection and reporting of child abuse.
- community education efforts which candidly alert parents, children and the general public to the dangers of child abuse.



Every step should be taken to more actively involve parents in their children's day care program.

Many centuries ago a "Children's Crusade" failed in its mission. This crusade for our children will not fail if all of us pool our time, talent, determination and persistence in a sustained effort to banish child abuse from our society.

A handwritten signature in cursive script, reading "Margaret M. Heckler". The signature is written in dark ink and is positioned above the printed name.

Margaret M. Heckler  
Secretary

## I. INTRODUCTION

## INTRODUCTION

### Congressional Action

In response to growing public concern about reports of sexual abuse of children in day care facilities, the Congress enacted several legislative provisions relating to the prevention of child abuse in day care facilities. These provisions were contained in Public Law 98-473, the Continuing Appropriations Act for Fiscal Year 1985, which became effective on October 12, 1984.

Public Law 98-473 made available to the States in fiscal year 1985 an additional \$25 million under Title XX of the Social Security Act for:

"training and retraining (including training in the prevention of child abuse in child care settings) to providers of licensed or registered child care services, operators and staffs,...State licensing and enforcement officials, and parents."

The same legislation requires States that use these funds to establish, by law or regulation, procedures to provide for employment history and background checks, and nationwide criminal record checks for all operators and employees of child care facilities and others who deal directly with children. These procedures must be established by September 30, 1985. (See page 2089 of the January 15, 1985 Federal Register for the Department's announcement on the training provision.)

Finally, P.L. 98-473 directed that three months after enactment of the statute the Department of Health and Human Services provide guidance to the States in using Title XX funds by drafting and distributing to them, for their consideration, a Model Child Care Standards Act containing minimum licensing or registration standards for day care centers, family day care homes and group day care homes in the following content areas:

- i. training, development, supervision and evaluation of staff;
- ii. staff qualification requirements, by job classification;
- iii. staff-child ratios;
- iv. probation periods for new staff;
- v. employment history checks for staff; and
- vi. parent visitation.

## Departmental Guidance

The Department shares the concern of Congress about child sexual abuse in day care facilities and in response to the requirement in P.L. 98-473 undertook a review of current State child care licensing standards and registration requirements. The review analyzed State standards/requirements in the six content areas that Congress identified, and examined the specific requirements relevant to preventing child sexual abuse in day care facilities. The Department's study showed that, although all States regulate some type of day care facilities, there is wide diversity among the States in the content of their licensing standards and registration requirements as well as the types and sizes of facilities they regulate. This diversity reflects the differences among the States in population, resources, laws and approaches to regulation and child care.

Further, there exists no consensus among parents, caregivers, State and local officials, child development experts, researchers or Federal legislators and administrators on what would constitute an effective and workable uniform national set of standards for child care in this country. The Department issued model State child care standards more than ten years ago which dealt primarily with child development issues and these have been adopted on a selective basis by States. Similarly, there are also available for use by States more current model standards developed by various child care organizations.<sup>1/</sup>

What exists today is a wide variety of types of day care and a very diverse need for child care among the States. Against this backdrop no single set of standards can be applied practically to all the unique child care situations found among the States. The Department considers it infeasible to formulate a Model Act in the form of a single set of standards that it could responsibly put forward as one that all States should follow in regulating the various child care settings in the States.

This document provides States with regulatory options since it describes a range of possible standards that States can adopt. It is based on a review of all State requirements for the six content areas set forth by Congress and which are included in

<sup>1/</sup> Two of these standards are included in the appendices. See Appendix A for the Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children. See Appendix B for the Standards for Day Care Service of the Child Welfare League of America. Their inclusion in this document does not represent an endorsement of the specifics in each document. Rather, they are included for the consideration of those States that are seeking additional reference material as they revise their current child care statutes and standards.

the specific State standards for day care centers, family day care homes, and group homes. Wherever State standards address the subject of child abuse specifically, such information is included in this document.

This guidance document is provided for the consideration of each State as it reviews and revises its child care statutes, standards and policies to address the prevention of child sexual abuse in day care facilities. The Department believes that the information provided in this document will be a valuable resource to State legislators and administrators as well as local officials and parents as they grapple with the problems of child abuse prevention. Wherever possible, we have tried to provide references to States from whom we obtained specific information to facilitate discussion among State officials.<sup>2/</sup>

### Sources of Information

Staff of the Department of Health and Human Services used a variety of sources in developing this guidance. A major source of information on State licensing standards was the 1981 Comparative Licensing Study (CLS) prepared under contract to the Department's Administration for Children, Youth and Families. The CLS included data on laws and regulations governing the licensing/registration of day care centers, family day care homes and group day care homes. It is the most recent in-depth Federal Study of all State child care standards and requirements.

A large number of States have issued revised licensing standards and registration requirements since the CLS collected and analyzed State data. Accordingly, in November 1984, in order to prepare this document, the Department asked all States to submit a copy of their latest day care standards/requirements for each regulated category of facility: centers, family homes and group homes. The Department received the standards/requirements for day care centers and family day care homes from all 50 States, the District of Columbia (D.C.), and New York City. Twenty-three States which regulate group day care homes also submitted copies of their requirements.

---

<sup>2/</sup> State officials that shared drafts of proposed standards asked that their States not be named, but agreed that the Department could use the content of their proposals.

In December 1984, each State's standards/requirements were analyzed and summarized according to the key content areas defined by Congress. In addition, drafts of proposed child care standards/requirements now in the process of development and promulgation in several States were analyzed. One State and one city also transmitted for our review drafts of special reports based on investigative studies of abuse in licensed child care facilities.

The Department wishes to acknowledge the high level of cooperation it received from State licensing agencies. They provided the information requested on very short notice and explained some of the proposed changes being considered in their States in response to reports of child abuse in day care.

While concentrating on a review of State standards, the Department also examined a number of other key documents. These included several documents concerning child abuse, major studies on child care, recent Congressional testimony, and a number of local reports on child abuse in day care facilities.

Another significant resource was a draft report of the recently-completed National Program Inspection on Preventing Sexual Abuse in Day Care Programs. This report was based on a study conducted in November, 1984 by the Department's Office of Inspector General to provide information to the Secretary and the Under Secretary on child sexual abuse in day care programs.

#### The Problem and Solutions in Perspective

Before presenting the findings of the Department's review and analysis, it is necessary to consider the problem of child abuse in day care that prompted Congressional action. It is also important to put the problem and the various solutions in perspective.

In 1984, allegations of sexual abuse of children in day care facilities began surfacing in several parts of the country. Although most of the reports involved isolated incidents in relatively few day care facilities, increased attention led to new disclosures. While this increase in reporting of abuse is a legitimate cause for concern, it may not mean that sexual abuse in child care facilities is actually on the rise. Although there is no definitive information on the number of children sexually abused in day care facilities, our very limited evidence indicates that of the children who are reported as sexually abused, relatively few are abused in day care.

Even though the incidence of child sexual abuse in day care facilities may be low, any abuse is of serious concern. When it does occur, the public as well as the parents involved are legitimately outraged and demand appropriate preventive measures.

State and local standards and policies affecting the regulation of day care facilities can effectively address the prevention of child abuse only to a limited degree. Since much of day care is provided in types of arrangements which are neither licensed nor registered (e.g., in the child's own home), it is clear that regulations alone cannot prevent child abuse. Furthermore, regulating can also bring with it significant costs and burdens. Excessive regulation can discourage interested persons and organizations from providing this much-needed service and result in unnecessarily constraining the supply of child care. For example, while criminal checks can deter job applications by potential abusers, they can also discourage dedicated and caring individuals from entering the child care profession, especially if these checks require long delays before employment. Ultimately, the costs of regulating will be borne by the consumer or the taxpayer.

This is not to say that States should not improve their standards/requirements to prevent child abuse in day care facilities, but to point out that benefits and costs must be carefully weighed. Non-regulatory solutions should also be sought. Such solutions include educating parents, staff, and children about child abuse, and training parents about the selection of appropriate, safe child care. The Department recognizes that ultimately, it is parental concern and vigilance that is the most potent force in preventing child sexual abuse in day care facilities.

### Summary and Discussion of Findings

States vary widely, not only in their child care requirements, but also in the kinds of care they regulate, in their definitions of the types of child care and in the procedures and structure of their enforcement systems. All States have some requirements for day care centers, although such centers may be variously defined by the number of children in care, by physical setting, or by a combination of these and other criteria. Moreover, some States have different standards or requirements for publicly supported day care than for totally private facilities.<sup>3/</sup> Most States exempt church-run centers and educational facilities from regulation.

3/ For example, Louisiana's standards for day care centers regulate only publicly funded facilities.

Family day care is generally provided in the caregiver's own home and varies in the permissible number of children enrolled depending on the State's definition. It should be noted that family day care providers must meet some requirements in all States.<sup>4/</sup> However, the decisions about what types of care to regulate and whether to regulate through licensing standards or registration requirements are dependent on a number of factors including the desire or ability of the State to enforce such requirements.<sup>5/</sup> There is a recognition by State and local officials that over 90 per cent of family day care is unregulated, even where it is illegal to operate without State or local sanction. The issuance of unduly burdensome requirements for family day care can result in increasing the number of unregulated facilities because providers will choose not to identify themselves in order to avoid those requirements.

Group day care is also generally provided in a caregiver's own home but these facilities serve more children than family day care homes and employ more than one caregiver. Only twenty-three States have requirements/standards for this type of day care facility.

Neither in-home care, which is provided by a caregiver that comes to the child's home, nor the informal care of a few children provided by a friend or relative are usually subject to State or local requirements. These types of care are not addressed in this guidance document since the Congress directed the Department to examine child care provided by centers and family/group homes.

For child care that is licensed or registered at the State level, the Department's review has found that there are often some requirements in the standards that can help to prevent child abuse. There are no requirements, however, that will guarantee that abuse does not occur and for most requirements there are both positive and negative considerations. In addition, coordination between various State and local agencies, State enforcement capacity, and many other variables must be part of any decision about appropriate revisions to child care

<sup>4/</sup> Arizona, Louisiana, New Jersey, Ohio, and West Virginia's standards regulate only family home providers receiving State and/or Federal funds.

<sup>5/</sup> The majority of States license family homes, but many register these types of day care facilities. A few States that license family homes have voluntary licensing. For those States that register, many have mandatory registration, but some have voluntary registration. A few States both license and register family homes, using different criteria.



requirements. No one set of day care requirements could possibly reflect and meet the needs of the wide variety of child care situations represented in all States and local communities.

Parents, using all types of child care facilities, have the primary responsibility for the day care situation in which their child is placed and must form the first line of defense to abuse. State and local regulations should not be relied on exclusively to prevent child sexual abuse. Even in regulated care, it is parents who must play the most active part in child abuse prevention. The Department urges State and local governments to consider effective means to support parents in carrying out their responsibility to provide for the well-being of their children.

In general, the Department's review has found that State and local agencies are responding affirmatively to the public concern about the potential for child sexual abuse in day care facilities. In some States, counties, and cities, task forces have been formed to investigate alleged abuse and to develop recommendations to prevent further abuse. These task forces combine the expertise of police investigators, prosecutors, doctors, child protection workers, day care providers, and day care licensing staff into teams that can deal with the complex legal, jurisdictional and social issues involved.

Many States are also reviewing their licensing standards and registration requirements for day care in light of specific allegations of abuse. At the same time, many experts are warning public officials of the danger that sensational publicity will trigger a rush of hastily-developed and expensive rules that may neither promote nor assure the safety of children in day care. Their advice includes the caution that though promulgation and enforcement of State licensing standards are important mechanisms for the prevention of child abuse in day care facilities, they are only one step in a series of efforts which must include involvement of parents, day care personnel, and the community at large in preventive activities.

The Department finds that there is as much diversity among States in their response to concern about child sexual abuse as in their mix of child care services and the manner in which they regulate day care. Consistent with their individual circumstances, many States are now implementing, and many more are planning, a variety of changes in standards and statutes specifically to address sexual abuse in day care facilities. Changes in State licensing standards include:

- provisions that increase the involvement of parents in their child's day care program including requirements that parents be allowed to visit their children without prior notice or approval;

- stricter rules to require day care workers to report suspected abuse;
- State and Federal criminal record checks and other background screening of day care operators, providers and other employees;
- name checks of day care employees against State child abuse registries; and
- increased training requirements for day care employees, especially training related to child abuse reporting and detection.

### Organization of Guidelines

This document provides guidance for States to use in revising their statutes and standards to address the prevention of sexual abuse in child care facilities. General information is also provided on changes in State standards in recent years. Each section examines the findings of the 1981 Comparative Licensing Study and reports the results of the Department's review in December 1984 of all current, and some proposed, State licensing standards and registration requirements. The material from both reviews is presented for the content areas which Congress directed the Department to examine, and appears in the following order in the document:

- 1) Parent visitation;
- 2) Employment history checks;
- 3) Staff qualifications (by job classification);
- 4) Probationary periods for staff;
- 5) Staff training, development, supervision and evaluation; and
- 6) Staff-child ratios.

## II. PARENT VISITATION AND OTHER PARENT PARTICIPATION

## II. PARENT VISITATION AND OTHER PARENT PARTICIPATION

### A. DISCUSSION

As child care standards and policies are revised, it is important for State and local officials to recognize that increased parental awareness and involvement is the best way to prevent the sexual abuse of children in day care facilities. To support parental participation and responsibility the Department encourages every State to require that parents be allowed to visit their child's day care facility unannounced at any time the child is there. Since sexual abuse requires both privacy and secrecy the possibility that parents may visit the day care facility at any time makes it more difficult for abuse to occur. Of course, this unrestricted access should be allowed only for parents of enrolled children. It is reasonable to restrict observation to specified times for prospective parents and other visitors to prevent disruption of children's activities and possible abuse by strangers.

Parent visits are also important since State and local staff who enforce child care requirements are limited in number and cannot frequently visit each facility. In addition, since most enforcement visits are scheduled in advance, child abuse will seldom, if ever, be observed during a scheduled enforcement visit.

Parents should be encouraged to meet with day care home providers and center staff not only to follow the developmental progress of their child and to alert staff to the particular needs and problems of their child, but also to familiarize themselves with the staff who are caring for their child. Many States also require that day care centers give parents the opportunity to participate in program planning. This is an opportunity for parents to engage in discussions of ways to improve the facility's program including procedures for preventing child abuse.

Close cooperation between parents and day care providers is nearly always beneficial for children. This cooperation is the only truly effective mechanism to ensure a protected environment for children and the type of care the parents desire. Parental "supervision" of day care facilities helps States "monitor" day care programs for general requirements as well as child abuse prevention. Some States require day care facilities to inform parents about State regulations and the results of monitoring and evaluation reports made by State and local authorities. If parents are aware of potential difficulties, they are more likely to raise any concerns they may have with the appropriate State or local agency. Responding to parental

complaints is an important part of any State's monitoring of day care facilities. In addition, States recognize that parents are the consumers of day care services and as such have legitimate interests and rights.

B. STATE STANDARDS: SUMMARY OF CLS FINDINGS:

1. DAY CARE CENTERS

The 1981 Comparative Licensing Study <sup>1/</sup> showed that 28 of the 50 States had specific standards requiring some kind of parental involvement in day care center programs. The type of involvement varied among the States: 20 States mandated staff meet with parents or develop written plans for involvement of parents; 8 States required progress reports for parents; and 5 States stipulated that parents should be involved in program planning. In special areas of interest to child abuse prevention, 12 States provided for parental observation of the facility and 8 States required that parents have unlimited access to the day care facility. Thirteen States also required that some type of informational materials be provided to parents (e.g., program materials and/or safety and nutrition information).

2. FAMILY AND GROUP DAY CARE HOMES

The Comparative Licensing Study (CLS) found 10 out of 44 States that required some form of direct parental activity in the more informal type of care provided in family homes. Eight States also required that family homes give parents some program information about the care provided. Of the 14 States the CLS found to be regulating group homes, four required parental involvement, with one of these mandating that parents be allowed to observe the care of their child. One of these four States also stipulated that program material be given to parents.

C. STATE STANDARDS: SUMMARY OF 1984 REVIEW

1. DAY CARE CENTERS

The Department's review of State standards for day care centers shows that 34 of the 50 States now have requirements in their standards for parent involvement. There is considerable variation among the States as to the type and extent of parental participation. In addition, most States require or encourage more than one type of activity for parents of children enrolled in State licensed day care centers.

<sup>1/</sup> Lawrence Johnson and Associates, Inc. Comparative Licensing Study: Profiles of State Day Care Licensing Requirements; November, 1982. (This study of standards was conducted in 1981, although it was not published until 1982.)

The following data and examples reflect the variety of State approaches to involving parents in the day care center program of their children. Twenty States require parent meetings or written plans for parent involvement. For example, Pennsylvania mandates parent participation through group and individual meetings of staff with parents as well as in program planning activities. North Carolina requires each day care center to have written procedures for the involvement of parents.

Nineteen States encourage observation of day care center programs by parents, with five of those States providing for unlimited access to the centers. New York State requires each day care center to have a policy encouraging parents to observe the children's activities at times mutually convenient to the center and the parents. Ohio mandates that parents shall have access at any time.

Sixteen States require the distribution to parents of various types of informational materials. Georgia, for example, requires day care centers to provide written information on their policies and procedures and on the State standards for day care centers.

Eight States require centers to provide periodic progress reports to parents. Eight States also mandate that parents be involved in center policy and program planning. Seven States allow parents to serve as staff volunteers. Four States require parent membership on day care center advisory boards. As noted above, most States require more than one type of involvement.

Of the seven States that submitted proposed changes in their day care center standards, five intend to add or strengthen parent participation provisions. These new provisions include: requiring communication in the primary language of the parents; instituting an advisory committee; providing written information on policies of the centers, State standards, complaint procedures, and/or information on reporting suspected child abuse or neglect; maintaining a written record of parent participation efforts; and requiring opportunities for parents to visit or permitting unannounced drop-in visits.

## 2. FAMILY DAY CARE HOMES

Since family day care is a less formal arrangement than center care, States are less likely to require family day care providers to involve parents formally in program planning and activities. The Department's 1984 review of 50 State standards<sup>2/</sup> shows that 21 States now require

<sup>2/</sup> The 1981 Comparative Licensing Study summarized 44 State standards for family day care homes whereas the Department's review in 1984 included analysis of 50 State standards for family homes.

some form of parental involvement in family day care. The following are the types of parental involvement required, with the number of States indicated: staff/parent meetings (11), written materials provided (11), parent observation/visitation (5), progress reports on children (3), program planning participation (2), and other activities (2). Some States require more than one type of involvement.

The use of meetings to encourage parent involvement is typified by Vermont which mandates that family day care providers hold conferences with parents at least three times each year. In addition to meetings with day care staff, Connecticut requires that parents have the opportunity to observe the day care home during routine daily activities. Maryland encourages parent involvement through the distribution of pamphlets delineating parent rights and responsibilities in the day care of their children. California requires that written material on State family day care standards as well as information on registering complaints be provided to parents.

### 3. GROUP DAY CARE HOMES

Of the 23 States now regulating group day care homes,<sup>3/</sup> 15 States mandate some kind of involvement of parents. The following are the types of parental involvement required, with the number of States indicated: written materials provided (7), parent/staff meetings (6), parent observation/visitation (4), participation in policy and program planning (4), progress reports on children (3), and written permission on discipline procedures(1).

Missouri, for example, requires that opportunities for parent observation of the day care home be made available to parents, while Delaware requires that parents be allowed to visit without prior notice to the home. The State of Washington requires that parents be provided with written information on the policies and procedures of the group day care home. Minnesota mandates regular planned conferences between parents and the staff directly involved with their children. Delaware uses required written or verbal progress reports on the children to encourage parent involvement. Opportunities to volunteer in the program of activities of the group day care home are offered to parents in Wisconsin.

### D. OTHER CONSIDERATIONS

While regulatory policies concerning parental involvement in day care facilities are important, State and local governments can also help parents become more involved in

<sup>3/</sup> The 1981 Comparative Licensing Study summarized 14 State standards for group day care homes whereas the Department's review in 1984 included analysis of 23 State standards for group homes.

day care through such other efforts as community education and training. Such education would focus on selection of appropriate child care arrangements and information on how to prevent, detect, and report child sexual abuse.

Information and referral organizations can also help parents make an informed choice when they are looking for day care for their child. Some of these agencies provide parents with a set of guidelines on what to look for in choosing child care providers. In addition, States may wish to provide parents with information on State regulations and on how to report suspected child abuse or other problems in day care facilities to the appropriate State agency.

In addition to information on regulated care outside the child's home, States may also wish to develop and distribute to parents guidance for choosing an in-home caregiver. This could include strongly advising parents to do reference and employment history checks before hiring a caregiver. Parents can also establish a "probationary period" for a new caregiver during which time the parents would observe the employee interacting with their children. States could also encourage parents who have hired an in-home caregiver to arrive home occasionally at unexpected times and, most importantly, to listen and talk to their children about the kind of care they receive.

For care given in regulated facilities, we recommend that States consider providing or require day care facilities to provide to parents information like that presented below concerning the selection of day care facilities, communication with children about abuse, identification of symptoms of abuse and reporting of suspected abuse. These guidelines have been adapted from a pamphlet previously published by the Department.

#### THE ROLE OF PARENTS IN PREVENTING CHILD SEXUAL ABUSE

##### 1. CHOOSING A DAY CARE PROGRAM

The first step parents must take to protect their children is to choose appropriate child care. Although the vast majority of day care facilities are warm, nurturing places that are perfectly safe for children, parents must exercise judgment in selecting a day care program. The following are several guidelines for parents searching for child care:

- o Visit the facility you are considering to observe the interaction between children and adults, the daily activities, the facility's resources, and its methods of ensuring safety.
- o Ensure that you have the right to drop in and visit the program, unannounced and at any time, once your child is enrolled.



- o Check to make sure the program is reputable. State or local licensing agencies, child care information and referral services, other child care community agencies, and other parents may be helpful sources of information. Find out whether there have been any past complaints that other parents are aware of or that have been registered with the licensing or other appropriate agency.
- o Find out as much as possible about the caregivers. Talk with other parents who have used the program or provider you are considering.
- o Learn about the program's hiring policies and practices. Ask how the day care facility recruits and selects staff. Find out whether they check references and previous employment history and do any other background screening before hiring decisions are made.
- o Ask whether and how parents may be involved during the day. Learn whether the program welcomes and supports participation by parents. Be sensitive to the attitude and degree of openness about parental participation.
- o Make sure you will be informed about every planned outing. Never give the day care facility blanket permission to take your child off the premises.
- o Ask about the facility's procedures for release of a child to someone other than a parent. Prohibit in writing the release of your child to anyone without your explicit authorization. Make sure that the program knows who will pick up your child on any given day.
- o Trust your instincts! If you feel uncomfortable about the program or the caregivers, find another facility.

## 2. LISTEN AND TALK WITH YOUR CHILDREN

Once your child is enrolled in a day care facility you should talk frequently with the staff and other parents about the activities of the day care facility. It is through frequent and thorough communication that you can help avert the tragedy of child sexual abuse.

Even more important, perhaps the most critical child abuse prevention strategy for parents is good communication with your children. Following are some guidelines for promoting communication about child abuse:

- o Talk to your child every day and take time to really listen and observe. Learn as many details as you can about your child's activities and feelings. Encourage him or her to share concerns and problems with you.
- o Explain that his or her body belongs to the child and that he or she has the right to say no to anyone who might try to touch it.
- o Tell your child that some adults may try to hurt children and make them do things they do not feel comfortable doing. Often these grownups call what they are doing a secret between themselves and the children.
- o Explain that some adults may even threaten children by saying that their parents may be hurt or killed if the child ever shares the secret. Emphasize that an adult who does something like this is doing something that is wrong.
- o Tell your child that adults whom they know, trust and love or someone who might be in a position of authority (like a babysitter, an uncle, a teacher or even a policeman) might try to do something like this. Try not to scare your child--emphasize that the vast majority of grownups never do this and that most adults are deeply concerned about protecting children from harm.

### 3. OBSERVE PHYSICAL AND BEHAVIORAL SIGNS

Children who may be too frightened to talk about sexual molestation may exhibit a variety of physical and behavioral signals. Any or several of these signs may be significant. These signals are "red flags" that may indicate that a child has been sexually abused. Parents should be aware of such symptoms, which include:

- o Extreme changes in behavior such as loss of appetite or gagging on food.
- o New fears and recurrent nightmares or disturbed sleep patterns and fear of the dark.

- o Unusual fantasy behavior or regression to more infantile behavior such as bedwetting, thumb sucking, or excessive crying.
- o Torn or stained underclothing.
- o Vaginal or rectal bleeding, pain, itching, swollen genitals, and vaginal discharge.
- o Vaginal infections or venereal disease.
- o Unusual interest in or knowledge of sexual matters, expressing affection in ways inappropriate for a child of that age.
- o Fear, dislike or avoidance of a person previously liked or an intense dislike at being left somewhere or with someone.
- o Other behavioral signals such as sudden aggressive, disruptive or violent behavior; withdrawal, passivity or depression; running away or delinquent behavior; failing in school.
- o Poor peer relationships or sudden changes in these relationships.
- o Self mutilation or suicidal actions/discussions.
- o Bodily bruises or difficulty in walking or sitting.
- o Multiple personalities or psychosomatic disorders.

#### 4. IF YOU THINK THAT YOUR CHILD HAS BEEN ABUSED

Children frequently do not tell anyone about being abused because they are afraid no one will believe them, that someone they love will punish them, or that they are responsible for the abuse. Sometimes, they lack the language skills to explain what has happened. If you believe your child may have been abused, there are several steps you should take.

- o Believe the child. Children rarely lie about sexual abuse.
- o Commend the child for telling you about the experience.

- o Convey your support for the child. A child's greatest fear is that he or she is at fault and responsible for the incident. Alleviating this self-blame is of paramount importance.
- o Temper your own reaction, recognizing that your perspective and acceptance are critical signals to the child. Your greatest challenge may be to not convey your own horror about the abuse.
- o Talk with other parents to ascertain whether their children are also exhibiting unusual behavioral or physical symptoms.
- o Do not go to the day care facility to talk about your concern. Instead, report the suspected molestation to a local or State social services/ licensing agency or the police.
- o Find a specialized agency that evaluates sexual abuse victims--a hospital or a child welfare agency or a community mental health facility. Keep asking until you find a group or an individual with appropriate expertise.
- o Search for a physician with the experience and training to detect and recognize sexual abuse when you seek a special medical examination for your child. Community sexual abuse treatment programs, children's hospitals and medical societies may be sources for referrals.
- o Remember that taking action is critical because if nothing is done, other children will continue to be at risk. Child sexual abuse is a community interest and concern.

III. EMPLOYMENT HISTORY CHECKS OF STAFF AND OTHER  
BACKGROUND SCREENING

### III. EMPLOYMENT HISTORY CHECKS OF STAFF AND OTHER BACKGROUND SCREENING

#### A. DISCUSSION

In addition to emphasizing the role of parents, State and local activities to prevent child sexual abuse in day care programs have recently focused on more thorough background screenings of current and potential providers and employees in day care facilities. Although there is no screening process that would guarantee that a child abuser would never be involved in a day care program, careful background screenings can reduce the likelihood of this occurring.

State administrators can include in standards the following types of background screenings of persons involved in day care programs.

- o Reference and other checks;
- o Education and training history verification;
- o Employment history verification;
- o State Child Abuse and Neglect Registry checks; and
- o Criminal records checks (local, State and national).

Since a variety of positions are involved in day care programs, State and local agencies must carefully consider which individuals should be screened. For example, in day care centers the directors, primary caregivers, aides, volunteers and support staff such as bus drivers and custodial staff could be screened. States, however, may want to require more rigorous screening of those individuals who are most likely to be left alone with children than those who are not. States will also want to consider which checks should be carried out by the licensing agency (e.g., checks of center directors and family day care providers) and which checks the State should require center directors to carry out.

In family and group day care homes, persons considered for screening could include providers, spouses, other adults living in the home, and adolescent children of the provider. Such screening, generally, can only be implemented for licensed or registered care.

The Comparative Licensing Study done in 1981 did not examine the area of background screening of staff. Accordingly, the following discussion is based on the Department's review of State standards in effect in 1984, as well as other pertinent material.

B. TYPES OF SCREENINGS

1. REFERENCE AND OTHER CHECKS

As States revise standards, they should consider the value of checking the references of applicants for licenses to operate day care facilities and applicants for positions within such facilities. Reference checks, which are used by most businesses as standard practice, are useful and relatively inexpensive. They can be an important screening device in helping to identify potential child abusers. Information from references and other sources can provide relevant information about a prospective caregiver's ability to care for children and his or her character, work habits, reputation and health. In addition to the references submitted by the applicant, it may also be useful to contact previous co-workers and parents of children who have been under the care of the applicant.

Reference checks are best completed by phone or through face-to-face contact with the references to allow for the fullest possible discussion. Some areas for discussion with a reference include the applicant's relationship with children, how the applicant deals with discipline, how children respond to the applicant, and the reference's assessment of how the applicant will perform in the day care program. It is also useful to inquire if there are any problems or conditions the reference might be aware of that would interfere with the applicant's ability to care for children or in any way endanger the children under the applicant's care. These problems include substance abuse, mental or emotional illness, or history of child abuse.

A review of State standards in effect as of 1984 revealed that twenty-four States require references for day care center directors and/or staff. Georgia, for example, requires references for center directors, employees and volunteers while Vermont requires references for center directors only.

References are required in twenty-four States for family day care providers. Most commonly, these States ask for three references. In Texas, a family day care applicant must supply references to the licensing agency and the State requires any aides to supply references to the provider. Alabama requires a reference check on others residing in the home as well as the day care provider.

Eight of the twenty-three States with standards for group day care homes require references. An additional State reported that it is routinely requiring references from group home providers as well as family home providers and centers, although the State standards do not yet require such reference checks.

Although references frequently are required, few States indicate in their standards whether verification of references is required. Illinois does, however, require that three character references for potential employees be verified by the center. Hawaii and Mississippi require that two written references accompany the application for licensure of a family day care home. In New York State the references of an applicant for a family home license must be verified as to the applicant's suitability to care for children. In Texas, three references must be provided and verified for group home providers.

## 2. EDUCATION AND TRAINING HISTORY CHECK

States vary greatly in education and training requirements for individuals interested in working in day care facilities. (These are discussed in detail in Section IV.) Whatever the requirements, employers should be encouraged to verify the education and training listed on the application of a potential caregiver to assure that the skill and knowledge necessary to provide adequate child care has been attained by the applicant and that there is no falsification of background. Education and training can be documented through transcripts, credentials, and descriptions of in-service experience. This could include identifying the amount and type of training a prospective caregiver has received about the identification and prevention of child abuse. Information from such a check also indicates areas where additional education or training may be needed if the applicant is hired.



A review of State standards in effect as of 1984 revealed that education and training must be verified or documented in twenty States for directors and staff in day care centers. Washington and Ohio require such a check for family day care providers, and Texas and Washington require this type of screening for group home providers. An additional State, while not requiring such checks in its standards for family and group homes, has implemented the practice of verifying the education and training history of applicants.

### 3. EMPLOYMENT HISTORY VERIFICATION

States may wish to consider requiring employment history verification of prospective licensees or personnel in child care programs. Such a check, which is a standard business practice, can be a source of information to help prevent the likelihood of a child abuser becoming involved in a day care program. Inquiries of previous employers can provide useful information about an applicant's work habits, experience in child care, relationship with children, children's feelings about the applicant, and the applicant's reasons for leaving past employment. It can also reveal any other major problems with the applicant, including the area of child abuse.

At a minimum, the licensing agency or employer should verify the most recent employment of a potential provider or employee in a day care program. Other employment verification might be considered depending on the length and type of the most recent employment. For example, if the most recent employment was for a short duration, was in another geographical area, or was in a business or activity unrelated to child care, other employment reference checks would be appropriate.

A review of current State standards for day care centers revealed that twenty-two States require verification of the most recent employment of prospective personnel. This type of screening is required in seven States regulating family homes and in four States that regulate group homes. Another State has implemented this practice for centers as well as family and group homes though its standards have not been changed to require it. Three States that are in the process of revising their standards plan to require employment history verification.

Some States require verification of the employment history of only center directors or family or group home operators while others, such as Georgia, check past employment of all employees including volunteers. Some States require verification of more than the most recent employment. For example, in New York City, an applicant for employment in day care services under contract with the City must have his or her employment verified with the three most recent employers.

#### 4. CHILD ABUSE AND NEGLECT REGISTRY

Another source of information for background screening of potential operators, employees and volunteers seeking involvement in day care programs may be the State child abuse and neglect registries. Almost all States have child abuse and neglect registries identifying abusers, although the information collected varies widely. However, only a few States currently are requiring a check of these registries for day care employment purposes.

The use of these registries as a background screening device has to be carefully weighed because many registries contain names of people for whom the allegation of child abuse was never substantiated. Thus, it is important that when State standards require a check against registry files, the information obtained should be viewed as only one portion of the screening process.

A review of current standards shows that checks with the State child abuse and neglect registry are required for prospective caregivers in nine States for day care centers, in ten States for family day care homes and in five of the twenty-three States regulating group day care homes. In one State, Iowa, the names of all persons living in the group day care home must be checked in addition to the provider. The Department's review of several proposed standards revealed that two additional States plan to check against child abuse and neglect registries for day care center applicants and one State is planning to do this check for family home applicants.

The manner in which State registries of child abuse and neglect are used for screening purposes varies among the States. Release of the information may be restricted, and a child care licensing agency may have no direct access to the registry information. This is the case in California where only the child protective services agency has direct access to the State's child abuse

central registry, which is maintained by the California Department of Justice. In States where licensing agencies do receive such information, States may want to develop confidentiality procedures as well as an appeals process for applicants who are rejected for employment based on information in the registry. Because many registries contain names of persons for whom the allegation of abuse was never substantiated and others who have never been prosecuted, if States use this screening tool they may want to use only information on substantiated cases of abuse.

Legislation recently passed in New York City requires persons, corporations or entities under contract with the City to screen all current and prospective personnel in child care services through the statewide central registry of child abuse. The personnel to be screened include day care employees as well as family day care providers and members of their households.

## 5. CRIMINAL RECORD CHECKS

### a. BACKGROUND

Criminal record screening of day care providers and staff is one of the key activities being discussed as a means to prevent child abuse in day care facilities. Consequently, the topic is examined at length in this document. This is essentially a new subject in day care, so, unlike several other topics in this guidance, little information or past experience is available to State and local officials on criminal record checks for day care licensing and employment purposes. However, pursuant to Section 401 of P.L. 98-473, the Continuing Appropriations Act of 1985, State laws and procedures on employment history, background checks, and nationwide criminal record checks of all employees of facilities caring for children must be in place by September 30, 1985. If a State fails to meet these requirements, that State's allotment under Title XX is to be reduced in the next fiscal year by fifty per cent of their share of the additional \$25 million authorized for fiscal year 1985 under Title XX. The Department issued on January 15, 1985, a Federal Register announcement regarding this requirement (see page 2089 of that announcement). The following discusses what States are now doing in this area and examines some of the issues related to performing criminal record screenings.

Criminal background checks for day care employment and licensing are now being used in some States and are being considered by a number of other States. Criminal record checks involve using names, fingerprints, or other

identifying information for screening of individuals through FBI, State and local criminal record files. There are several issues involved in this type of background screening, including:

- o types of facilities which will be covered by screening (centers, family homes, and/or group homes);
- o who is screened in facilities (directors, caregivers, support staff and/or volunteers in centers; operators and all staff and residents of a day care home);
- o type of screenings used (fingerprints, name check, etc.);
- o extent of the screening (local, State and/or national);
- o what information is released (arrests and/or convictions);
- o to whom the information is released (law enforcement agencies, licensing agencies, day care centers, etc.);
- o who pays for the screening (State or local governments, centers, providers, individual applicants, etc.); and
- o how the information is used (e.g., what criminal charges or convictions rule out applicants or current employees as day care staff).

b. STATE SCREENING PRACTICES

Presently only three States have approved statutes requiring FBI criminal record screenings of directors or other staff of day care programs: California, Georgia (directors only) and Minnesota (not yet implemented). However, twenty-four States currently screen some day care operators and/or staff through statewide criminal record files. In addition, at least twenty States are anticipating new legislation to authorize some type of criminal record screening for day care operators, other employees and/or volunteers.<sup>1/</sup>

<sup>1/</sup> Office of Inspector General, U.S Department of Health and Human Services; Draft Report: Preventing Sexual Abuse in Day Care Programs; November, 1984; pages 10 & 11.

Since most States have just begun to address criminal record checks for day care employees, their procedures vary greatly on the extent and content of the criminal records screening as well as who must submit to such checks. In addition, there is much variation among the States as to the agencies and processes involved in obtaining the criminal history information. The following examples illustrate the differing approaches of State and local governments to this type of screening.

A recently enacted law in Indiana allows child care facilities to request from law enforcement agencies limited criminal histories on persons applying for employment and on persons volunteering their services whose positions involve contact with or care of children. The limited criminal history includes any arrest, indictment, or other formal criminal charge for which a disposition has been entered. In the case of criminal charges occurring within a year of the request, information can be released even if no disposition of the charge has been made. The law does not permit requesting criminal screening of persons already employed.

A few States give counties and cities the option to use certain background screens. Pursuant to a recent law enacted in New York City, all current and prospective day care center directors and staff as well as all licensed family day care operators and all residents in these homes must be screened. The screening must include, but is not limited to, a statewide fingerprint screen, review of criminal convictions and pending criminal charges, and inquiry of the statewide central registry of child abuse and maltreatment. In addition, reference checks with each of the three most recent employers must be completed. Day care providers in New York City are not allowed to hire or retain a person who has a criminal conviction record of child abuse or is the subject of a child abuse and maltreatment report on file with the statewide central registry. According to the City's policies, a day care provider may not dismiss or permanently deny employment to current and prospective personnel solely because they are subjects of pending criminal charges. However, a day care provider may suspend current personnel or defer employment decisions on prospective personnel until final disposition of any pending criminal action. In contrast, the State of New York requires a screen of all day care staff against the State Child Abuse Registry but does not mandate a check of State criminal records.

In California, current law requires that, before an applicant can receive a license to operate a child care facility of any kind, she or he must be fingerprinted so that the State Department of Justice may notify the licensing agency of any pertinent criminal record the applicant may have. All employees of the child care facility must submit fingerprints and sign a declaration regarding previous criminal convictions. In addition, all persons who live in a child care facility must be fingerprinted and sign the declaration. If it is determined that an employee has been convicted of a felony or any sex offense against a minor, the licensing agency then notifies the licensee to terminate the employment of the person. If the license applicant himself has a record of such a conviction then the license would be denied or revoked. In California's process, only records of criminal convictions are considered, not arrests or dismissals.

State officials in New Jersey report they believe that fingerprinting or other criminal screening of persons involved in child care programs can be effective. They recognize that only a small percentage of those individuals who sexually abuse children in child care facilities have been found to have criminal records. Nevertheless, these officials, like many others across the country, believe the knowledge that an effective screening process is in place can have a deterrent effect in preventing child abusers from applying for employment or volunteer work in child care facilities.

Maryland currently denies a license for a family day care home if either the applicant, or a resident in the applicant's household, has a criminal record containing charges that indicate behavior which is harmful to children. However, no such requirement applies to providers or employees in child day care centers or group day care homes.

A review of proposed changes in the standards of fifteen States showed that most are planning to include some form of criminal background checks on providers, employees and/or volunteers in day care facilities. For example, one State has recently proposed a change in its licensing and registration standards that would require criminal history and central registry checks to be completed for all day care center personnel and family home providers. This State has taken the position that information from the State law enforcement agency regarding convictions and/or information which pertains to an incident for

which a person is currently being processed is public information and can be shared, if requested. However, nonconviction information for completed cases which is obtained from the State law enforcement agency may be disseminated only to a criminal justice agency or juvenile justice agency.

In another State, a proposed law would allow an employer to request from the State Justice Department all available records of convictions involving sex crimes of an applicant for employment or volunteer for a position in which he or she would have supervisory or disciplinary power over a minor. A copy of the information sent to the employer would also be sent to the applicant.

Another State is exploring the possibility of requiring fingerprinting and full criminal record checks for licensure staff who inspect day care facilities. The proposal also includes the requirement for fingerprinting and criminal record screening for all child care personnel.

Based on these and other examples it is evident that many States are expanding the use of criminal record checks to reduce the likelihood that persons who are child abusers will be employed in day care programs. It is also evident that there are a variety of approaches as to who is to be screened and the extent and content of the criminal record check.

c. FBI CHECKS

The FBI's national fingerprint screen is more comprehensive than any other criminal record check and is the only feasible way for a State to conduct a nationwide criminal record check. The FBI is authorized (under P.L. 92-544) to exchange information with a State from its computerized criminal history file for licensing and employment purposes if such an exchange is authorized by a State statute and approved by the Attorney General of the United States. Fingerprint cards are submitted to the FBI through a single approved State agency, such as the State police, and are returned to that agency or directly to the State licensing agency, as authorized in the pertinent State law. A State statute is accepted by the Attorney General of the United States as long as it clearly shows that the State legislature intended that a nationwide check be conducted and it does not violate public policy (e.g., civil rights).

Last year, of the six million fingerprint cards submitted to the FBI for screening, 697,000 were screened for licensing and employment purposes for a variety of occupations. The FBI charges a fee of \$12 per fingerprint card for licensing/employment screens.<sup>2/</sup>

It should be noted that despite their comprehensiveness, even FBI criminal files have some limitations. For example, the information contained in them is furnished voluntarily by State and local law enforcement agencies and there are often delays in sending to the FBI fingerprints of persons arrested and the disposition of cases following arrests. FBI files contain no records on juvenile offenders unless they were tried as an adult. Information on arrests for which there is no reported disposition in the FBI files is not disclosed for licensing/employment screening purposes, except for arrests within the previous 12 months.<sup>3/</sup>

Nevertheless, prosecutors, therapists, police investigators and other experts interviewed by the Department's Office of Inspector General generally agreed that the FBI's national fingerprint screen is more effective than any other screening method.<sup>4/</sup>

d. COSTS

States are considering the cost involved in completing criminal background screenings and are balancing these costs against the probable effectiveness of the screening. Costs of criminal record checks depend on the nature of the check being performed and whether the check involves a fingerprint screen.

While the FBI charges \$12 for each fingerprint card submitted for nationwide licensing/employment screening, States vary in the fee they charge for fingerprint

<sup>2/</sup> Office of Inspector General, U.S. Department of Health and Human Services; Draft Report: Preventing Sexual Abuse in Day Care Programs; November 1984; page 9.

<sup>3/</sup> Ibid, page 16.

<sup>4/</sup> Ibid.



screening. The Inspector General's Draft Report on Preventing Sexual Abuse in Day Care Programs provided the following examples of how costs differ among the States for a State-level criminal record check using fingerprints:

California	\$15.50
Florida (counties)	5.00
Georgia	12.00
Illinois	10.00
Kansas	6.00
Nebraska	5.00
New York (City)	17.00
Washington	10.00

States that use fingerprint screening report that two separate cards for each person checked are needed to do both a State and a FBI screen. Accordingly, the Inspector General's Report estimates that a nationwide criminal record check of both a State file and the FBI file, using two fingerprint cards, would cost about \$25 per person in a large-volume licensing/employment screening operation.

Costs associated with screening against State criminal record files without fingerprint cards are much lower and range from \$2 to \$5 a check. This lower cost must be balanced against the knowledge that any screening without fingerprints is subject to more error and misapplication when done for licensing and employment screening purposes. For example, name checks alone miss anyone who has adopted an alias or legally changed his name.

Another cost issue which States must address is who will pay for the screenings. Will it be the child care facility, the State or local jurisdiction? Ultimately, the costs will be passed on to the consumer or the taxpayer.

There are also hidden costs associated with criminal background checks because of delays in the hiring of employees while awaiting the completion of a screening. The FBI estimates that it takes an average of 14 days for an FBI fingerprint check to be processed. In addition, a large number of fingerprint cards are often rejected by the FBI for lack of clarity or other reasons even after State identification bureaus have approved and forwarded them to the FBI. In contrast, State officials reported that such checks usually take six-eight weeks to process.

Because day care facilities often lose staff without warning and must be able to replace staff quickly to assure adequate care and meet staffing requirements, they often cannot wait six to eight weeks to hire an employee. Therefore, States who require screening may want to allow employees to be hired on a probationary status, pending completion of the screening. Such staff should be closely supervised during this probationary period as described in Section V.

e. EFFECTIVENESS OF SCREENING

Experience to date indicates that criminal record checks for licensing and employment purposes in various occupational categories yield a positive identification rate (i.e., the person being checked has a criminal record) of only five to eight per cent of the persons screened. Because child sexual abuse so frequently goes undetected and because the conviction rate for sexual abuse crimes is so low, it is estimated that only one to fifteen per cent of sexual abusers have criminal records. In addition, while approximately 95 per cent of child care workers are female, it is males who constitute 80-85 per cent of the criminal record cases and 78-92 per cent of child sexual abuse cases. It is estimated that only seven to eight per cent of reported child sexual abuse is committed by someone other than a relative. It appears likely, therefore, that only a small number of child sexual abusers will be identified in this type of screening of child care workers.<sup>5/</sup>

Many people argue that the time and expense of fingerprinting and other criminal record screening is justified, even if only a few child sexual abusers are identified. Notwithstanding the problems inherent in performing criminal record checks, the potential deterrent effect of this type of screening should not be underestimated in limiting the number of sexual abusers seeking employment in day care facilities.

One approach to screening which is being considered by at least one State involves a three phase system. In such a system, a State would initially do a statewide criminal records name check for all day care personnel who are to be screened. For persons whose names are positively identified, a fingerprint screening against statewide

5/ Office of Inspector General, U.S. Department of Health and Human Services; Draft Report: Preventing Sexual Abuse in Day Care Programs; November, 1984; pages 17-18.

criminal records would then be done. If this check revealed a criminal record, or when the person being screened has resided in the State less than a year, then an FBI fingerprint check would be sought. This approach would require all persons being screened to sign a declaration of all prior felony convictions or current felony charges, all pending arrests and charges related to child abuse and neglect, and the disposition of such arrests, charges and/or convictions. The State would also require reference checks of all prospective day care personnel. This approach is one way to balance costs against the need to screen suspected individuals.

f. COORDINATION

Another issue that is of concern to States as they examine the problem of preventing child abuse through background checks is coordination among the various agencies concerned with child care, child abuse and law enforcement.

Often there is not a single agency responsible for the overall child care policy of a State. For example, in one State the Department of Social Services is responsible for licensing family day care homes, the Department of Health is responsible for standards for day care centers and group day care homes and the Department of Education is responsible for licensing nursery schools. This organizational pattern compounds problems of coordination for screening with other State and local agencies such as the State Justice Department and Child Protective Services.

Another complex issue is the sharing of information among various State agencies. Typically there is no system to manage the coordination of criminal background check information, partly due to concerns about disclosure of confidential information. For example, information in the criminal record file of a law enforcement agency may not be available to non-law enforcement agencies such as licensing offices. While conviction records are viewed in many States as public information and are available to the public, disclosure of nonconviction and arrest records is more restricted. "The concept that restrictions should be placed on the release of nonconviction information (acquittals, dismissals and arrests without disposition) is generally accepted. Although FBI regulations allow States to disseminate such

information pursuant to State law, many States choose not to reveal nonconviction information outside the criminal justice system." <sup>6/</sup> A recent survey conducted for the Department of Justice revealed that 43 States and Territories permit disclosure of conviction information for employment purposes to non-criminal justice government agencies; 35 jurisdictions permit disclosure of nonconviction information to such agencies; and 37 permit disclosure of arrest information to such agencies.

States are much more restrictive in their dissemination of criminal records information to private-sector agencies and individuals, particularly with respect to nonconviction records and open arrest records. The laws of 32 States and Territories authorize the disclosure of conviction records to private persons; 25 jurisdictions authorize dissemination of nonconviction records for specified private persons; and 27 authorize disclosure of arrest records. However, with increased public attention on the issue of preventing child abuse, greater cooperation between local police departments and child care licensing agencies is occurring. For example, one local jurisdiction is considering policy changes to hasten criminal record checks on child care employees by establishing access for the State licensing agency to the State's automated criminal history index.

#### 6. SUMMARY

While criminal record checks and other types of background screening of persons working in child care programs can be an effective preventive measure, these checks should not be expected to eliminate all incidents of child abuse. Background screening is one element in a comprehensive approach to preventing abuse in child care programs.

The Department urges careful recruitment and selection of qualified persons to operate and assist in child care facilities. This selection process should include appropriate background screening of employees in centers or day care homes. For these reasons, in September 1984 the Department's Administration for Children, Youth and Families issued a program instruction to all Head Start

<sup>6/</sup> Department of Justice, Bureau of Justice Statistics Bulletin, Survey of State Laws Criminal Justice Information Policies, June, 1982.

grantees and delegate agencies urging a review of policies and procedures in screening and selection of applicants for Head Start positions. This instruction urged that Head Start programs assure that their personnel practices concerning the qualifications, recruitment and selection of personnel insure that the individuals selected can fully protect the health and safety of the children in their care. This guidance was sent as a precaution to insure that the Head Start program remains free from the tragic allegations that have surfaced in other child care programs.

#### IV. STAFF QUALIFICATION REQUIREMENTS BY JOB CLASSIFICATION

#### IV. STAFF QUALIFICATION REQUIREMENTS BY JOB CLASSIFICATION

##### A. DISCUSSION

In addition to background screening requirements, State agencies which regulate day care set various standards/requirements which must be met before a person may be employed as a program director, child caregiver or aide in a day care center, or licensed/registered as a family or group day care home provider. The qualifications which most States regulate are those that affect the health, safety, and development of children, including: staff minimum age, health status, education, and experience.

Child care is a physically and emotionally demanding profession which requires an understanding of children and their needs. When States set minimum qualification requirements for staff employed in day care, they must strive for a balance between assuring that appropriate staff are employed and assuring that sufficient labor is available to meet the demand for day care. Salaries paid day care staff often are not sufficient for applicants with college degrees. However, practical experience with children and training in subjects oriented to human development have been shown to be more important than college degrees per se. In addition, degrees are not necessarily good proxies for ability and the personal attributes which are so important to providing quality child care. As a result, many States are choosing other criteria for staff qualifications.

For example, an increasing number of States have been using the qualifications which were developed, with support from the Department, for the Child Development Associate (CDA) credential. To obtain a credential, a candidate must demonstrate to an assessment team (composed of child development experts and local community representatives) an ability to work with children, parents and other staff members. The candidate must be able to: establish and maintain a safe and healthy learning environment; advance children's physical and intellectual competence; support positive self-image; promote harmonious interaction between children and adults in a group setting; and develop good coordination between the home and center. Thus, this credential requires demonstrated ability rather than years of education. The CDA credential is now widely used. For example, it meets the education qualification requirement for directors of day care centers in 22 States and is often used as a requirement for other center staff as well as for providers and staff of family and group day care homes.

There is little evidence to suggest that general staff qualification requirements, by themselves, screen out potential child abusers. Background checks, on-the-job assessments, and training are more effective means of preventing child abuse in day care. As noted in the previous section, many States include requirements for criminal record checks or child abuse registry checks as part of the process of screening an applicant to operate or work in a day care facility.

B. STATE STANDARDS: SUMMARY OF COMPARATIVE LICENSING STUDY FINDINGS

1. GENERAL QUALIFICATIONS

The Comparative Licensing Study (CLS) examined general qualifications required of staff in the differing types of day care facilities. Specifically, it studied the age, health status, education and experience requirements for staff. The findings of that study are summarized here. (A more detailed examination of the findings from the CLS review of staff qualifications is shown in Appendix C.)

a. DAY CARE CENTERS

In summary, the CLS showed that a majority of States require that a director of a day care center be at least 21 years of age, in good health, have a high school diploma and some form of post-secondary training in child development, and have at least 2 years experience in child care or business administration.

In a majority of States with qualification requirements for caregivers, individuals usually had to be at least 18 years of age, have passed a medical exam and tuberculosis screening, and have a high school diploma to qualify as a caregiver in a day care center. States often differentiated among different types of "caregivers" and had different requirements for head teachers, teachers, and aides.

In 29 States other staff, including volunteers, caregiver aides, food service workers and bus drivers, had to meet specific State qualifications before they assumed employment in day care centers.



b. FAMILY DAY CARE HOMES

To operate a family day care home, most States required that individuals be at least 18 years of age and in good health. Ten States also required that family day care providers have some specified level of education; four of these States required education in the area of child development. Ten States also required some previous experience; four States required child care experience.

c. GROUP DAY CARE HOMES

The fourteen States with separate group day care home standards in 1981 considered age, education, and experience in staff qualifications. The majority of these States required a minimum age of 18 for the provider and staff of group day care homes. One State permitted a provider to be 16 years of age and one State required a minimum of 21 years of age. Education requirements for providers and staff emphasized literacy and child development training. Eight of the States required child care experience for providers and six required some experience for staff members.

2. STANDARDS SPECIFIC TO CHILD ABUSE

The Comparative Licensing Study (CLS) also examined three areas which are relevant to child abuse prevention. They found three offenses which could ban applicants from employment in day care facilities: child abuse and neglect offenses, offenses involving "moral turpitude" and offenses against another person. Although some States differed in their methods of handling criminal background information on these offenses, most States disqualified applicants with known convictions for these charges. At the time of the CLS review in 1981, the following number of States barred persons from qualifying for jobs in the three types of day care facilities and for the three offenses indicated:

DAY CARE CENTERS

Child Abuse and Neglect Offense	20 States
Moral Turpitude Offense	16 States
Offense Against Another Person	4 States

### FAMILY DAY CARE HOMES

Child Abuse and Neglect Offense	15 States
Moral Turpitude Offense	8 States
Offense Against Another Person	4 States

### GROUP DAY CARE HOMES

Child Abuse and Neglect Offense	4 States
Moral Turpitude Offense	4 States
Offense Against Another Person	2 States

## C. STATE STANDARDS: SUMMARY OF 1984 REVIEW

### 1. DAY CARE CENTERS: GENERAL QUALIFICATIONS

The Department's review in 1984 of State licensing standards indicates great diversity in the general requirements for day care center directors and their staff. Qualifications include those regarding age, specific education and work experience, general knowledge and experience, and qualities necessary to work with children. Most States have distinct qualifications for day care center directors and separate requirements for primary caregivers. Among the many differences in the States, some States also include qualification requirements for other positions such as aides and/or volunteers. Several States differentiate requirements for caregivers with supervisory responsibility from qualifications for caregivers who do not supervise staff. A few States have more stringent qualifications for directors and caregivers of large centers than for those who administer smaller centers with fewer numbers of children.

While minimum age is not always included as a qualification, when specified, the minimum age for directors ranges from 18 to 21 years. Eighteen States require a minimum age of 21, two States require age 19, and sixteen States a minimum age of 18 for directors. The minimum age range for primary caregivers is 16 to 21 years with 18 years the most frequently required minimum age (22 States). Seventeen States have a minimum age requirement for aides. It ranges from 14 to 18 years old, with nine States requiring 16 years as the minimum age.

Education and/or experience requirements are also extremely varied among the States. Forty-four States require some level of education or training for directors and thirty-five States have such a requirement for primary caregivers. Thirty-four States require some type of experience for directors and eighteen States include experience as a requirement for primary caregivers. Frequently, education requirements are linked to

experience requirements so that individual applicants can qualify using various combinations of education/training and work experience. Often experience can be substituted for education in order to qualify.

For the position of director, eighteen States require that directors have at least a high school diploma, with fourteen of these States requiring additional experience (from one to three years) and three of these States requiring additional child related courses. While twenty-two States permit individuals to qualify as directors if they have a Child Development Associate (CDA) credential or an Associate of Arts (A.A.) degree, fifteen of these States require some additional child related experience (from 6 months to 4 years experience). Eight of the twenty-two States also require a specific number of hours of child related coursework as part of the education requirement or as a substitute for the additional experience required. Thirteen States allow persons to qualify as directors if they have a Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) degree, but five of these States stipulate specific child related coursework and seven of these States also require some experience which is child related. Seven additional States allow child related experience alone (from one to six years) to qualify an individual as a day care center director.

For the position of primary caregiver, the State requirements are equally diverse. Fifteen States require a high school diploma as a minimum qualification and seven of these States also include a requirement for additional child related experience. Sixteen States permit a caregiver to qualify who has a CDA credential or A.A. degree but thirteen of these States stipulate additional experience and/or specific child related coursework. Eight States qualify caregivers who have a B.S. or B.A. degree and four of these require some child related experience and/or coursework.

Several States include requirements as to the overall temperament and suitability of applicants to work with children. More general in nature than age, education or experience requirements, these qualifications include: "qualities to work with children" or "emotionally suited to work with children." Ten States have such a requirement for directors, twelve States include it for primary caregivers and five States have it as a requirement for aides.

Of the seven States which sent their proposed center standards to the Department, three large States now plan to strengthen their general education and work experience requirements for directors and caregiver staff of day care centers.

## 2. DAY CARE CENTERS: CHILD ABUSE RELATED QUALIFICATIONS

The Department's review of standards found several categories of "qualifications" which relate to preventing potential abusers from qualifying for jobs in day care centers. While the strictness and content of the State standards varies considerably, 38 States prohibit or discourage the employment of a person who has an undesirable background. These "tests" of the "undesirability" for day care employment range from having felony or child abuse convictions to being mentally or

emotionally unable to care for children. The following summarizes these diverse conditions and crimes and the number of States which use these categories to keep individuals with inappropriate backgrounds from qualifying for jobs in day care centers:

- o History of Child Abuse Convictions,  
Substantiated Reports of Child Abuse 27 States
- o Convicted of a Felony or Other  
Criminal Record 17 States
- o Not Emotionally or Mentally  
Able to Care for Children 16 States
- o Other Crime Involving Moral  
Turpitude 12 States
- o Not of Good Moral Character 10 States
- o Substance Abuse History 4 States

While some States stipulate in their standards that a person will not qualify if she or he has been convicted of a felony or child abuse, others do not ban such persons categorically from employment. For example, New York denies employment of a person who has been convicted of a crime against children. Wyoming's standards require any applicant who has a history of a felony or child abuse charge to provide information concerning convictions and evidence showing the applicant's suitability to care for children. Several States require a check against the State Child Abuse Registry but do not indicate whether a person identified on the registry will be prohibited from employment. Tests for being of good moral character or emotionally and mentally able or suited to care for children are similarly not specified. Connecticut has added a condition to their standards that it is a misdemeanor to provide false written statements concerning any prior convictions in an application for a day care license.

Five of the seven States which shared their proposed standards for day care centers are planning to require, as a qualification for employment, that no director or other staff member have a history of child abuse and neglect.

### 3. FAMILY DAY CARE HOMES: GENERAL QUALIFICATIONS AND CHILD ABUSE RELATED QUALIFICATIONS

Forty-eight States have some qualification requirement(s) for family day care home providers and twenty-four States have some type of qualification criteria for assistants or aides to the providers. The most common requirement is age, with forty-three States requiring that the provider be of a minimum age. Thirty-eight of these States mandate 18 years as the minimum age, three require 21 years as the minimum and two use 19 years as the minimum age. Twenty-two States also have a minimum age requirement for assistants or aides. Ten of these States use the age of 16 as a minimum for staff who are under the supervision of the family home provider, nine States require that an assistant be 18 years old and three States set 14 as the minimum age.

Of the many States that have training, education, and experience requirements for family day care home providers and their aides, the requirements are much less specific than those used for day care centers. For example, twenty-three States require family home providers to have general knowledge of child care and/or the qualities necessary to care for children. In addition, ten States require child related education/training and/or experience for family day care home providers and seven States have an education and/or experience requirement for aides.

Thirty-eight State have some type of "qualifications" which are designed to exclude persons who have an "undesirable background" from employment as family day care home providers or assistants. Twenty-eight States have standards that do not allow licensing/registration of a family home provider who has been convicted of child abuse or neglect. Ten of these States do not license or register a family day care home if any one in the home has been convicted of child abuse and neglect. Twenty States prohibit anyone convicted of a felony from qualifying as a provider and seven of these States extend the requirement to anyone living in the home of the provider. Eighteen States have a general requirement that the caregiver be "emotionally able" to care for children, while ten States require the provider to be of "good character." Eleven States ban someone convicted of a crime of moral turpitude and eight States prohibit someone with a history of substance abuse from qualifying for licensure or registration.

Of the seven proposed standards for family day care homes which the Department received, four include as a qualification requirement that the provider have no history of child abuse and neglect. Two of these four States also extend this requirement to include anyone living in the provider's home. One other State reports it is also planning to increase the age and education requirements for family home providers.

4. GROUP DAY CARE HOMES: GENERAL QUALIFICATIONS AND CHILD ABUSE RELATED QUALIFICATIONS

As with the requirements for other day care facilities, States focus the requirements for group day care home providers and aides on age, general knowledge, education, experience and qualities such as overall temperament to work with children. Of the twenty-three States with group day care home standards, twenty-two States have some qualification standards for providers and nineteen States require providers' assistants or aides to meet some qualification requirement(s). Nineteen States have an age requirement for providers and sixteen States have age requirements for aides. For providers, sixteen States require 18 years of age, two States require 21 years of age, and one State has a minimum age of 19. Age requirements for aides include seven States with a minimum requirement of 16 years of age, five States requiring a minimum age of 18 years, three States requiring 14 years, and one State requiring 15 years as the minimum age.

Education and training requirements for group day care home providers and their staff are less specific than qualifications for day care center personnel. Nineteen States specifically require some type of child related education/training and/or experience for providers and seven States have such requirements for aides. These requirements are quite diverse, ranging from a requirement that a provider be a high school graduate to a requirement that a provider have a B.A. or A.A. degree or have a CDA credential, plus one year of experience. Several of the States require that the education and/or experience be in a child related field. In addition, five States require that providers have a general knowledge of child care and children's needs. Six of the States include a general qualification that the provider have the qualities such as temperament necessary to care for children and six States include such a requirement in the qualifications of aides.

Nineteen of the twenty-three States regulating group day care homes have some kind of "qualification" requirement to screen out persons who have "undesirable backgrounds." Sixteen of these States do not license/register a provider who has been convicted of child abuse and neglect. Thirteen States prohibit anyone convicted of a felony from qualifying as a provider. Eleven States have a general requirement that the provider be "emotionally able" to care for children. Four States ban licensure of someone convicted of a crime of moral turpitude and four States prohibit an individual with a history of substance abuse from qualifying as a group home provider. Two States have a general requirement that the provider "be of good character." Several of the States extend the above requirements to all members of the provider's household.

Only one State submitted a proposed standard for regulating group homes. This Eastern State is planning to include the qualification that a group home provider can have no history of child abuse or drug use. It also proposes to increase the education and experience requirements for group home providers.

V. PROBATIONARY PERIODS FOR NEW STAFF



## V. PROBATIONARY PERIODS FOR NEW STAFF

As State administrators grapple with the problem of preventing child abuse in day care facilities, they recognize that even the most detailed background check of a job applicant and assessment of the applicant's qualifications may not be sufficient. Such checks and assessments cannot always properly evaluate an individual's ability to provide appropriate care for young children or screen out a potential child abuser. Consequently, a probationary or trial period for new employees is a useful management tool for day care directors and providers to use in detecting problems with new staff.

A probationary period provides an opportunity to observe a new employee's skill and behavior in working with children. During this time, the center director, staff supervisor or home provider can determine whether or not the individual is performing in a satisfactory manner. The probationary period should always be for a specified period of time, and the employee should always be made aware of it before he or she accepts the job. During this period, the new employee can receive an orientation session on all center policies and procedures, special needs of individual children, and the expected code of conduct for staff interaction with children.

Parents can also be helpful in assessing new employees. They should be encouraged to visit the day care facility to observe and get to know new employees.

The Department's review of current standards reveals that a probationary period is usually not addressed in State day care standards. Only Minnesota, Illinois and Wisconsin's standards contained a statement that child day care centers must have a written description of the probationary period. Minnesota also has this requirement for group day care homes.

The Department encourages States to consider requiring a probationary period for employees at least until any required background checks are satisfactorily completed. Such a trial period helps balance the need to do background screening against the need to promptly replace staff who leave. Given the high turnover rate of day care staff and the concern for screening-out undesirable employees, a probationary period for new staff can be an effective administrative policy.

## VI. STAFF TRAINING, DEVELOPMENT, SUPERVISION AND EVALUATION

## VI. STAFF TRAINING, DEVELOPMENT, SUPERVISION AND EVALUATION

### A. TRAINING AND DEVELOPMENT

#### 1. DISCUSSION

The topic of pre-service training of day care staff is covered in Section IV on Staff Qualifications. This section deals with training and developmental activities for caregivers after they are employed in child care settings.

In-service training and development of day care staff or providers are extremely important for State administrators of licensing agencies to consider. The role of the caregiver is crucial in providing the quality of child care necessary to contribute to each child's physical, intellectual, personal and social development. The type and extent of the training which can be required depends on the ages and special needs of the children for whom the caregiver provides care and the type of day care provided. The content and extent of training is also determined by the role of the caregiver and the extent of previous training and experience. Ideally, the process of training is on-going whether the caregiver provides services in a home or administers a large center. The content of possible training activities ranges from principles and practices of child development to scheduling a day's activities.

Orientation sessions for new staff are an especially important type of training at day care centers. These sessions provide information on center policies and procedures, health and safety issues related to individual children, and the expected code of conduct relating to staff behavior with children. Staff should be told of their responsibilities for reporting suspected child abuse and neglect, including child sexual abuse, as well as the procedures for reporting suspected abuse.

State or local agencies and day care centers can provide many other types of training and developmental activities for child care providers including:

- o providing appropriate feedback based on observation of staff;
- o conducting regular staff meetings;
- o providing written materials;
- o convening on-site workshops;
- o providing a resource library;

- o encouraging staff to participate in community training resources;
- o having staff participate in the Child Development Associate Program; and
- o scheduling some time to visit other programs.

In-service training in the prevention, detection and reporting of suspected child abuse is especially important. Many caregivers, even those with extensive child development training, have never had education on this topic. Such training should include helping caregivers talk sensitively with parents and children about abuse and providing information about resources on child abuse.

## 2. STATE STANDARDS: SUMMARY

### a. GENERAL TRAINING AND DEVELOPMENT REQUIREMENTS

#### (1) DAY CARE CENTERS

The 1981 Comparative Licensing Study found several of the 50 States which required some type of in-service training for center directors and/or staff. These findings are summarized below:

	<u>Number of States with Training Requirements</u>		
	Directors	Caregivers	Support Staff
Orientation Sessions	6	9	7
In-Service Training	14	19	10

The Department's review in December 1984 of 50 State standards for day care centers shows that thirty-six States now require some kind of in-service training for day care center staff. In addition, sixteen States specifically mandate that orientation sessions be held for new center employees. Some States require a training plan for each staff member, including specifying the subject areas to be covered. Other State standards are more general, requiring that staff be provided "appropriate" in-service training.

For example, in Nevada any new employee must be given training about the center's policies, procedures and program. In addition, within six months of employment staff are required to take an initial course in child care and thereafter participate in three hours of training (workshops, conferences or formal training) each year. New Mexico requires staff to have twelve hours of training per year.

North Dakota stipulates a two day orientation for new staff in addition to five hours of training annually. Arkansas and Utah require some type of in-service training for center directors. Maine's standards include the requirement that staff participate in training and workshops on child development and education.

Georgia requires directors and staff members working directly with children to present evidence of having completed training in the field of child care every three years. New employees who have not had child care training within the previous two years must participate in such training within the first year of employment. The standard indicates that acceptable training includes: related workshops; planned conferences or seminars; training courses provided by accredited schools; the Child Development Associate program; or other training courses.

## (2) FAMILY DAY CARE HOMES

The Comparative Licensing Study in 1981 showed that, of the 44 States with family day care home standards, five States required an orientation session for staff when the home was part of a family day care system or a publicly funded provider. Additionally, nine States mandated some other type of in-service training for family day care home providers.

The Department's 1984 review of 50 States with standards for family homes found 19 States whose licensing standards or registration requirements included some type of in-service training and development. These requirements include 15 States stipulating some type of in-service training and 7 States specifying orientation sessions for new providers/employees.

Examples of the types of training required for family day care providers include the requirement in Tennessee that providers attend two hours of workshops or conferences on early childhood development. Arizona requires and arranges to provide orientation and training to family home providers in such areas as record keeping, creative activities, disciplining, and nutrition. Hawaii requires providers to attend an initial orientation before their license is granted and then requires providers to provide evidence of increased knowledge in two or more child related areas before renewal of their licenses is authorized.

### (3) GROUP DAY CARE HOMES

The 1981 Comparative Licensing Study reflected that of the fourteen States with standards for group day care homes, six States had some post-employment orientation and/or training in their licensing standards for group day care homes.

The Department's review of standards shows that 15 of the 23 States with standards for group day care homes now include some type of in-service training for group home providers. Georgia, for example, has a stipulation that providers/staff must participate in child care training within the first year of employment when they have had no training within the previous two or three years. Montana requires that a provider be given an orientation within 60 days of being certified as a group home caregiver.

#### b. CHILD ABUSE AND NEGLECT TRAINING REQUIREMENTS

As noted above, training is especially important in the area of preventing, detecting and reporting child abuse. This can be effectively provided through the orientation of new caregivers and through ongoing in-service training.

The Comparative Licensing Study did not examine the subject of training on child abuse in its review of State standards for day care centers, family homes and group homes.

### (1) DAY CARE CENTERS

The Department found in reviewing standards in effect in 1984 that nine States require directors and/or staff in day care centers to receive some type of in-service training concerning child abuse. Typically, the emphasis of the training is on detection of child abuse. Some States also require that day care center staff be trained about child abuse reporting.

For example, Kentucky requires that procedures be established to inform all day care center employees of the State laws pertaining to child abuse and neglect. North Carolina requires that training to recognize symptoms of child abuse and neglect be included in the orientation provided for new employees and that the orientation must take place within the first six months of employment. In addition, two States, Florida and Kentucky, require documentation to be on file in the day care center verifying that a new staff person has been instructed in recognizing symptoms of child abuse and neglect, including sexual abuse, and the responsibility as well as the procedures for reporting abuse.

In a recently enacted law in New York City, the Department of Social Services is required to provide training in the detection and reporting of child abuse for current and prospective day care personnel. The law also requires the Department of Social Services to issue and circulate to all day care providers and parents a publication containing information on how to identify and report suspected instances of child abuse.

Of the seven States which submitted proposed changes in their center standards, two reported that changes will include specific requirements for training of staff about child abuse. This training will include identification of symptoms of child abuse and information concerning reporting requirements.

## (2) FAMILY AND GROUP DAY CARE HOMES

The Department's study of standards discovered five States which now require family day care home providers to have some training related to child abuse. Three States now mandate that group day care home providers have such training. The requirements of these States typically indicate that providers shall be trained about identifying and reporting child abuse.

### B. SUPERVISION AND EVALUATION

#### 1. DISCUSSION

Adequate on-going supervision and evaluation of the performance of day care staff, including the provision of appropriate feedback to staff from supervisors, is important to ensure good quality child care. As licensing staff prepare standards they must consider a number of factors regarding supervision. The amount of direction and control exercised over day care staff varies greatly depending on the experience and responsibilities of the person being supervised and the type of facility in which they are employed.

In addition, standards should ensure adequate supervision of day care staff to assure the protection of children from abuse and neglect. Adequate supervision of staff can result also in the provision of appropriate activities for the children, the identification of staff training needs, and the proper staff conduct with children. Staff assessment during the probationary period is a particularly important tool in screening out potentially problem staff, as noted in the previous section.

## 2. STATE STANDARDS: SUMMARY

The Comparative Licensing Study did not examine the specific topics of staff evaluation and supervision. The following information is from the Department's analysis of standards in effect in 1984.

### a. DAY CARE CENTERS

The Department's review of the current standards of the fifty States shows that twenty-nine States address the issue of supervision of day care center staff. The thrust of many of the supervision requirements is to assure that adult caregivers supervise assistants or volunteers, especially minors (usually under the age of 18). While seven of the 29 States do not specifically mention in their standards the type of supervision to be provided, they do require that centers maintain written job descriptions or written personnel policies. These descriptions and policies frequently outline the type of supervision that employees receive.

Twelve States have requirements concerning job performance evaluations for center staff. For example, California requires that evaluations be used, in part, to determine necessary on-the-job training. Tennessee recommends that annual evaluations be performed for staff. Several other States include evaluation procedures in the written personnel policies which centers are required to develop and maintain.

### b. FAMILY DAY CARE HOMES AND GROUP DAY CARE HOMES

The Department reviewed the State standards in 50 States with requirements for family day care homes and 23 States with requirements for group day care homes. Of these States, fifteen had supervision requirements for family day care homes and eight had such requirements for group day care homes. The typical requirement is that the provider must supervise aides 14 to 17 years old or that no one under 18 years of age is to be left alone with a child.

For family home providers, two States (New York and New Jersey) require annual evaluations of the providers' performance. In New York the State licensing agency does the yearly evaluation, while in New Jersey the sponsoring agency of the provider reevaluates the provider every twelve months. For group day care home providers, only Minnesota's standards include a provision about evaluation of performance.



## VII. STAFF-CHILD RATIOS

## VII. STAFF-CHILD RATIOS

### A. DISCUSSION

In developing requirements for staff-child ratios, State regulators have to make difficult decisions based on competing considerations. The number of staff who must be employed to care for a given number of children is crucial in ensuring the safety of children in day care facilities. It is also the greatest cost factor in child care. As a result, staff-child ratios are an area of great diversity among the States, and the requirements developed by the States in this area tend to be more complex than regulations developed in other areas.

States must first decide whom to count in developing staff-child ratios. Since absences from day care are common, some States have adopted staff-child ratios based on the number of children enrolled in a program, while others count the average number of children who attend a program on a given day. There is also the question of which staff to count. Some States allow time spent by volunteers in the care of children to be counted, while others do not. Still others allow counting volunteers only if they work a specified number of hours per week. Some States count non-caregiver staff, such as day care center directors, while others do not. Some States allow only the time that non-caregiver staff spend in direct care of children to be counted.

Another issue is the question of group composition as it relates to the age of the children involved. Most States require a higher staff-child ratio for younger children. If a group includes children of mixed ages, some States base the staff-child ratio on the age of the youngest child in the group. Other States consider the average age of all the children in the group. There may also be State variation in required staff-child ratios based on the type of activity. For example, less staff may be required during outdoor play times and during nap time.

Generally, States have established a required staff-child ratio, primarily to ensure the children's health and safety. They have selected the number of staff necessary to avoid children being left unattended and the number of staff needed to evacuate a building in an emergency. Some States have also established ratios to encourage programs to provide appropriate developmental experiences for children.

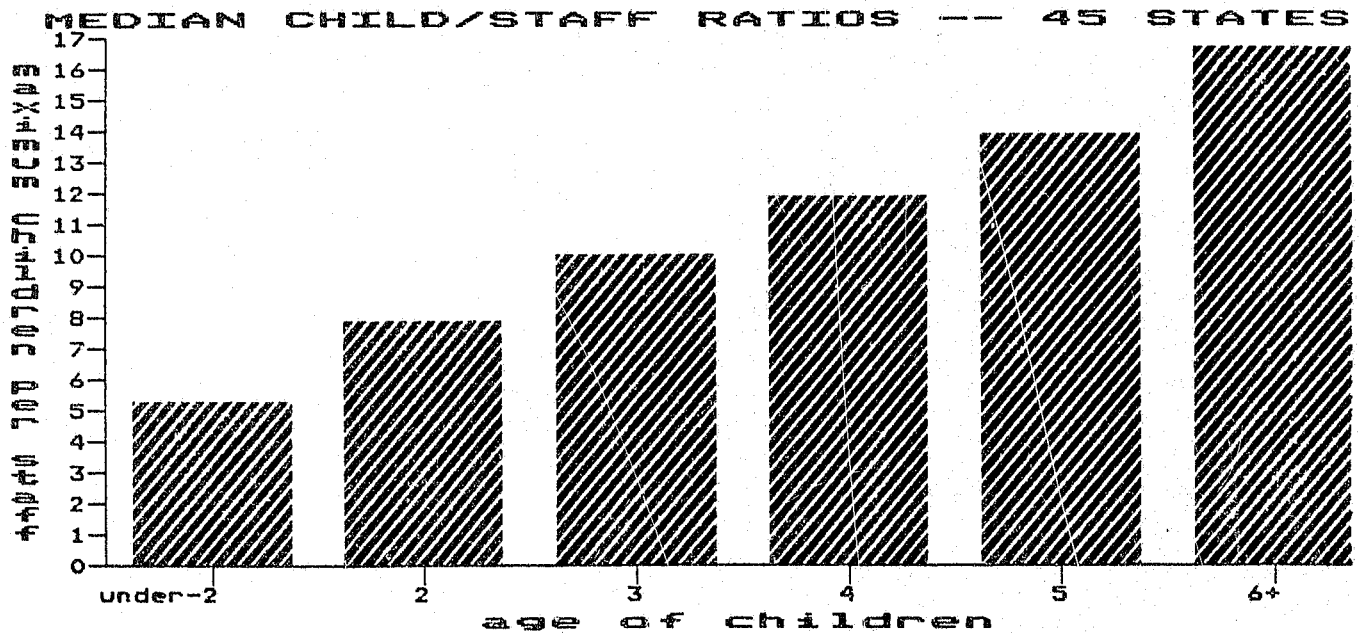
In determining child-staff ratios States must consider the costs involved. First, States must determine what constitutes adequate staffing to protect children's health and safety and provide an appropriate program of activities. They also must consider the stress on staff who are responsible for large numbers of children, recognizing that stress can lead to inappropriate reactions to children's behavior. However, they know that if the State requirements for staff-child ratios are too stringent, the cost of care may exceed parent's ability to pay and result in children being placed in unregulated care. Each State considers its own circumstances in balancing the considerations of cost against the safety, health and program for children and the impact on staff.

## B. STATE SUMMARIES

### 1. DAY CARE CENTERS

The 1981 Comparative Licensing Study gathered extensive information about State staff-child ratios for day care centers (see Appendix D). In addition, in 1981, at the request of Congress, the Department prepared the Report of the Assessment of Current State Practices in Day Care Programs funded by the Title XX of the Social Security Act. This report had a major emphasis on staff-child ratios. Summary tables from this report are included in Appendix E. The Department's review of day care standards/requirements in effect in 1984 found that staff-child ratios for day care centers have not changed significantly since 1981.

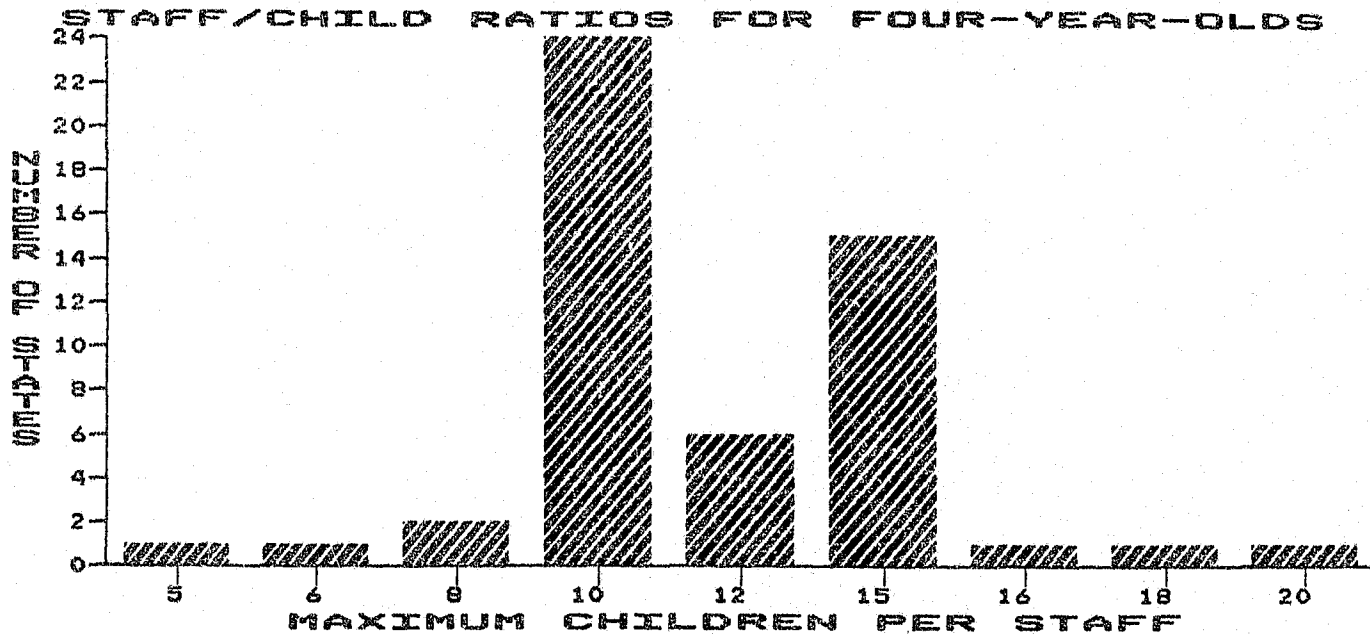
In general, States allow caregivers to look after more children the older those children are. This can be seen in Table 1 below. However, there is considerable variation among the States on the staff-child ratios established in State day care standards. For example, as the tables in Appendices D and E show, States range from a ratio of 5:1 to 20:1. However, relatively few States mandate staff-child ratios under 10:1 and relatively few permit ratios over 15:1.

TABLE 1 1/

A summary of the staff-child ratios for four-year-olds shown in the 1981 Comparative Licensing Study also demonstrates the variance among States on the standards they set for the number of children per caregiver. The results of that summary, depicted in Table 2, show the wide range of ratios among the States from 5:1 to 20:1. However, again relatively few States required staff-child ratios under 10:1 and also relatively few allowed ratios over 15:1.

1/ Adams, Diane; A Comparison of Licensing Standards of Selected States; February 1983.

TABLE 2



## 2. FAMILY DAY CARE HOMES

The most common State standard for staff-child ratios in family day care homes is the requirement that caregivers can provide care for no more than six children, including the provider's own children under the age of 12.

This requirement is also usually further restricted to stipulate that no more than two of the six children may be under the age of two. Approximately half the States adhere to this standard.

The 1981 Comparative Licensing Study found that the group size in family day care homes was significantly lower than the maximum allowed in the standard, or 3.8 children per family day care home. The Department finds that there have been relatively few changes in these ratios and group size since the 1981 Study. (See Appendix F for a listing of each State's ratios for family homes.)

### 3. GROUP DAY CARE HOMES

Among the 23 States that regulate group day care homes, the ratios of children to staff are somewhat higher than for family day care. The average requirement is 8 to 10 children maximum per staff person. However, in most cases this higher ratio applies only to night care, when the children are asleep. During the day, the requirements are similar to those for family day care. The findings of the Department's 1984 review of State standards are consistent with those shown in the 1981 Comparative Licensing Study. (See Appendix G for a table showing each State's ratios for group homes.)

## VIII. APPENDICES

## VIII. APPENDICES

- A. Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children
- B. Child Welfare League of America Standards for Day Care Service
- C. Summary of Staff Qualifications by Job Classification
- D. Summary of Staff Child Ratios for Day Care Centers
- E. State Minimum Staff-Child Ratio Requirements for Title XX and Non-Title XX Funded Centers by Child Age and Pre-School Child Enrollment in Homes During Morning Hours
- F. Summary of Staff-Child Ratios for Family Day Care Homes
- G. Summary of Staff-Child Ratios for Group Day Care Homes



APPENDIX A

ACCREDITATION CRITERIA AND PROCEDURES OF THE NATIONAL  
ACADEMY OF EARLY CHILDHOOD PROGRAMS, A DIVISION OF  
THE NATIONAL ASSOCIATION FOR THE EDUCATION OF  
YOUNG CHILDREN

---

Reprinted with permission from the National Association  
for the Education of Young Children. Permission to reprint  
must be obtained from the copyright holder only.

# Accreditation Criteria & Procedures

*Position Statement of the*  
National Academy of  
Early Childhood Programs

*A Division of the*  
National Association for the  
Education of Young Children

---

National Association for the Education of Young Children  
1834 Connecticut Avenue, N.W., Washington, DC 20009

*Photo credits:*

Robert Bowie, p. 20  
Faith Bowlus, p. 35  
Betty C. Ford, p. 29  
Bill Maier, p. 23  
Roger W. Neal, p. 10  
Cathy Nelson, p. 26  
Elisabeth Nichols, p. 39  
Elwyn Spaulding, p. 6  
Subjects & Predicates, pp. 8, 11, 12, 15, 16  
Elaine M. Ward, p. 33  
Doris Wilder, p. 4

*Copies of Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs* are available from NAEYC, 1834 Connecticut Avenue N.W., Washington, DC 20009.

Copyright © 1984 by the National Association for the Education of Young Children. All rights reserved.  
Reproduction in whole or part without written permission is strictly prohibited.

Library of Congress Catalog Card Number: 84-62064  
ISBN Catalog Number: 0-912674-91-1  
NAEYC # 20

*Printed in the United States of America.*

# Contents

---

Center Accreditation Project Steering Committee	<i>iv</i>
Foreword — Bettye M. Caldwell, NAEYC President 1982–1984	<i>ix</i>
Definitions	<i>x</i>

## Part 1. Policies and Procedures for Accreditation 1

Goals 1

Eligibility 1

Overview of the accreditation process 1

Step 1 — Center conducts self-study 3

Step 2 — Center reports to the Academy 3

Step 3 — Center receives validation visit 3

Step 4 — Commissioners consider the center report 5

Step 5 — Deferred centers may appeal 5

Step 6 — Accredited centers must maintain accreditation 6

## Part 2. Criteria for High Quality Early Childhood Programs with Interpretations 7

A. Interactions among Staff and Children 8

B. Curriculum 11

C. Staff-Parent Interaction 15

D. Staff Qualifications and Development 18

E. Administration 21

F. Staffing 23

G. Physical Environment 25

H. Health and Safety 28

I. Nutrition and Food Service 35

J. Evaluation 37

Appendix A — Developmental Appropriateness 39

Appendix B — Schedule for Childhood Immunization 43

Appendix C — Child Care Food Program Recommendations 44

Appendix D — Requirements for Food Preparation and Service 49

Bibliography 51

Index 55

Information about NAEYC and the National Academy of  
Early Childhood Programs 59

# *Center Accreditation Project Steering Committee*

---

**Barbara T. Bowman**

NAEYC President 1980—1982  
Director, Graduate Studies  
Erikson Institute for Advanced Studies in Child  
Development  
Loyola University of Chicago  
Chicago, Illinois

**Bettye M. Caldwell**

NAEYC President 1982—1984  
Donaghey Distinguished Professor of Education  
College of Education  
University of Arkansas at Little Rock  
Little Rock, Arkansas

**Earline D. Kendali**

NAEYC Governing Board Member 1979—1983  
Chairperson  
Department of Education  
Belmont College  
Nashville, Tennessee

**Sally J. Kilmer**

NAEYC Treasurer 1981—1985  
Associate Professor  
Department of Home Economics  
Bowling Green State University  
Bowling Green, Ohio

**Jan McCarthy**

NAEYC President 1978—1980  
Professor  
Early Childhood Education  
Department of Elementary Education  
Indiana State University  
Terre Haute, Indiana

**Docia Zavitkovsky**

NAEYC President 1984—1986  
Child Development Consultant  
Los Angeles, California

# Foreword

---

The primary goal of NAEYC is to improve the quality of life for young children and their families and, by doing so, to help children grow up to be happy, confident, and loving adults. In order to achieve this goal, the Association has developed a number of programs to support professionals who work with and for young children—publications, conferences, leadership training for state and local Affiliates, and diligent advocacy activities at all levels. However, NAEYC has never been involved in an activity more critical to the improvement of quality in early childhood programs than the development of the accreditation system described in this book. It is truly an idea whose time has come.

This system is an idea that has been shaped, nourished, revised, and remolded by thousands of NAEYC members, by parents, and by representatives of other disciplines who care for and about young children. While those of us on the Steering Committee had the privilege and challenge of shaping the development of each aspect of the system, the final product represents thoughtful and reasoned input from the entire Governing Board, as well as from the many NAEYC members who critiqued—either in writing or verbally in public forums—each aspect of the system. These aspects include the formulation of the criteria for quality, procedures for the self-study, provision of technical assistance and training, the validation process, and the accreditation decision process of the Commission.

Of all the steps in the accreditation procedures none is more critical than the formulation of the criteria for quality. Although we all feel that we know what a high quality program looks like and sounds like and feels like, it can be difficult to translate that gestalt into specific components for staff and parents to examine as they begin their own self-study and which outside validators can reexamine when they visit a center going through the accreditation process. Something that we know to be crucial may, when put in writing, appear to be trivial or not quite what we meant. Because of the difficulty in choosing exactly the right headings and the right words for the individual quality descriptors, we are so grateful for the input from our membership.

Our aim has been to formulate criteria which are general enough to cover different types of settings, yet specific enough to be objectively observable; which are precise enough to convey the true meaning of each component, yet comprehensive enough to allow for individual variations. We have not attempted to impose a narrow stereotype of quality in early childhood programs. Rather, we have identified specific aspects of program realities which respect the diversity of educational philosophies without compromising what we know to be the developmental needs of young children.

We are confident that these criteria represent an acceptable, contemporary consensus that allows us to begin the important task of helping parents find and recognize early childhood programs that offer high quality services to them and their children. Along with this will come a better understanding by the general public of what is meant by quality and, hopefully, a stronger commitment to making such programs available to all children who need them.

Bettye Caldwell  
NAEYC President  
1982–1984

## Definitions

**Academy**—the National Academy of Early Childhood Programs, the department of the National Association for the Education of Young Children (NAEYC) which administers the accreditation system.

**Centers**—part-day and full-day group programs in schools and other facilities serving a minimum of ten children birth through age five and/or five- to eight-year-olds before and/or after school. See definition of *program*.

**Component**—aspects of an early childhood program that are to be evaluated. The Criteria address ten components of an early childhood program: interactions among staff and children; curriculum; staff-parent interaction; staff qualifications and development; administration; staffing; physical environment; health and safety; nutrition and food service; and evaluation.

**Criteria**—standards by which the components of an early childhood program will be judged.

**Early childhood**—birth through age eight.

**Group**—the children assigned to a staff member or team of staff members, occupying an individual classroom or well-defined physical space within a larger room.

**Infants**—children between the ages of birth and 12 months.

**Preschoolers**—children from three through five years of age. Children in kindergarten are considered preschoolers in these materials.

**Program**—an early childhood program. The terms *center* and *program* are used interchangeably throughout this document.

**School-age children**—children attending first grade or beyond who are participating in a before- and/or after-school program.

**Staff**—paid adults who have direct responsibilities for the care and education of the children.

**Toddlers**—children between the ages of 13 months and 36 months.

# *Policies and Procedures for Accreditation*

## **Goals**

The accreditation system of the National Academy of Early Childhood Programs is designed to meet two major goals:

1. to help early childhood program personnel become involved in a process that will facilitate real and lasting improvements in the quality of the program serving young children; and
2. to evaluate the quality of the program for the purpose of accrediting those early childhood programs that function in accordance with the criteria for high quality programs. The following policies and procedures are designed to achieve both of these goals.

## **Eligibility**

To be eligible for accreditation, an early childhood program must

1. serve a minimum of ten children within the age group of birth through five in part- or full-day group programs, five- through eight-year-olds before and/or after school. (Family day care homes are not eligible for accreditation at this time.)
2. have been in operation at least one year prior to receipt of accreditation. (Programs may apply and participate in the self-study activities during their first year of operation but validation/accreditation procedures cannot be scheduled until the center has completed one full year of operation.)
3. be licensed by the appropriate state/local agencies or if exempt from licensing, demonstrate compliance with its own state's standards for child care centers subject to licensing. In states which have no standards for certain kinds of programs, those programs are eligible to apply for accreditation.

## **Overview of the accreditation process**

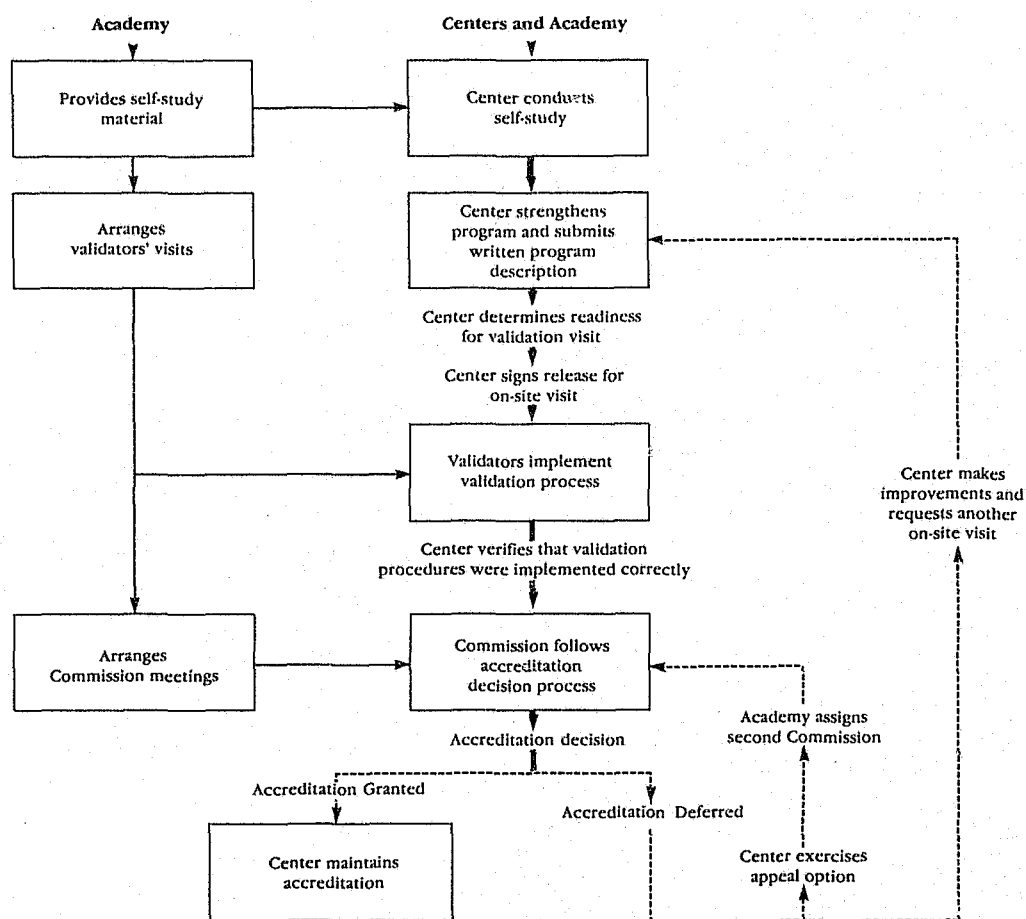
Early childhood programs voluntarily choose to participate in the accreditation project. Centers receive the materials needed to initiate a *self-study*—the first step in the accreditation process—following the payment of an application fee. Center personnel and parents use these materials to develop a comprehensive evaluation of the early childhood program.

The program administrator develops and implements a plan for making needed improvements and, once satisfied that the program is adequately meeting the criteria, submits the results of the self-study to the Academy staff in the form of a *written program description*. When the Academy staff determine that the description is complete and the center personnel decide that the center is ready, an on-site visit is arranged. The purpose of the on-site visit is to validate that the information contained in the program description is an accurate reflection of the daily operations of the program.



Accreditation decisions are made by three-member Commissions, who receive the validated program descriptions prior to meeting in Washington, D.C. The accreditation decision is a professional judgment within the limits of the Academy's Criteria for High Quality Early Childhood Programs (pages 7—37), which considers all components of the program as well as its unique characteristics. A step-by-step overview of the accreditation process as it would be experienced by an early childhood program is presented in Figure 1 below.

**Figure 1. Overview of the accreditation process.**



### Step 1 — Center conducts self-study

The center director (or other appropriate person) initiates the process by voluntarily applying to the Academy and paying an application fee which varies depending on the number of children enrolled in the program. For this fee, the center receives all the materials necessary to conduct an in-depth self-study.

The self-study is the central element of the accreditation process. Its purpose is to provide an opportunity for the entire staff of the center and the parents they serve to examine the center's operations and identify strengths and weaknesses. Undertaking a self-study implies a voluntary commitment to self-evaluation and self-improvement.

Each program seeking accreditation receives an *Accreditation Manual*. The Manual includes specific instructions and worksheets for use during the self-study. The self-study consists primarily of four parts:

- an *Early Childhood Classroom Observation* form which is used by teachers and the director to rate the quality of interactions between staff and children, the implementation of the curriculum, the physical environment, and the mechanisms for protecting children's health and safety
- an *Administrator Report* which is used by the director to evaluate the administrative aspects of the program
- a *Staff Questionnaire* which is completed by all staff members who work with children and addresses staff issues, administration, and program implementation
- a *Parent Questionnaire* which gives all parents an opportunity to evaluate the program, particularly the quality of interactions between staff and parents

The time needed for the self-study process varies depending on the strengths and weaknesses of the program. There is no time limit; the pace of the self-study process is set by the program director.

Following the self-study, the center personnel may determine that the center is ready to proceed with accreditation or that certain areas need improvement. The center personnel can ask the Information Services Department of NAEYC to identify resources to use in improving the quality of the program.

### Step 2 — Center reports to the Academy

The results of the self-study are reported to the Academy in the written program description. The written program description is designed to achieve uniformity in format, organization, and length. This facilitates more efficient handling by both on-site validators and by commissioners making evaluation decisions. In cases where the program does not comply with a criterion, the director has the opportunity to provide reasons for non-compliance or to explain how the program meets the criterion through alternate means.

The staff of the Academy examine the program description to determine that it is complete. Staff may conduct phone interviews to obtain additional information for incomplete or unclear areas of the report. Academy staff may advise the center to record additional information in the report or to delay seeking accreditation until improvements have been made.

### Step 3 — Center receives validation visit

When the chief administrative officer of the center feels that the center is ready, an on-site validation visit is requested. The center pays an additional fee to cover the cost of the on-site visit and Commission evaluation. The official administrative officer of the center signs a release document stating that the applicant

In good quality programs children are usually comfortable, relaxed, and involved in play and other activities.



understands the accreditation procedures, knowingly presents itself for review, and will hold the Academy harmless for its procedures and decisions. The release document states that accreditation is null and void if false information is submitted to the Academy at any time.

The number of validators assigned to the center depends on the size of the program. One validator is assigned to centers serving fewer than 60 children. Two validators are assigned to centers serving more than 61 children. On-site visits ordinarily take one day. If the center serves more than 120 children, a two-day visit is necessary.

Validators are highly qualified early childhood professionals. Validator qualifications include experience in working directly with children in group programs and in administering group programs for children; a college degree in early childhood education, child development or the equivalent; and appropriate personal characteristics such as objectivity, good communications skills, and professionalism. Validators are thoroughly trained in the validation procedures and tasks.

Assignment of validators to centers is guided by the need to control for possible conflicts of interest. Academy guidelines for defining conflicts of interest must be followed. Validators are required to indicate possible conflicts of interest when they have been assigned to centers. Also, the names of assigned validators are sent to center directors prior to the visit. If the center director feels the assigned validator will be unable to be objective due to some conflict of interest, the director may request a different validator.

The purpose of the on-site validation is to verify that the information contained in the written program description is an accurate reflection of the day-to-day operations of the center. Validators do not make decisions regarding accreditation, but advise the Academy on the accuracy of the program description. Validators may find that the description does not accurately reflect some positive or negative aspects of the center. In either case, the validators report their findings.

Activities conducted on site include an initial meeting with the director, tour of the center, sample observations of several classrooms, interviews with staff members whose classrooms are observed, a sampling of records and written policies, and an in-depth discussion of the entire validation with the director.

Validators conduct an in-depth interview with the center director to discuss the results of the validation. This process provides the director the opportunity to submit additional information and to comment or explain each non-validated criterion.

At the conclusion of the validation visit, the director signs a release form indicating that the validated program description accurately represents the results of the discussion with the validator(s) and that the validator(s) followed the Academy's prescribed procedures in conducting the visit. If the director has evidence that a validator did not follow the prescribed procedures, the evidence will be investigated. When necessary, the Academy will assign another validator to redo the validation, at Academy expense.

#### **Step 4—Commissioners consider the center report**

Accreditation decisions are made by accreditation Commissions of three people. Each Commission is comprised of a diverse group of early childhood professionals such as program administrators, teacher educators, and researchers. Each team of commissioners makes accreditation decisions for 15 to 20 programs.

Cases are assigned to Commissions using procedures to avoid conflicts of interest. For example, commissioners do not make decisions about program which are located in their home state. Commissioners are not given the names of the programs being considered.

For each case, the Commission has the choice of two decisions: grant accreditation or defer accreditation until improvements can be made. Decisions are based on professional judgments made within the limits of the Academy's Criteria. Commissioners consider the context in which a center is operating and the overall impact of varying degrees of compliance for each component. It is recognized that complete compliance with all Criteria will be rare.

A unanimous decision is required to grant accreditation. If the decision is not unanimous, then accreditation is deferred until needed improvements can be made. A decision to defer is accompanied by specific reasons and recommendations for improvements. If a center is deferred, the center may make necessary improvements and request an additional on-site validation. The costs of the validation are incurred by the center. Centers have the option of going through the process until they have been deferred for a fourth time.

#### **Step 5—Deferred centers may appeal**

If a center disagrees with the decision to defer accreditation, the decision may be appealed. Given just cause, the case is assigned to another Commission for a second decision. Such an appeal of the professional judgment of a Commission may be made only once and must be filed within 30 days after receipt of the Commission's decision.

### Step 6—Accredited centers must maintain accreditation

The accreditation is valid for three years. During that period, accredited programs are required to submit annual reports which reflect the needs assessment, goal setting, and periodic evaluation that are part of the Criteria. Annual reports also inform the Academy of any changes in staff or administrative personnel or other aspects of the program such as the physical facility. The center must reapply for accreditation within six months following a change in location or ownership.

Before accreditation expires, an accredited center must repeat the evaluation process to ensure that high quality is maintained. This will include the conduct of a self-study, on-site validation, and Commission decision.

The Academy retains the right to initiate a review of the accreditation of a center at any time on the basis of evidence of non-compliance with the Criteria. On the basis of information in the annual report or as a result of a written complaint, the Academy may require that the center respond in writing or submit to a site visit. In such an event, the center will be offered an opportunity to be reevaluated and will be required to pay the cost of the site visit. If the center refuses to comply with these procedures, accreditation is withdrawn.

The use of the National Academy of Early Childhood Programs accreditation signs, seals, plaques, and other indications of accreditation is a privilege reserved for accredited early childhood programs. These symbols are only on loan for proper display during the term of accreditation. An early childhood program may not use these symbols if the program has not been accredited or if the program has been accredited but the term of accreditation is expired.

Good quality programs recognize the importance of the child's family and develop strategies to work effectively with families.



---

# *Criteria for High Quality Early Childhood Programs with Interpretations*

## **Introduction**

The National Academy of Early Childhood Programs defines a high quality early childhood program as one which meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults—parents, staff, and administrators—who are involved in the program. Each day of a child's life is viewed as leading toward the growth and development of a healthy, intelligent, and contributing member of society.

The Academy's Criteria for High Quality Early Childhood Programs represent the consensus of the early childhood profession regarding the definition of a good quality group program for young children. The Criteria were developed over a three-year period by reviewing approximately 50 evaluation documents and the research literature on the effects on children of various components of an early childhood program.

The validity of the Criteria as indicators of a good quality program was tested by submitting them to approximately 250 early childhood specialists throughout the country. The Criteria were then revised based on the recommendations of the 175 specialists who responded. A draft of the Criteria was published in the November 1983 *Young Children*—NAEYC's journal which is distributed to 43,000 members—with a request for review and comment. Numerous individuals and NAEYC Affiliate Groups reviewed and critiqued the draft. Open hearings were also held at NAEYC Conferences in 1982 and 1983 to receive comment about the accreditation system. The Criteria were then field tested in 32 early childhood programs in four areas of the country. The Criteria were adopted by NAEYC's Governing Board in July 1984.

A great deal of knowledge, gleaned from years of research and observation, now exists about child development and how to provide optimal environments for young children. The Academy's Criteria are based on that knowledge and the practical experience of thousands of early childhood professionals who work with young children and their families.

The development of the Criteria would not have been possible without the efforts of numerous early childhood and child development experts. Although it is not possible to acknowledge the hundreds of people who contributed to this project, the Bibliography (pp. 51-53) lists the written sources from which the Criteria were developed.

These Criteria include ten components of group programs for young children. Each component begins with a brief goal statement and rationale followed by the criteria which indicate that the goal is being achieved. Each criterion is followed by interpretive statements to help clarify and explain the item. Appendixes A, B, C, and D contain further details.

## A. Interactions among Staff and Children

**GOAL:** *Interactions between children and staff provide opportunities for children to develop an understanding of self and others and are characterized by warmth, personal respect, individuality, positive support, and responsiveness. Staff facilitate interactions among children to provide opportunities for development of social skills and intellectual growth.*

**RATIONALE:** *All areas of young children's development — social, emotional, cognitive, and physical — are integrated. Optimal development in all areas derives from positive, supportive, individualized relationships with adults. Young children also develop both socially and intellectually through peer interaction.*

**A-1. Staff interact frequently with children. Staff express respect for and affection toward children by smiling, touching, holding, and speaking to children at their eye level throughout the day, particularly on arrival and departure, and when diapering or feeding very young children.**

Interaction with adults contributes to all areas of growth and development. Both verbal and nonverbal contact between adults and children should be frequent.

**A-2. Staff are available and responsive to children; encourage them to share experiences, ideas, and feelings; and listen to them with attention and respect.**

Responsiveness will vary depending on the age of the child. For example, the responsive adult quickly comforts an infant in distress, nods at a toddler in need of reassurance, replies to an older child's question, or complies with a verbal request. For a child to wait for adult time or response is sometimes inevitable but such waiting should be minimized as much as possible, particularly for infants who need to experience a responsive environment to develop a sense of trust and security. When staff talk with infants and toddlers, they provide labels or supply the appropriate word.

Young children develop optimally through close, affectionate relationships with other people, particularly adults.



**A-3. Staff speak with children in a friendly, positive, courteous manner. Staff converse frequently with children, asking open-ended questions and speaking individually to children (as opposed to the whole group) most of the time.**

Children's communication skills develop from verbal interaction with adults. Open-ended questions prompt the child to talk because they cannot be answered by *yes* or *no* or one word. Other questioning techniques which contribute to language development should also be used.

**A-4. Staff equally treat children of all races, religions, and cultures with respect and consideration. Staff provide children of both sexes with equal opportunities to take part in all activities.**

Cultural diversity is the American norm. Recognition of and respect for a child's unique cultural heritage is essential. Culture provides a source of identity, a framework for interpreting the world, the basis for a feeling of belonging, and the basis for esthetic values.

**A-5. Staff encourage developmentally appropriate independence in children. Staff foster independence in routine activities such as picking up toys, wiping spills, personal grooming (toileting, hand washing), obtaining and caring for materials, and other self-help skills.**

Independent functioning is an important task for young children. Independence develops gradually through opportunities for successful practice. Expectations of independent functioning in children will vary with the developmental level of the child.

**A-6. Staff use positive techniques of guidance, including redirection, anticipation of and elimination of potential problems, positive reinforcement, and encouragement rather than competition, comparison, or criticism. Staff abstain from corporal punishment or other humiliating or frightening discipline techniques. Consistent, clear rules are explained to children and understood by adults.**

Guidance techniques should be nonpunitive and accompanied by rational explanations of expectations. Limits are set for children but the environment is arranged so that a minimal number of *no's* are necessary, particularly for very young children.

**A-7. The sound of the environment is primarily marked by pleasant conversation, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise or enforced quiet.**

The sound of the environment is an indicator of the quality of the adult-child interaction. Since children are developing language, conversation is to be encouraged. Adult voices should not predominate.

**A-8. Staff assist children to be comfortable, relaxed, happy, and involved in play and other activities.**

Level of involvement will vary depending on age of children, time of day, kind of activity, and other factors. At times, children express strong emotions such as anger, frustration, and sadness. Such expression of emotion is desirable. The criterion is to be applied generally with recognition of individual differences and circumstances.



Staff foster cooperation and other prosocial behaviors among children.



**A-9. Staff foster cooperation and other prosocial behaviors among children.**

The development of prosocial behaviors such as cooperating, helping, taking turns, and talking to solve problems is one goal of a good quality early childhood program. Such behavior is fostered through modeling and encouragement rather than through punitive measures.

**A-10. Staff expectations of children's social behavior are developmentally appropriate.**

Social skills develop through interaction with peers and adults and vary greatly depending on developmental age and experience. While development of socially appropriate behavior is an important curriculum goal (see **B-7**), it is equally important that staff members recognize developmental differences and adjust their expectations accordingly. See Appendix A for references on developmental appropriateness.

**A-11. Children are encouraged to verbalize feelings and ideas.**

Children's verbalization of emotions and ideas is both a goal for and an indicator of a good quality program. While preverbal children will naturally communicate physically, staff members redirect their actions constructively and encourage verbal expression.

## B. Curriculum

**GOAL:** *The curriculum encourages children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own interests in the context of life in the community and the world.*

**RATIONALE:** *The curriculum is not just the goals of the program and the planned activities but also the daily schedule, the availability and use of materials, transitions between activities, and the way in which routine tasks of living are implemented. Criteria for curriculum implementation reflect the knowledge that young children learn through active manipulation of the environment and concrete experiences which contribute to concept development.*

**B-1. The curriculum is planned to reflect the program's philosophy and goals for children.**

A long range, written curriculum plan exists which reflects the program's philosophy concerning how children learn and goals for children's development.

**B-2. Staff plan realistic curriculum goals for children based on assessment of individual needs and interests.**

In addition to general, long range plans for groups, staff plan activities for individual children based on individual assessment (see J-3).

**B-3. Modifications are made in the environment when necessary for children with special needs. Staff make appropriate professional referrals where necessary.**

Modifications will vary depending on the type and number of special needs children who are served by the program. The inclusion of handicapped, developmentally delayed, or emotionally disturbed children may necessitate lower staff-child ratios, specialized staff training, and special environmental arrangement and equipment. Staff are familiar with available community resources and refer parents (see E-9, C-5, and C-6).

The curriculum encourages children to be actively involved in the learning process.



**B-4. The daily schedule is planned to provide a balance of activities on the following dimensions:**

- a. indoor/outdoor
- b. quiet/active
- c. individual/small group/large group
- d. large muscle/small muscle
- e. child initiated/staff initiated

A written daily schedule provides for alternating activities on the above dimensions. For instance, all age groups need daily outdoor play periods, weather permitting.

**B-5. Developmentally appropriate materials and equipment which project heterogeneous racial, sexual, and age attributes are selected and used.**

We live in a heterogeneous society. Materials and equipment should reflect the diversity that exists in society and avoid stereotyping of any group.

Staff members continually provide learning opportunities for infants and toddlers, most often in response to the child's own cue.



**B-6. Staff members continually provide learning opportunities for infants and toddlers, most often in response to cues emanating from the child. Infants and toddlers are permitted to move about freely, exploring the environment and initiating play activities.**

Curriculum for very young children involves providing a stimulating environment for children to explore and manipulate. Nonmobile children should be carried by staff and their position should be changed frequently so that they can observe different aspects of the environment.

**B-7. Staff provide a variety of developmentally appropriate activities and materials that are selected to emphasize concrete experiential learning and to achieve the following goals:**

- a. foster positive self-concept.
- b. develop social skills.
- c. encourage children to think, reason, question, and experiment.
- d. encourage language development.
- e. enhance physical development and skills.
- f. encourage and demonstrate sound health, safety, and nutritional practices.
- g. encourage creative expression and appreciation for the arts.
- h. respect cultural diversity of staff and children.

Long range and daily activity plans should reflect commitment to at least the above goals. Some references which suggest developmentally appropriate activities for each age group appear in Appendix A. One activity could easily meet more than one of the above goals. For instance, serving ethnic foods could address goals a, f, and h.

**B-8. Staff provide materials and time for children to select their own activities during the day. Children may choose from among several activities which the teacher has planned or the children initiate. Staff respect the child's right to choose not to participate at times.**

In group programs, there are many situations in which children must participate without choice. For instance, often children must eat or go outside when those activities are scheduled. There should also be situations in which participation is an option and in these situations children should be encouraged but not forced to participate. This criterion addresses the need for young children to develop initiative and decision-making skills by making real choices.

**B-9. Staff conduct smooth and unregimented transitions between activities. Children are not always required to move from one activity to another as a group. Transitions are planned as a vehicle for learning.**

Young children are always learning from both planned and unplanned activities. Transitions between activities are integrated into the program as learning opportunities. Children should be encouraged to help during transition times. Transitions should be carefully planned: children should be given advance notice to prepare for change; transitions should be gradual rather than abrupt; and waiting should be minimized. Lines are rarely necessary and to be discouraged.

**B-10. Staff are flexible enough to change planned or routine activities according to the needs or interests of children or to cope with changes in weather or other situations which affect routines without unduly alarming children.**

Programs need carefully planned, developmentally sequenced curricula, but all curriculum plans should be flexible enough to provide for the changes and unforeseen circumstances that inevitably arise in children's programs.

**B-11. Routine tasks are incorporated into the program as a means of furthering children's learning, self-help, and social skills. Routines such as diapering, toileting, eating, dressing, and sleeping are handled in a relaxed, reassuring, and individualized manner based on developmental needs. Staff plan with parents to make toileting, feeding, and the development of other independent skills a positive experience for children. Provision is made for children who are early risers and for children who do not nap.**

Young children are constantly learning and much learning takes place during daily activities. Young children gain a sense of their own identity and self-worth from the way in which their bodily needs are responded to and satisfied. As much as possible, personal care routines should be determined by the individual child's needs and rhythms.

## C. Staff-Parent Interaction

*GOAL: Parents are well informed about and welcome as observers and contributors to the program.*

*RATIONALE: Young children are integrally connected to their families. Programs cannot adequately meet the needs of children unless they also recognize the importance of the child's family and develop strategies to work effectively with families. All communication between centers and families should be based on the concept that parents are and should be the principal influence in children's lives.*

### **C-1. Information about the program is given to new and prospective families, including written descriptions of the program's philosophy and operating procedures.**

All programs need a written statement of philosophy and goals that is readily available to parents and staff members. Written statements of philosophy and policy do not ensure good communication but they provide a basis for good communication and understanding between parents and staff. Such information enables parents to make an informed decision about the best possible arrangements for their child. Programs with significant numbers of non-English speaking families need to provide materials in the parents' native language.

### **C-2. A process has been developed for orienting children and parents to the center which may include a pre-enrollment visit, parent orientation meeting, or gradual introduction of children to the center.**

The transition from home to center can be a difficult one and must be planned. There are numerous methods of orientation for both children and parents. The criterion does not require that one particular method be implemented but it does require that an orientation for both children and parents be provided.

Staff and parents communicate frequently about home and center childrearing practices.



In good quality programs parents are welcome visitors at all times.



**C-3. Staff and parents communicate regarding home and center childrearing practices in order to minimize potential conflicts and confusion for children.**

Parents have the responsibility for selecting the best possible arrangements for their children. It is very important that parents are informed of the center's philosophy so that they can make an educated choice for their children. It is also important that parents and staff discuss their views on childrearing to minimize potential conflicts and confusion for children. Staff do not capitulate to parents' demands, but they should demonstrate respect for parents as the principal influence in the child's life.

**C-4. Parents are welcome visitors in the center at all times (for example, to observe, eat lunch with a child, or volunteer to help in the classroom). Parents and other family members are encouraged to be involved in the program in various ways, taking into consideration working parents and those with little spare time.**

The center's policy should openly encourage parent involvement. Parents should be free to visit the center unannounced at any time.

**C-5. A verbal and/or written system is established for sharing day-to-day happenings that may affect children. Changes in a child's physical or emotional state are regularly reported.**

Since verbal systems are not always workable in programs where several staff members interact with children during the day, written systems are often necessary. Such communication systems allow for reporting important information about children to parents and encourage parents to communicate about their children to staff.

**C-6. Conferences are held at least once a year and at other times, as needed, to discuss children's progress, accomplishments, and difficulties at home and at the center.**

Conferences do not take the place of daily communication but allow opportunities for in-depth discussion of children's development; and for parents to ask questions, express concerns, or make suggestions about the program. Conferences should be scheduled at least annually, but may be called as requested by either parents or staff.

**C-7. Parents are informed about the center's program through regular newsletters, bulletin boards, frequent notes, telephone calls, and other similar measures.**

Individual programs may be as creative as possible in communication efforts as long as such efforts are seen by parents as effective.



## **D. Staff Qualifications and Development**

*GOAL: The program is staffed by adults who understand child development and who recognize and provide for children's needs.*

*RATIONALE: The quality of the staff is the most important determinant of the quality of an early childhood program. Research has found that staff training in child development and/or early childhood education is related to positive outcomes for children such as increased social interaction with adults, development of prosocial behaviors, and improved language and cognitive development.*

**D-1. The program is staffed by individuals who are 18 years of age or older, who have been trained in Early Childhood Education/Child Development, and who demonstrate the appropriate personal characteristics for working with children as exemplified in the criteria for Interactions among Staff and Children (Component A) and Curriculum (Component B). Staff working with school-age children have been trained in child development, recreation, or a related field. The amount of training required will vary depending on the level of professional responsibility of the position (see Table 1). In cases where staff members do not meet the specified qualifications, a training plan, both individualized and center-wide, has been developed and is being implemented for those staff members. The training is appropriate to the age group with which the staff member is working.**

The amount of training, both pre-service and in-service, can be easily documented through presentation of transcripts, credentials, descriptions of in-service experiences, or other means. Demonstration of appropriate personal characteristics for successfully working with children is less easily documented. It should be evaluated through observation of staff-child interaction and curriculum implementation (see Components A and B).

Volunteers should be 16 years of age or older, receive orientation, and only work with children under supervision of qualified staff members.

**D-2. The chief administrative officer of the center has training and/or experience in business administration. If the chief administrative officer is not an early childhood specialist, an early childhood specialist is employed to direct the educational program.**

The word *director* is used to refer to a number of different positions in an early childhood program. The individual who functions as the administrator or manager of the program needs training in business administration. All programs should have an Early Childhood Specialist on staff to direct the educational portion of the program (see Table 1 for qualifications). This individual may also be the chief administrator or may function as a head teacher in a small program.

**D-3. New staff are adequately oriented about goals and philosophy of the center, emergency health and safety procedures, special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, and planned daily activities of the center.**

The duration and form of orientation will vary depending on the size of the program, the population served (such as special needs children), the amount of experience of new staff members, and other variables. The center should demonstrate that staff members are oriented in all of the above areas as a minimum level of compliance.

**Table 1. Staff qualifications.**

Level of professional responsibility	Title	Training requirements
Pre-professionals who implement program activities under direct supervision of the professional staff	<i>Early Childhood Teacher Assistant</i>	High school graduate or equivalent, participation in professional development programs
Professionals who independently implement program activities and who may be responsible for the care and education of a group of children	<i>Early Childhood Associate Teacher</i>	CDA credential or associate degree in Early Childhood Education/Child Development
Professionals who are responsible for the care and education of a group of children	<i>Early Childhood Teacher</i>	Baccalaureate degree in Early Childhood Education/Child Development
Professionals who supervise and train staff, design curriculum, and/or administer programs	<i>Early Childhood Specialist</i>	Baccalaureate degree in Early Childhood Education/Child Development and at least three years of full-time teaching experience with young children and/or a graduate degree in ECE/CD

**D-4. The center provides regular training opportunities for staff to improve skills in working with children and families and expects staff to participate in staff development. These may include attendance at workshops and seminars, visits to other children's programs, access to resource materials, in-service sessions, or enrollment in college level/technical school courses. Training addresses the following areas: health and safety, child growth and development, planning learning activities, guidance and discipline techniques, linkages with community services, communication and relations with families, and detection of child abuse.**

The amount and kind of in-service training will vary depending on the needs of the program and the pre-service qualifications of staff. Even programs with highly qualified staff members need to provide regular in-service training to ensure that staff members obtain current knowledge and new ideas. Provision can take the form of on-site activities such as workshops or classes and a resource library. Off-site activities such as time to visit other programs or attend classes should also be provided. The topic of in-service training will vary depending on the needs of the program and should be based on evaluation of staff members' performance (see **J-1**).

**D-5. Accurate and current records are kept of staff qualifications including transcripts, certificates, or other documentation of continuing in-service education.**

Such documentation identifies areas where staff training is needed and also serves as an indicator that this criterion has been met (see E-5).

The quality of the staff is the most important determinant of the quality of an early childhood program.



## **E. Administration**

*GOAL: The program is efficiently and effectively administered with attention to the needs and desires of children, parents, and staff.*

*RATIONALE: The way in which a program is administered will affect all the interactions within the program. Effective administration creates an environment which facilitates the provision of good quality care for children. Effective administration includes good communication among all involved persons, positive community relations, fiscal stability, and attention to the needs and working conditions of staff members.*

**E-1. At least annually, the director and staff conduct an assessment to identify strengths and weaknesses of the program and to specify program goals for the year.**

Establishing goals is a critical step in the process of evaluating a program's effectiveness (see **J-2**). Staff involvement in this process encourages greater commitment to program improvement.

**E-2. The center has written policies and procedures for operating, including hours, fees, illness, holidays, and refund information.**

Written policies are an essential basis for effective and consistent communication among staff and parents.

**E-3. The center has written personnel policies including job descriptions, compensation, resignation and termination, benefits, and grievance procedures. Hiring practices are nondiscriminatory.**

Written personnel policies facilitate effective program administration and enhance understanding.

**E-4. Benefits for full-time staff include at least medical insurance coverage that is provided or arranged, sick leave, annual leave, and Social Security or some other retirement plan.**

Staff members who are satisfied with their jobs and whose health is protected are more likely to convey positive feelings toward children, are more able to give utmost attention to teaching and caring for children, and are more likely to remain in their positions for longer periods of time.

**E-5. Records are kept on the program and related operations such as attendance, health, confidential personnel files, and board meetings.**

Health records are described in **H-2** and **H-3**. Personnel files are addressed in **D-5** and **J-1**.

**E-6. In cases where the center is governed by a board of directors, the center has written policies defining roles and responsibilities of board members and staff.**

Written policies delineating responsibilities facilitate communication and decision making.

**E-7. Fiscal records are kept with evidence of long range budgeting and sound financial planning.**

Budgets are essential tools for monthly financial planning and decision making. Budgets should be projected for at least one year.

**E-8. Accident protection and liability insurance coverage is maintained for children and adults.**

Insurance protection is an essential ingredient of sound management.

**E-9. The director (or other appropriate person) is familiar with and makes appropriate use of community resources including social services; mental and physical health agencies; and educational programs such as museums, libraries, and neighborhood centers.**

Early childhood programs are integrally related to the larger community. To effectively serve children and families, staff must be knowledgeable about and use the expertise of other professionals in the community both as a supplement to the program's resources and as referral sources for parents.

**E-10. Staff and administrators communicate frequently. There is evidence of joint planning and consultation among staff. Regular staff meetings are held for staff to consult on program planning, to plan for individual children, and to discuss program and working conditions. Staff are provided paid planning time.**

Evidence of consultation can include meetings of small groups as well as full staff and also informal sharing of ideas and resources among staff. Meeting time should be allotted for all the above purposes, not just to discuss complaints or problems.

**E-11. Staff members are provided space and time away from children during the day. When staff work directly with children for more than four hours, they are provided breaks of at least 15 minutes in each four-hour period.**

Working with young children can be exhausting and emotionally draining. In order to provide good quality care and personal attention to children, staff must have an opportunity to take a break. Staff need both time away from children and a separate, private place where they can rest and refresh themselves for their jobs. Such attention to adult needs indirectly affects the quality of life provided for children.

## F. Staffing

**GOAL:** *The program is sufficiently staffed to meet the needs of and promote the physical, social, emotional, and cognitive development of children.*

**RATIONALE:** *An important determinant of the quality of a program is the way in which it is staffed. Well-organized staffing patterns facilitate individualized care. Research strongly suggests that smaller group sizes and larger numbers of staff to children are related to positive outcomes for children such as increased interaction between adults and children, and less aggression, more cooperation among children.*

**F-1.** The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children. Groups of children may be age-determined or multi-age. Maximum group size is determined by the distribution of ages in the group. Optimal group size would be smaller than the maximum. Group size limitations are applied indoors to the group that children are involved in during most of the day. Group size limitations will vary depending on the type of activity, whether it is indoors or outdoors; the inclusion of children with special needs; and other factors. A *group* is the number of children assigned to a staff member or team of staff members occupying an individual classroom or well-defined space within a larger room (see Table 2).

Research has demonstrated that limited group size is related to positive outcomes for children, such as more frequent interaction with adults and more involvement in activities.

In good quality programs, staff are available and responsive to children.



**F-2. Sufficient staff with primary responsibility for children are available to provide frequent personal contact; meaningful learning activities; supervision; and to offer immediate care as needed. The ratio of staff to children will vary depending on the age of the children, the type of program activity, the inclusion of children with special needs, the time of day, and other factors. Staffing patterns should provide for adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Staff-child ratios are maintained in relation to size of group (see Table 2). Staff-child ratios are maintained through provision of substitutes when regular staff members are absent. When volunteers are used to meet the staff-child ratios, they must also meet the appropriate staff qualifications unless they are parents (or guardians) of the children.**

Both group size and staff-child ratio are determined on the basis of number and ages of children enrolled.

**Table 2. Staff-child ratios within group size.**

Age of children*	Group size									
	6	8	10	12	14	16	18	20	22	24
Infants (birth-12 mos.)	1:3	1:4								
Toddlers (12-24 mos.)	1:3	1:4	1:5	1:4						
Two-year-olds (24-36 mos.)		1:4	1:5	1:6**						
Two- and three-year-olds			1:5	1:6	1:7**					
Three-year-olds					1:7	1:8	1:9	1:10**		
Four-year-olds						1:8	1:9	1:10**		
Four- and five-year-olds						1:8	1:9	1:10**		
Five-year-olds						1:8	1:9	1:10		
Six- to eight-year-olds (school age)								1:10	1:11	1:12

\*Multi-age grouping is both permissible and desirable. When no infants are included, the staff-child ratio and group size requirements shall be based on the age of the majority of the children in the group. When infants are included, ratios and group size for infants must be maintained.

\*\*Smaller group sizes and lower staff-child ratios are optimal. Larger group sizes and higher staff-child ratios are acceptable only in cases where staff are highly qualified (see Staff Qualifications, Component D).

Acceptable group sizes and staff-child ratios will be determined in relation to other criteria, particularly the amount and kind of training staff have received, the quality of the interactions among staff and children, and the implementation of the curriculum.

**F-3. Each staff member has primary responsibility for and develops a deeper attachment to an identified group of children. Every attempt is made to have continuity of adults who work with children, particularly infants and toddlers. Infants spend the majority of the time interacting with the same person each day.**

Young children develop optimally through close, affectionate relationships with other people, particularly adults. The development of attachment relationships is particularly important for infants. Staff should be able to emotionally attach themselves to young children while recognizing that the child's primary attachment bond is with the parents.

## **G. Physical Environment**

*GOAL: The indoor and outdoor physical environment fosters optimal growth and development through opportunities for exploration and learning.*

*RATIONALE: The physical environment affects the behavior and development of the people, both children and adults, who live and work in it. The quality of the physical space and materials provided affects the level of involvement of the children and the quality of interaction between adults and children. The amount, arrangement, and use of space, both indoors and outdoors, are to be evaluated.*

**G-1. The indoor and outdoor environments are safe, clean, attractive, and spacious. There is a minimum of 35 square feet of usable playroom floor space indoors per child and a minimum of 75 square feet of play space outdoors per child.**

Limited indoor space may be offset by sheltered outdoor space where climate permits reliance on outdoor space for activities often conducted indoors. Limited outdoor space may be offset by a greater amount of indoor space (such as a gym), which permits an equivalent activity program. Space requirements are stated as minimums. More space than the minimum is preferred, although too much space can be a problem if not properly arranged. The key word is *usable* — space that is used for permanent storage should not be measured when assessing amount of space.

The required amount of outdoor space is indicated by the number of children using the space at one time. Use of outdoor space should be scheduled to allow for enough space and also to prevent competition among age groups. Very young children should have separate time or space outdoors. Observation of interactions between children and involvement of children in activity are good indicators of whether sufficient space is available.

The environment should be attractive, colorful, and with children's work and other pictures displayed at children's eye level. The safety and cleanliness of the environment are addressed in the criteria for Health and Safety (Component H).

**G-2. Activity areas are defined clearly by spatial arrangement. Space is arranged so that children can work individually, together in small groups, or in a large group. Space is arranged to provide clear pathways for children to move from one area to another and to minimize distractions.**

The arrangement of space is as important as the amount. Children should be able to move freely from one activity to another without unduly disturbing others. Activity areas should be divided so that children in one area are not distracted by those in other areas. Well-organized space invites desired behaviors and facilitates positive interaction between people and active involvement with materials.

**G-3. The space for toddler and preschool children is arranged to facilitate a variety of small group and/or individual activities including block building, sociodramatic play, art, music, science, math, manipulatives, and quiet book reading. Other activities such as sand/water play and woodworking are also available on occasion. Carpeted areas and ample crawling space are provided for nonwalkers. Sturdy furniture is provided so nonwalkers can pull themselves up or balance themselves while walking. School-age children are provided separate space arranged to facilitate a variety of age-appropriate activities.**



Private areas are available for children to have solitude.



This criterion refers to activities rather than areas of the room. For example, science and math are activities; they are not limited to parts of the room although the room should be arranged so that they do occur. Block building, sociodramatic play, and book reading are facilitated by separate areas. Art and cooking projects which are messy should be near a source of water. School-age children must have a separate space.

**G-4. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible to children and arranged on low, open shelves to promote independent use by children.**

Materials and equipment are evaluated on several levels. A variety of equipment is needed as well as appropriate kinds. All age groups need active play equipment, materials which stimulate the senses, construction materials, manipulative toys, dramatic play equipment, art materials, and books and records. References which suggest equipment in each of these categories for various age groups appear in Appendix A. Children are more likely to use materials constructively and creatively if materials are accessible to them, organized to promote independent use, and periodically changed to provide variety.

**G-5. Individual spaces for children to hang their clothing and store their personal belongings are provided.**

Personal storage space may be provided in a variety of ways, but children and adults should have individual spaces for storing personal belongings that are easily identified.

**G-6. Private areas are available indoors and outdoors for children to have solitude.**

Children who spend long periods of time in group settings need opportunities for privacy and solitude. Such provision can be made by environmental arrangement and planning, both indoors and outdoors. These areas should be easily supervised by adults. Privacy can be provided by using equipment such as tunnels and playhouses, or small enclosed spaces in room arrangement.

**G-7. The environment includes soft elements such as rugs, cushions, or rocking chairs.**

Softness can be provided in many ways — cozy furniture such as rockers and pillows; carpeting; grass outdoors; adult laps to cuddle on; and soft materials such as play dough, water, sand, and finger paint.

**G-8. Sound-absorbing materials are used to cut down on excessive noise.**

Noise is to be expected and even desired in environments for children. The purpose of this criterion is not to eliminate noise. Acoustical building materials, strategically placed carpets, and other similar sound-absorbing materials can be very effective in minimizing excessive noise and enhancing the quality of the living environment for both children and adults. Excessive environmental noise can be fatiguing and cause stress.

**G-9. The outdoor area includes a variety of surfaces such as soil, sand, grass, hills, flat sections, and hard areas for wheel toys. The outdoor area includes shade; open space; digging space; and a variety of equipment for riding, climbing, balancing, and individual play. The outdoor area is protected from access to streets or other dangers.**

Outdoor areas will vary depending on geographic location. This criterion emphasizes that a variety of types of surface and equipment be provided. While hills and shade are not always available, the environment can sometimes be supplemented with other materials. The outdoor area must be fenced or protected by natural barriers from streets and other dangerous areas. The criterion implies that an outdoor play space must be provided or arranged, such as pre-arranged use of neighboring community or school playground.

## H. Health and Safety

**GOAL:** *The health and safety of children and adults are protected and enhanced.*

**RATIONALE:** *The provision of a safe and healthy environment is essential. No amount of good curriculum planning or positive adult-child interaction can compensate for an environment that is dangerous for children. Good quality early childhood programs act to prevent illness and accidents, are prepared to deal with emergencies should they occur, and also educate children concerning safe and healthy practices.*

**H-1. The center is in compliance with the legal requirements for protection of the health and safety of children in group settings. The center is licensed or accredited by the appropriate local/state agencies. If exempt from licensing, the center demonstrates compliance with its own state regulations for child care centers subject to licensing.**

Most states require licenses to operate group care facilities for children. Licensing codes commonly include provisions for safety and health such as sanitation, water quality, and fire protection, although state licensing standards vary considerably in all areas. The health and safety requirements in these criteria are designed to provide a baseline of agreement across states. As a prerequisite to accreditation, programs must be licensed to operate by the appropriate state/local agencies.

The word *accredited* refers to some states where accreditation is a prerequisite for operation, and does not apply to voluntary forms of accreditation within states. In states that have no regulations for certain types of programs, those programs are eligible to apply for accreditation.

**H-2. Each adult is free of physical and psychological conditions that might adversely affect children's health. Staff receive pre-employment physical examinations, tuberculosis tests, and evaluation of any infection. Hiring practices include careful checking of personal references of all potential new employees. New staff members serve a probationary employment period during which the director or other qualified person can make a professional judgment as to their physical and psychological competence for working with children.**

Physical health screening should be done prior to employment and periodically thereafter to maintain good health. Tuberculosis tests should be obtained every two years or as required by local authorities. *Evaluation of any infection* refers to significant fever or contagious condition.

Screening for psychological health is less easily achieved. New staff members should undergo a probationary period of employment during which they are closely observed for appropriate temperament and personality needed for successfully working with young children. All staff members who work directly with children should be periodically evaluated using classroom observation, parent information, and close observation of children assigned to that individual's care (see J-1).

**H-3. A written record is maintained for each child, including the results of a complete health evaluation by an approved health care resource within six months prior to enrollment, record of immunizations, emergency contact information, names of people authorized to call for the child, and pertinent health history (such as allergies or chronic conditions). Children have received the necessary immunizations as recommended for their age group by the American Academy of Pediatrics.**

Written health records must be current and demonstrate regular health evaluations. Children's records should show evidence of having had a complete physical within six months prior to enrollment. Records should be updated annually. Immunization standards of the United States Public Health Service or the American Academy of Pediatrics are acceptable (see Appendix B).

Emergency contact information is particularly important and should be readily available. Current information on people authorized to call for the child is necessary since such arrangements may change frequently. Allergy information and other such essential health information should be conspicuously posted for all personnel to see.

Exceptions to this criterion would be granted in instances where such health practices are against the religious beliefs of the family.

Young children are constantly learning, and much learning takes place during daily activities.



**H-4. The center has a written policy specifying limitations on attendance of sick children. Provision is made for the notification of parents, the comfort of ill children, and the protection of well children.**

The criterion allows for the diversity of resources that exist in programs as well as taking into account the best interests of the children. A written policy statement is required so that parents and staff will share a common understanding. Unilateral exclusion of sick children is not required since that policy is not consistent with current information about epidemiology. Often children are no longer contagious when they become symptomatic. To exclude or isolate them can be an unfair and unwarranted hardship on the parents and the child. The inclusion of sick children requires that the center have additional staff members and good consultation with an approved health resource. Given the appropriate resources, sick children need not be excluded for uncomplicated respiratory illness. Exclusion is warranted for significant fever (101°F, 38°C); for frank diarrhea, which is defined as two abnormal stools in one day; for contagious illness such as mumps; or nuisance diseases such as head lice. Such exclusion protects well children.

**H-5. Provisions are made for safe arrival and departure of all children which also allow for parent-staff interaction. A system exists for ensuring that children are released only to authorized people.**

Arrival and departure are frequently the most important and valued communication times for parents and staff members. These transitions must be carefully planned since traffic accidents are the leading cause of death among young children. Mechanisms for ensuring the release of children only to authorized persons are essential for the protection of children's physical and mental well-being.

**H-6. If transportation is provided for children by the center, vehicles are equipped with age-appropriate restraint devices.**

The appropriate restraints (infant safety seats, toddler auto seats, auto booster seats, and/or safety belts) must be used whenever the vehicle is in motion. Appropriate supervision for children under six requires that attendants in addition to the driver be present. All drivers must be appropriately licensed and trained in child passenger safety precautions. No child should be left unattended in a vehicle. Vehicles used in transporting children must be appropriately licensed, inspected, and maintained.

**H-7. Children are under adult supervision at all times.**

The nature of the supervision will vary depending on the age of the child. An infant should not be left unattended particularly when eating, bathing, or while on high surfaces. School-age children should have opportunities to develop independence. If older children are not in the direct vision of adults, adults are aware of where they are and what they are doing.

**H-8. Staff is alert to the health of each child. Individual medical problems and accidents are recorded and reported to staff and parents.**

Detection of physical illness is an important skill. Staff members should be trained to observe signs of illness and also to detect early developmental problems. Accurate record keeping is essential.

**H-9. Suspected incidents of child abuse and/or neglect by parents, staff, or others are reported to appropriate local agencies.**

Staff must know their legal and professional responsibilities about reporting suspected child abuse/neglect as well as appropriate processes for doing so. Such reporting applies to suspected incidents by parents, staff members, and others.

**H-10. At least one staff member, who has certification in emergency first aid treatment and cardiopulmonary resuscitation (CPR) from a licensed health professional, is always in the center.**

Training in first aid may be obtained from the American Red Cross or an equivalent agency. Training in cardiopulmonary resuscitation can be obtained from the American Red Cross or the American Heart Association. The majority of staff members should regularly receive first aid training, because this is the only way to assure that a trained individual is always present.

**H-11. Adequate first aid supplies are readily available. A plan exists for dealing with medical emergencies.**

First aid supplies must be regularly checked for freshness and supply. Necessary first aid supplies include: bandages, ice pack, sterile gauze, adhesive tape, medicated soap, cotton, and tweezers.

The emergency medical plan includes a source of emergency medical care who has been previously informed of intention to use, written parental consent for emergency treatment, and arrangements for transportation.

**H-12. Children are dressed appropriately for outdoor activities. Extra clothing is kept on hand for each child.**

Children are dressed by parents and criteria cannot be established for parents to meet. Therefore, this criterion is addressed to staff. Appropriate dress is essential for children to fully participate in all facets of the program. Appropriate dress for outdoor activities is essential for maintaining health. Staff should see to it that children's coats are zipped, mittens in place, and hats available. Extra clothing should be kept for each child in case of accidents. In full-day programs a change of clothes should be available for each child, while in half-day programs only some extra clothing need be available. It is desirable that children dress so as not to be inhibited from participation in messy art activities or active play.

**H-13. The facility is cleaned daily to disinfect bathroom fixtures and remove trash. Infants' equipment is washed and disinfected at least twice a week. Toys which are mouthed are washed daily. Soiled diapers are disposed of or held for laundry in closed containers inaccessible to the children. The cover of the changing table is either disinfected or disposed of after each change of a soiled diaper.**

Regular cleaning of the facility and equipment is necessary to prevent spread of infection. Daily cleansing of toys mouthed by infants is particularly important. A broad-spectrum disinfectant capable of destroying bacteria and viruses should be used. Not all commercial preparations meet these standards. The Centers for Disease Control recommend a bleach (hypochlorite) solution of 1/2 cup bleach per gallon of water, prepared daily. This solution can be used wherever these Criteria require disinfectant. The solution should be kept in a spray container accessible to staff but inaccessible to children.

Vigorous attention to sanitation procedures will help eliminate outbreaks of infection among children. Separate grouping of children in diapers, where developmentally appropriate, will also help to limit the potential for spread of infection.

**H-14. Staff wash their hands with soap and water before feeding and after diapering or assisting children with toileting or nose wiping. A sink with running hot and cold water is adjacent to the diapering area.**

Staff hand washing is one of the most effective means for preventing spread of infection in child care. Signs should be posted reminding staff of hand washing procedures. In-service training should emphasize the importance of this process. Staff should wash hands after contact with any potentially infectious material.

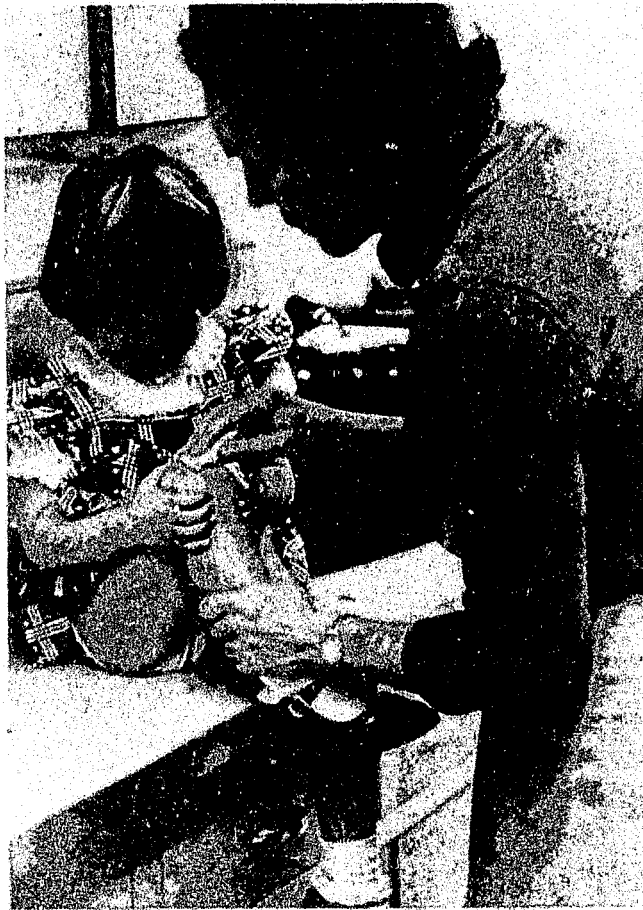
**H-15. The building and all equipment are maintained in a safe, clean condition and in good repair (for example, there are no sharp edges, splinters, protruding or rusty nails, or missing parts). Infants and toddlers' toys are large enough to prevent swallowing or choking.**

Maintenance of equipment and facility are as important as their initial selection and purchase. Staff members or parents should be assigned to regularly monitor the maintenance and repair of equipment. While certain maintenance responsibilities are of interest to children and have educational value, staff should not spend large amounts of time in housekeeping chores while children are present.

**H-16. Individual bedding is washed once a week and used by only one child between washings. Individual cribs, cots, or mats are washed if soiled. Sides of infants' cribs are in a locked position when occupied.**

Requirements for bedding apply only to programs in which children are present for more than four hours. Sufficient space should be provided between cribs and cots so that children cannot touch one another and so that rapid evacuation is possible, if necessary.

Young children gain a sense of their own self-worth from the way in which their needs are satisfied.



**H-17. Toilets, drinking water, and hand washing facilities are easily accessible to children. Soap and disposable towels are provided. Children wash hands after toileting and before meals. Hot water temperature does not exceed 110°F (43°C) at outlets used by children.**

While child-sized facilities for toileting, drinking, and hand washing are desirable, they are not required as long as such facilities are made accessible to children through use of non-slip stools. Some child development experts feel that use of adult-sized equipment is closer to the home environment. Nevertheless, child-sized facilities do promote independent use by children and are therefore desirable, if possible. Children must be educated by staff members concerning hand washing procedures.

**H-18. All rooms are well-lighted and ventilated. Stairways are well-lighted and equipped with handrails. Screens are placed on all windows which open. Electrical outlets are covered with protective caps. Floor coverings are attached to the floor or backed with non-slip materials. Nontoxic building materials are used.**

All precautions possible need to be taken to prevent falls and accidents. No lead paint may be used in the facility.



**H-19. Cushioning materials such as mats, wood chips, or sand are used under climbers, slides, or swings. Climbing equipment, swings, and large pieces of furniture are securely anchored.**

Active play is necessary for optimal physical development but play equipment must be made as safe as possible for children.

**H-20. All chemicals and potentially dangerous products such as medicines or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children. Medication is administered to children only when a written order has been submitted by a parent, and the medication is consistently administered by a designated staff member.**

No poisonous materials are accessible to children. No poisonous plants are permitted. Prescription medication should be accompanied by written instructions from physician including prescription number, name of medication, date filled, child's name, physician's name, and directions for dosage. When no longer needed, medications should be returned to parents or destroyed.

**H-21. All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures monthly with children. Written emergency procedures are posted in conspicuous places.**

Evacuation procedures should provide for calm and rapid protection of all children from injury or trauma, access to a source of emergency medical care which has been previously notified of intention to use, notification of parents, and consideration of the needs of uninjured children for whom adequate adult supervision and reassurance are required.

**H-22. Staff are familiar with emergency procedures such as operation of fire extinguishers and procedures for severe storm warnings. Smoke detectors and fire extinguishers are provided and periodically checked. Emergency telephone numbers are posted by phones.**

Emergency procedures should be developed for severe storms such as tornadoes, floods, earthquakes, hurricanes, landslides, and other phenomena unique to the area of the center. Posted emergency telephone numbers should include police, fire, rescue, and poison control services.

# I. Nutrition and Food Service

**GOAL:** *The nutritional needs of children and adults are met in a manner that promotes physical, social, emotional, and cognitive development.*

**RATIONALE:** *Children must be provided with adequate nutrition and also must be educated concerning good eating habits.*

**I-1. Meals and/or snacks are planned to meet the child's nutritional requirements as recommended by the Child Care Food Program of the United States Department of Agriculture in proportion to the amount of time the child is in the program each day.**

The center need not provide the food as long as parents are educated regarding well-balanced meals that may be brought from home. See Appendix C for United States Department of Agriculture Child Care Food Program recommendations.

**I-2. Menu information is provided to parents. Feeding times and food consumption information is provided to parents of infants and toddlers at the end of each day.**

Parents need to know not only what is planned but also what is actually served. This is particularly true for very young children who cannot communicate about food intake.

Mealtime is a pleasant social and learning experience for children.



**I-3. Mealtimes promote good nutrition habits. Toddlers and preschoolers are encouraged to serve and feed themselves. Chairs, tables, and eating utensils are suitable for the size and developmental levels of the children. Meals and snacktimes are pleasant social and learning experiences for children. Foods indicative of children's cultural backgrounds are served periodically. At least one adult sits with children during meals. Infants are held in an inclined position while bottle feeding.**

Meal times need to be pleasant activities in which conversation is encouraged and independence fostered. Adults should interact with children during meals to provide a model of good nutrition habits for children. Bottles for infants must not be propped since propping is potentially dangerous and developmentally inappropriate for babies. Feeding time for infants should be a time for warm, affectionate, human contact.

**I-4. Food brought from home is stored appropriately until consumed.**

Food may be brought from home if it is stored appropriately. Readily perishable or readily contaminated food or drink should be refrigerated at or below 45°F (7°C). All readily perishable or readily contaminated hot food shall be kept at 140°F (60°C) or above. Frozen foods should be stored at 0°F (-17°C) or below.

**I-5. Where food is prepared on the premises, the center is in compliance with legal requirements for nutrition and food service. Food may be prepared at an approved facility and transported to the program in appropriate sanitary containers and at appropriate temperatures.**

States usually regulate food preparation and service. If the state does not have food preparation requirements, the center should demonstrate compliance with requirements for food service appearing in Appendix D. See **I-4** for appropriate storage procedures.

## **J. Evaluation**

*GOAL: Systematic assessment of the effectiveness of the program in meeting its goals for children, parents, and staff is conducted to ensure that good quality care and education are provided and maintained.*

*RATIONALE: On-going and systematic evaluation is essential to improving and maintaining the quality of an early childhood program. Evaluation efforts are based on program goals and assessment of needs and identify both strengths and weaknesses of program components.*

**J-1. The director (or other appropriate person) evaluates all staff at least annually and privately discusses the evaluation with each staff member. The evaluation includes classroom observation. Staff are informed of evaluation criteria in advance. Results of evaluations are written and confidential. Staff have an opportunity to evaluate their own performance. A plan for staff training is generated from the evaluation process.**

Evaluation of staff member's performance and appropriate feedback is important to maintaining good quality care and education for children, and staff morale. Such evaluation should be used for planning staff training opportunities (see **D-4**).

**J.2. At least annually, parents, staff, and other professionals are involved in evaluating the program's effectiveness in meeting the needs of children and parents.**

Evaluation of the total program by all interested parties should be based on the program's goals and objectives and identify the areas in need of improvement (see **E-1**). Such evaluation serves as feedback to administrators on their performance.

**J-3. Individual descriptions of children's development are written and compiled as a basis for planning appropriate learning activities, as a means of facilitating optimal development of each child, and as records for use in communications with parents.**

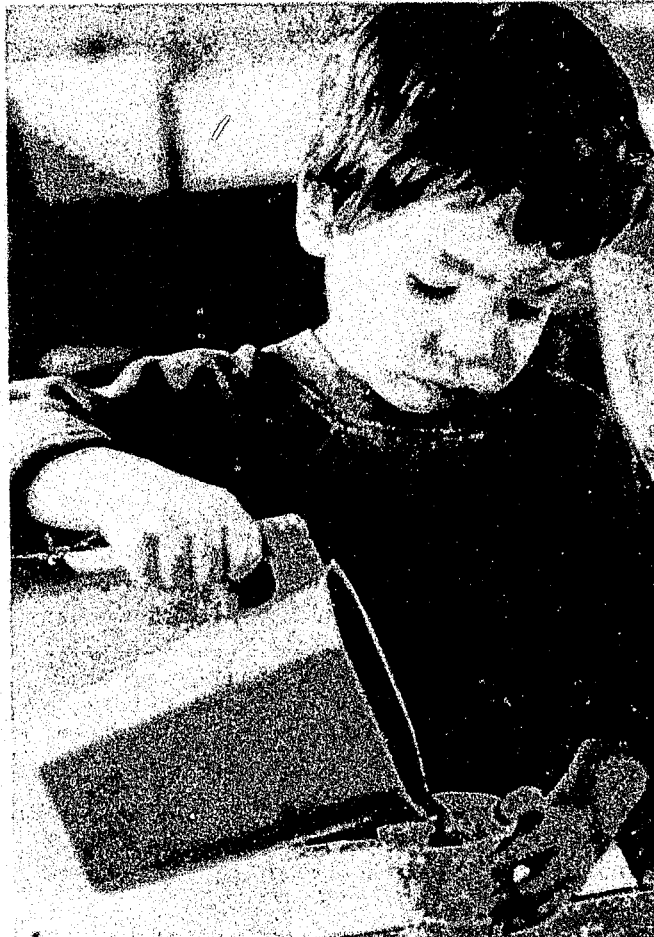
Descriptions of children's development may consist of anecdotal records, classroom and playground observations, individually administered tests, locally or nationally developed progress checklists, dated compilations of children's work, and/or case studies. Assessment of children's progress is essential to individualize planning (see **B-2**), and to knowledgeably communicate with parents (see **C-5**, **C-6**).

## *Developmental Appropriateness*

Throughout the Criteria for High Quality Early Childhood Programs, reference is made to developmental appropriateness. (For instance, "developmentally appropriate materials are provided," "developmentally appropriate activities are planned," and "staff expectations of children's behavior are developmentally appropriate.") While such statements are general, developmental appropriateness is a critical indicator of the quality of an early childhood program.

NAEYC is developing comprehensive position statements on developmentally appropriate care and education of young children. This information is provided in the self-study materials which will be distributed to all early childhood programs seeking accreditation.

Staff encourage developmentally appropriate independence in children.



A great deal of knowledge exists about child development and ways in which adults can help children develop optimally. In addition, information about how to provide developmentally appropriate learning environments, activities, and materials for all ages of children is available from many sources. A brief bibliography of sources on child development and curriculum planning is provided here.

Comprehensive knowledge of child development and its implications for programming are the foundations of a good quality early childhood program. Program personnel are encouraged to use these suggested references and others in seeking information on this important topic.

*Information on developmentally appropriate planning  
for infants and toddlers*

- Cataldo, C. "Infant-Toddler Education: Blending the Best Approaches." *Young Children* 39, no. 2 (January 1984): 25-32.
- Cohen, M., ed. *Selecting Educational Equipment and Materials for School and Home*. Wheaton, Md.: Association for Childhood Education International, 1976.
- Dittmann, L. L., ed. *The Infants We Care For*. Washington, D.C.: National Association for the Education of Young Children, 1984.
- Fowler, W. *Infant and Child Care: A Guide to Education in Group Settings*. Boston: Allyn & Bacon, 1980.
- Honig, A. S. and Lally, J. R. *Infant Caregiving: A Design For Training*. Syracuse, N.Y.: Syracuse University Press, 1981.
- Neugebauer, R. and Lurie, R., eds. *Caring for Infants and Toddlers: What Works, What Doesn't*, Vol. II. *Child Care Information Exchange*, 1982. P.O. Box 2890, Redmond, WA 98073.
- Segal, M. *Birth to One Year: Month by Month Descriptions of the Baby's Development with Suggestions for Games and Activities*, 1984. The Mailman Family Press, 707 Westchester Ave., White Plains, NY 10604.
- Weissbourd, B. and Musick, J., eds. *Infants: Their Social Environments*. Washington, D.C.: National Association for the Education of Young Children, 1981.
- White, B. *The First Three Years of Life*. Englewood Cliffs, N.J.: Prentice-Hall, 1975.
- Willis, A. and Ricciuti, H. *A Good Beginning For Babies: Guidelines For Group Care*. Washington, D.C.: National Association for the Education of Young Children, 1975.

*Information on child development and curriculum planning  
for children ages two through five*

- Baker, K. R. *Let's Play Outdoors*. Washington, D.C.: National Association for the Education of Young Children, 1966.
- Brazelton, T. B. *To Listen to a Child: Understanding the Normal Problems of Growing Up*. Reading, Mass.: Addison-Wesley, 1984.
- Brown, J. F., ed. *Curriculum Planning for Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1982.
- Cazden, C. B., ed. *Language in Early Childhood Education*. Washington, D.C.: National Association for the Education of Young Children, 1981.
- Chenfeld, M. B. *Creative Activities for Young Children*. New York: Harcourt Brace Jovanovich, 1983.
- Cohen, M., ed. *Selecting Educational Equipment and Materials for School and Home*. Wheaton, Md.: Association for Childhood Education International, 1976.
- Feeney, S.; Christensen, D.; and Moravcik, E. *Who Am I in the Lives of Children?* Columbus, Ohio: Merrill, 1983.

- Gordon, I.; Gurnach, B.; and Jester, R. M. *Child Learning Through Child Play: Learning Activities for Two and Three Year Olds*. New York: St. Martin's Press, 1972.
- Hendrick, J. *The Whole Child: Early Education for the Eighties*. 3rd ed. St. Louis: Mosby, 1984.
- Highberger, R. and Schramm, C. *Child Development for Day Care Workers*. Boston: Houghton Mifflin, 1976.
- Hildebrand, V. *Guiding Young Children*. New York: Macmillan, 1975.
- Hill, D. M. *Mud, Sand, and Water*. Washington, D.C.: National Association for the Education of Young Children, 1979.
- Hirsch, E., ed. *The Block Book. Rev. Ed.* Washington, D.C.: National Association for the Education of Young Children, 1984.
- Holt, B. *Science with Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1979.
- Kamii, C. *Number in Preschool and Kindergarten: Educational Implications of Piaget's Theory*. Washington, D.C.: National Association for the Education of Young Children, 1982.
- Kamii, C. and DeVries, R. *Group Games in Early Education*. Washington, D.C.: National Association for the Education of Young Children, 1980.
- Kritchevsky, S. and Prescott, E. *Planning Environments for Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1977.
- Lasky, L. and Mukerji, R. *Art: Basic for Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1980.
- McDonald, D. T. *Music in Our Lives: The Early Years*. Washington, D.C.: National Association for the Education of Young Children, 1979.
- Riley, S. S. *How to Generate Values in Young Children: Integrity, Honesty, Individuality, Self-Confidence, and Wisdom*. Washington, D.C.: National Association for the Education of Young Children, 1984.
- Saracho, O. N. and Spodek, B., eds. *Understanding the Multicultural Experience in Early Childhood Education*. Washington, D.C.: National Association for the Education of Young Children, 1983.
- Schickedanz, J. A.; York, M. E.; Stewart, I. S.; and White, D. A. *Strategies for Teaching Young Children*. 2nd ed. Englewood Cliffs, N.J.: Prentice-Hall, 1983.
- Seefeldt, C. *A Curriculum for Preschools*. Columbus, Ohio: Merrill, 1980.
- Seefeldt, C. *Teaching Young Children*. Englewood Cliffs, N.J.: Prentice-Hall, 1980.
- Segal, M. and Adcock, D. *Just Pretending—Ways to Help Children Grow Through Imaginative Play*. Englewood Cliffs, N.J.: Prentice-Hall, 1981.
- Stone, J. G. *A Guide to Discipline*. Washington, D.C.: National Association for the Education of Young Children, 1978.
- Sullivan, M. *Feeling Strong, Feeling Free: Movement Exploration for Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1982.
- Wanamaker, N.; Hearn, K.; and Richarz, S. *More Than Graham Crackers: Nutrition Education and Food Preparation with Young Children*. Washington, D.C.: National Association for the Education of Young Children, 1979.

*Information on planning for school-age children*

Baden, R. K.; Genser, A.; Levine, J. A.; and Seligson, M. *School-Age Child Care: An Action Manual*. Dover, Mass.: Auburn House, 1982.

Blau, R.; Brady, E. H.; Bucher, I.; Hiteshew, B.; Zavitkovsky, A.; and Zavitkovsky, D. *Activities for School-Age Child Care*. Washington, D.C.: National Association for the Education of Young Children, 1977.

Cohen, M., ed. *Selecting Educational Equipment and Materials for School and Home*. Wheaton, Md.: Association for Childhood Education International, 1976.

School-Age Child Care Project, Wellesley College Center for Research on Women, Wellesley, MA 02181. The project provides technical assistance, information, and referral, and distributes a wide range of written materials for school-age child care programs.

*School Age NOTES*. P.O. Box 120674, Nashville, TN 37212. A newsletter for teachers and directors in programs for school-age children.

See also the list of resources for curriculum planning for two- through five-year-olds.



# APPENDIX B

## *Schedule for Childhood Immunization*

Age	Diphtheria, Pertussis, and Tetanus	Polio	Measles	Rubella	Mumps
2 months*	<input type="checkbox"/>	<input type="checkbox"/>			
4 months	<input type="checkbox"/>	<input type="checkbox"/>			
6 months	<input type="checkbox"/>	<input type="checkbox"/> (optional)			
15 months**			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 months	<input type="checkbox"/>	<input type="checkbox"/>			
4-6 years	<input type="checkbox"/>	<input type="checkbox"/>			

\*Immunizations beginning in early infancy are the recommended practice. They can be provided in later years, however, according to a schedule recommended by a family physician.

\*\*Measles, rubella, and mumps vaccines can be given in a combined form, at about 15 months of age, with a single injection.

*Reprinted from: Morbidity and Mortality Weekly Report 32, no. 1 (January 14, 1983): p. 3.*

# *Child Care Food Program Recommendations*

OF THE UNITED STATES DEPARTMENT  
OF AGRICULTURE

The Child Care Food Program of the United States Department of Agriculture is administered locally by state or regional agencies. Interested parties must apply through the appropriate administering agency in their area. For further information and appropriate referral contact: Mr. Stan Garnett, Child Care and Summer Programs Division, Food and Nutrition Service, United States Department of Agriculture, 3101 Park Center Drive, Room 416, Alexandria, VA 22302, Eastern time (8:30 a.m. to 5:00 p.m.) Monday through Friday, or call 703-756-3620.

## **Recommendations for meals and snacks**

- A. Each meal served in the Program shall contain, as a minimum, the indicated food components:
1. A breakfast should contain:
    - a. A serving of fluid milk as a beverage or on cereal, or used in part for each purpose;
    - b. A serving of vegetable(s) or fruit(s) or full-strength vegetable or fruit juice, or an equivalent quantity of any combination of these foods;
    - c. A serving of whole-grain or enriched bread; or an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made with whole-grain or enriched meal or flour; or a serving of whole-grain or enriched or fortified cereal; or a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; or cereal grains such as rice, bulgar, or corn grits; or an equivalent quantity of any combination of these foods.
  2. Both lunch and supper should contain:
    - a. A serving of fluid milk as a beverage;
    - b. A serving of lean meat, poultry or fish; or cheese; or an egg; or cooked dry beans or peas; or peanut butter; or an equivalent quantity of any combination of these foods. These foods must be served in a main dish, or in a main dish and one other menu item, to meet this requirement. Cooked dry beans or dry peas may be used as the meat alternate or as part of the vegetable/fruit component but not as both food components in the same meal;
    - c. A serving of two or more vegetables or fruits, or a combination of both. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement;
    - d. A serving of whole-grain or enriched bread; or an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made with whole-grain or enriched meal or flour; or a serving of whole-grain or enriched pasta or noodle products such as macaroni; or cereal grains such as rice, bulgar, or corn grits; or an equivalent quantity of any combination of these foods.

3. Supplemental food (snacks) should be served between other meal types and contain two of the following four components:
  - a. A serving of fluid milk as a beverage, or on cereal, or used in part for each purpose;
  - b. A serving of meat or meat alternate;
  - c. A serving of vegetable(s) or fruit(s) or full-strength vegetable or fruit juice, or an equivalent quantity of any combination of these foods. Juice may not be served when milk is served as the only other component;
  - d. A serving of whole-grain or enriched bread; or an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made with whole-grain or enriched meal or flour; or a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; or cereal grains such as rice, bulgar, or corn grits; or an equivalent quantity of any combination of these foods.

B. Infant meal pattern

When infants aged up to one year participate in the Program, an infant meal should be offered or supplied by parents. Foods within the infant meal pattern shall be of texture and consistency appropriate for the particular age group being served. The total amount of food authorized in the meal patterns set forth below must be provided to the infant but may be served during a span of time consistent with the infant's eating habits. Solid food should be introduced to children age 4 months and older on a gradual basis with the intent of ensuring their nutritional well-being and in accordance with parent's desires. The infant meal shall contain, as a minimum, each of the following components in the amounts indicated for the appropriate age group:

1. Age 0 up to 4 months:
  - a. Breakfast—4-6 fluid ounces of infant formula;
  - b. Lunch or supper—4-6 fluid ounces of infant formula;
  - c. Supplemental food—4-6 fluid ounces of infant formula.
2. 4 to 8 months:
  - a. Breakfast—6-8 fluid ounces of infant formula; 1-3 tablespoons of infant cereal;
  - b. Lunch or supper—6-8 fluid ounces of infant formula; 1-2 tablespoons of infant cereal; 1-2 tablespoons of fruit or vegetable of appropriate consistency or a combination of both; 0-1 tablespoon of meat, fish, poultry, or egg yolk or 0-1/2 ounce (weight) of cheese or 0-1 ounce (weight or volume) of cottage cheese or cheese food or cheese spread of appropriate consistency;
  - c. Supplemental food—2-4 fluid ounces of infant formula or full-strength fruit juice; 0-1/4 slice of crusty bread or 0-2 cracker type products made from whole-grain or enriched meal or flour that are suitable for an infant for use as a finger food when appropriate.
3. 8 months up to 1 year
  - a. Breakfast—6-8 fluid ounces of infant formula, or 6-8 fluid ounces of whole fluid milk and 0-3 fluid ounces of full-strength fruit juice; 2-4 tablespoons of infant cereal;
  - b. Lunch or supper—6-8 fluid ounces of infant formula, or 6-8 fluid ounces of whole fluid milk and 0-3 fluid ounces of full-strength fruit juice; 3-4 tablespoons of fruit or vegetable of appropriate consistency or infant cereal or combinations of such foods; 1-4 tablespoons of meat, fish, poultry, or egg yolk or 1/2-2 ounces (weight) of cheese or 1-4 ounces (weight or volume) of cottage cheese, cheese food, or cheese spread of appropriate consistency; and

- c. Supplementary food—2-4 fluid ounces of infant formula or whole fluid milk or full-strength fruit juice; 0-1/4 slice of crusty bread or 0-2 cracker type products made from whole-grain or enriched meal or flour that are suitable for an infant for use as a finger food when appropriate.

C. Meal patterns for children age one through 12

When children over age one participate in the Program, the total amount of food authorized in the meal patterns set forth below should be provided.

The minimum amount of food components to be served as **breakfast** are

<b>Food components</b>	<b>Age 1 up to 3</b>	<b>Age 3 up to 6</b>	<b>Age 6 up to 12</b>
<b>Milk</b>			
Milk, fluid	1/2 cup	3/4 cup	1 cup
<b>Vegetables and Fruits</b>			
Vegetable(s) and/or fruit(s)	1/4 cup	1/2 cup	1/2 cup
or			
Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s) and juice.	1/4 cup	1/2 cup	1/2 cup
<b>Bread and Bread Alternates</b>			
Bread	1/2 slice	1/2 slice	1 slice
or			
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving
or			
Cold dry cereal	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
or			
Cooked cereal	1/4 cup	1/4 cup	1/2 cup
or			
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
or			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates	1/4 cup	1/4 cup	1/2 cup

The minimum amount of food components to be served as **lunch** or **supper** are

<b>Food components</b>	<b>Age 1 up to 3</b>	<b>Age 3 up to 6</b>	<b>Age 6 up to 12</b>
<b>Milk</b>			
Milk, fluid	1/2 cup	3/4 cup	1 cup
<b>Vegetables and Fruits</b>			
Vegetable(s) and/or fruit(s)	1/4 cup total	1/2 cup total	3/4 cup total
or			
<b>Bread and Bread Alternates</b>			
Bread	1/2 slice	1/2 slice	1 slice
or			
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving
or			
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
or			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates	1/4 cup	1/4 cup	1/2 cup
<b>Meat and meat alternates</b>			
Lean meat or poultry or fish	1 oz.	1-1/2 oz.	2 oz.
or			
Cheese	1 oz.	1-1/2 oz.	2 oz.
or			
Eggs	1 egg	1 egg	1 egg
or			
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
or			
Peanut butter or an equivalent quantity of any combination of meat/meat alternate	2 tbsp.	3 tbsp.	4 tbsp.

The minimum amount of food components to be served as **supplemental food** are (Select two of the following four components — juice may not be served when milk is served as the only other component.)

<b>Food components</b>	<b>Age 1 up to 3</b>	<b>Age 3 up to 6</b>	<b>Age 6 up to 12</b>
<b>Milk</b>			
Milk, fluid	1/2 cup	1/2 cup	1 cup
<b>Vegetables and Fruits</b>			
Vegetable(s) and/or fruit(s)	1/2 cup	1/2 cup	3/4 cup
or			
Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s) and juice.	1/2 cup	1/2 cup	3/4 cup
<b>Bread and Bread Alternates</b>			
Bread	1/2 slice	1/2 slice	1 slice
or			
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving
or			
Cold dry cereal	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
or			
Cooked cereal	1/4 cup	1/4 cup	1/2 cup
or			
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
or			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates	1/4 cup	1/4 cup	1/2 cup
<b>Meat and meat alternates</b>			
Lean meat or poultry or fish	1/2 oz.	1/2 oz.	1 oz.
or			
Cheese	1/2 oz.	1/2 oz.	1 oz.
or			
Eggs	1/2 egg	1/2 egg	1 egg
or			
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
or			
Peanut butter or an equivalent quantity of any combination of meat/meat alternate	1 tbsp.	1 tbsp.	2 tbsp.

Reprinted from: United States Department of Agriculture, Food & Nutrition Service. *Federal Register* 47, no. 162 (August 20, 1982).

## *Requirements for Food Preparation and Service*

1. All food shall be from health authority-approved sources, and shall be transported, stored, and prepared and served in a sanitary manner and approved by regular inspections from local health authorities.
2. Food preparation, storage and handling areas shall be separated from rooms used by children and shall not be used as a passageway by children to travel from one area to another. Children shall not be allowed in these areas except for a supervised learning experience.
3. Surfaces coming into contact with food or drink shall be easily cleanable and in good repair, and shall not be made of toxic material.
4. Kitchen facilities shall be maintained in a sanitary condition, free of dust, flies, vermin, rodents, overhead leakage, condensation, sewage backflow, residual pesticides and other contamination.
5. No sewage or drainage pipes shall be located over food preparation, storage, or serving areas.
6. All readily perishable or readily contaminated food or drink shall be refrigerated at or below 45°F (7°C) except when being prepared or served. All readily perishable or readily contaminated hot food shall be kept at 140°F (60°C) or above. Frozen foods shall be stored at 0°F (-17°C) or below. All readily perishable food shall not be kept at room temperature for more than two hours while being prepared or served. Fresh fruits and vegetables shall be thoroughly washed before use.
7. A mechanical dishwasher is recommended with a rinse cycle of 180°F (82°C). This shall be installed and operated according to the manufacturer's recommendations. If a dishwasher is not available, three compartments shall be required for the dishwashing, rinsing, and sanitizing of dishes and utensils. Dishes shall be washed in soapy, hot water (120°F, 49°C) rinsed in hot clean water and immersed for two minutes in an approved sanitizing rinse. Hand washed dishes shall be air dried.
8. All utensils and equipment shall be stored in a clean, dry place, free from insects, dust, and other contamination; and shall be handled in such a manner as to prevent contamination.
  - a. All containers and utensils shall be stored off the floor. Dishes and utensils shall be stored in closed storage space. Cupboards shall be clean.
  - b. Utensils shall be covered or inverted at all times when not in use.

- c. Containers and utensils shall not be handled by the surfaces which come in contact with food or drink.
- d. Paper cups, plates, straws, spoons, forks and other single service containers and utensils shall be purchased in sanitary cartons and stored in a clean and dry place until use. After removal from the cartons, these articles shall be placed in dispensers or stored so that the food contact surfaces are not exposed to sources of contamination; single service utensils shall be used only once.
- e. All machinery and equipment used in connection with the operation of the kitchen shall be so constructed and arranged as to be easily cleanable, and shall be kept in good repair.
- f. Enamelware and cracked or chipped china shall not be used.
- g. Food handling practices shall be reviewed by a sanitarian or other recognized expert in safe food handling practices not less than annually.
- h. All foods shall be stored in original containers or if removed from the original container stored in plainly labeled and dated containers.
- i. All foods exposed to sewage and other drainage, to vermin or insects, or to depredation by any animal, and food or drink containing insects, hair or other filth shall be promptly disposed of. Swelled, rusty, or leaky canned food or drink shall be promptly disposed of.

*Reprinted from:* Pizzo, P. and Aronson, S.S., M.D. "Concept Paper on Health and Safety Issues in Day Care." Mimeo. Washington, D.C.: United States Department of Health, Education and Welfare, 1976.



*Specified Criteria are reprinted with permission from the following sources:*

- Auerbach, S. *Choosing Child Care: A Guide for Parents*. New York: Dutton, 1981. (Criterion A-8.)
- Community Coordinated Child Care in Dane County. "Dane County Early Childhood Program Standards." Madison, Wis., 1975. (Criteria A-11, B-20, C-4b, C-5, F-3b, G-2, G-9, H-10, H-21, H-22, I-3, I-4, and I-5.)
- Comprehensive Community Child Care of Cincinnati. "Child Care Performance Standards." Cincinnati, Ohio. (Criteria A-2, E-10, and I-3.)
- Missouri Department of Elementary and Secondary Education. "Standards and Procedures for Voluntary Accreditation of Early Childhood Programs: State of Missouri." Jefferson City, Mo., 1983. (Criteria A-1, A-3, A-5, A-6, B-2, C-1, C-2, E-5, E-7, and J-2.)
- Pizzo, P. and Aronson, S. S. "Concept Paper on Health and Safety Issues in Day Care." Mimeo. Washington, D.C.: U.S. Department of Health, Education and Welfare, 1976. (Criteria H-21, I-4, and I-5.)
- Texas Department of Human Resources. "Day Care Quality Evaluation/Validation Criteria." Austin, Tex., 1981. (Criteria B-7, D-3, and D-4.)

*The following instruments and sets of standards were also used as resources in the development of the Criteria:*

- Action for Children. "Quality Child Care: What It Is ... and How To Recognize It." Columbus, Ohio, n.d.
- American Academy of Pediatrics. "Standards for Day Care Centers for Infants and Children." Evanston, Ill., 1980.
- Aronson, S.; Fiene, R.; and Douglas, E. "Child Development Program Evaluation: Child Care Centers—Center Instrument." Harrisburg, Pa.: Bureau of Child Development Programs of the Pennsylvania Department of Public Welfare, 1978.
- Bergstrom, J. M. and Joy, L. *Going to Work? Choosing Care for Infants and Toddlers*. Washington, D.C.: Day Care Council of America, 1981.
- California State Department of Education. "Child Development Program Quality Review." Sacramento, Calif., 1982.
- Child Care Coordinating and Referral Service. "How to Choose a Good Child Care Center." Ann Arbor, Mich., n.d.
- Child Day Care Association of St. Louis. "Standards for Day Care Service." St. Louis, Mo., 1982.
- Child Development Associate National Credentialing Program. *CDA Competency Standards and Assessment System*. Washington, D.C., 1983.
- Child Development Associate National Credentialing Program. *CDA Competency Standards for Infant/Toddler Caregivers*. Washington, D.C., 1984.
- Children's Home Society of Minnesota. "Children's Home Society Day Care Programs Quality Control Checklist." Mimeo. St. Paul, Minn., n.d.
- Children's World. "Children's World, Inc., Quality Control Checklist." Evergreen, Colo., 1978.
- Child Welfare League of America. "Child Welfare League of America Standards for Day Care Service." New York, 1973.

- City of Madison Day Care Unit, Department of Human Resources. "Guidelines for Certification/Recertification." Madison, Wis., 1981.
- Community Coordinated Child Care for Central Florida. "Program Audit Assessment Tool." Orlando, Fla., n.d.
- Comprehensive Community Child Care. "Selecting Quality Child Care for Parents of Young Children." Cincinnati, Ohio, 1979.
- Day Care Evaluation Task Force of the United Way of Greater Rochester. "Day Care Center Evaluation Process." Rochester, N.Y., 1982.
- Day Nursery Association of Cleveland Consultation Service. "Preschool Center Evaluation Scale." Cleveland, Ohio, 1963.
- Endsley, R. C. and Bradbard, M. R. *Quality Day Care: A Handbook of Choices for Parents and Caregivers*. Englewood Cliffs, N.J.: Prentice-Hall, 1981.
- Familiae, Inc. "Standards for Accreditation by Familiae, Inc." Columbus, Ohio, 1981.
- Fiene, R.; Douglas, E.; and Kroh, K. "Child Development Program Evaluation: Center Licensing Instrument." Harrisburg, Pa.: Pennsylvania Department of Public Welfare, 1980.
- Gold, J. R. and Bergstrom, J. M. *Checking Out Child Care: A Parent Guide*. Washington, D.C.: Day Care and Child Development Council of America, n.d.
- Harms, T. and Clifford, R. M. *Early Childhood Environment Rating Scale*. New York: Teachers College Press, 1980.
- Hartman, B. "The Hartman Assessment." Mimeo. Santa Ana, Calif., n.d.
- KCMC Child Development Corporation. "Agency Assessment/Self-Assessment." Mimeo. Kansas City, Mo., n.d.
- Kendrick, R.; Williamson, E.; and Yorck, J. "Finding Quality Child Care." Eugene, Oreg.: Lane County 4-C Council, n.d.
- Mattick, I. and Perkins, F. *Guidelines for Observation and Assessment: An Approach to Evaluating the Learning Environment of a Day Care Center*. Mt. Rainier, Md.: Gryphon House, 1980.
- Missouri Department of Elementary and Secondary Education. "Choosing the Right Early Education Program for Your Child: A Checklist for Parents." Jefferson City, Mo., n.d.
- National Association for the Education of Young Children. "How to Choose a Good Early Childhood Program." Washington, D.C., 1983.
- National Association for the Education of Young Children. "How to Plan and Start a Good Early Childhood Program." Washington, D.C., 1984.
- New Jersey State Department of Education. "Self-Study Process for Preschool Programs." Trenton, N.J., 1980.
- Oregon Association for the Education of Young Children. "Assessment Criteria Checklist for Criteria for Assessing Early Childhood Programs." Portland, Oreg., 1981.
- Oregon Association for the Education of Young Children. "Criteria for Assessing Early Childhood Programs." Portland, Oreg., 1979.
- Upgrading Preschool Programs. "The Book of UPP." Mimeo. Phoenix, Ariz., n.d.
- U.S. Department of Health and Human Services. *Comparative Licensing Study: Profiles of State Day Care Licensing Requirements, Rev. Ed.* Vols. 1-6. Washington, D.C., 1981.
- U.S. Department of Health and Human Services. "Head Start Performance Standards Self-Assessment/Validation Instrument." Washington, D.C., 1981. (DHHS Publication No. 81-31132)
- U.S. Department of Health and Human Services. "Head Start Program Performance Standards." Washington, D.C., 1981. (DHHS Publication No. 81-31131)
- U.S. Department of Health, Education and Welfare. "Federal Interagency Day Care Requirements." Washington, D.C., 1968. (DHEW Publication No. 78-31-081)
- U.S. Department of Health, Education and Welfare. "Guides for Day Care Licensing." Washington, D.C., 1973. (DHEW Publication No. 73-1053)

U.S. Department of Health, Education and Welfare. "HEW Day Care Regulations." *Federal Register* 45, no. 55 (March 19, 1980).

Washington Child Development Council. "Child Development Center Self-Assessment." Washington, D.C., 1980.

*The Criteria were developed from a thorough review of the research, theoretical, and practical literature on the effects of various components of an early childhood program on children. The following is a selected bibliography of those sources which were most applicable in developing the Criteria:*

Bronfenbrenner, U. *The Ecology of Human Development*. Cambridge, Mass.: Harvard University Press, 1979.

Caldwell, B. M. and Freyer, M. "Day Care and Early Education." In *Handbook of Research on Early Childhood Education*, ed. B. Spodek. New York: Free Press, 1982.

Falender, C. A. and Mehrabian, A. "The Effects of Day Care on Young Children: An Environmental Psychology Approach." *Journal of Psychology* 101, no. 2 (1979): 241-255.

Fiene, R. "Child Development Program Evaluation: Weighing Consensus of Individual Items: What Are the Major Risks to Children in Day Care Centers?" Harrisburg, Pa.: Office of Children and Youth, 1978.

Golden, M. and Rosenbluth, L. *The New York City Infant Day Care Study*. New York: Medical and Health Research Association of New York City, 1978.

Kendall, E. D. "Child Care and Disease: What Is the Link?" *Young Children* 38, no. 5 (July 1983): 68-77.

Kilmer, S. "Infant-Toddler Group Day Care: A Review of Research." In *Current Topics in Early Childhood Education*, ed. L. Katz. Vol. 2. Norwood, N.J.: Ablex, 1979.

McCartney, K.; Scarr, S.; Phillips, D.; Grajek, S.; and Schwarz, C. "Environmental Differences among Day Care Centers and Their Effects on Children's Development." In *Day Care: Scientific and Social Policy Issues*, ed. E. F. Zigler and E. W. Gordon. Dover, Mass.: Auburn House, 1982.

Meyers, W. J. "Staffing Characteristics and Child Outcomes." Washington, D.C.: U.S. Department of Health, Education and Welfare, 1977. (ERIC Document Reproduction Service No. 156 341)

Phyfe-Perkins, E. "Children's Behavior in Preschool Settings—A Review of Research Concerning the Influence of the Physical Environment." In *Current Topics in Early Childhood Education*, ed. L. Katz. Vol. 3. Norwood, N.J.: Ablex, 1980.

Phyfe-Perkins, E. *Effects of Teacher Behavior on Preschool Children: A Review of Research*. Washington, D.C.: National Institute of Education, 1981. (ERIC Document Reproduction Service No. 211 176)

Prescott, E. "Relations Between Physical Setting and Adult/Child Behavior in Day Care." In *Advances in Early Education and Day Care*, ed. S. Kilmer. Vol. 2. Greenwich, Conn.: JAI Press, 1981.

Prescott, E.; Jones, E.; and Kritchevsky, S. *Day Care as a Child-Rearing Environment*. Washington, D.C.: National Association for the Education of Young Children, 1972.

Ruopp, R., Travers, J.; Glantz, F.; and Coelen, C. *Children at the Center. Final Report of the National Day Care Study*. Vol. 1. Cambridge, Mass.: Abt Associates, 1979.

Smith, P. K. and Connolly, K. J. *The Ecology of Preschool Behaviour*. Cambridge, England: Cambridge University Press, 1980.

U.S. Department of Health, Education and Welfare. *Appropriateness of the Federal Interagency Day Care Requirements*. Washington, D.C., 1978.

## A

Abuse/neglect  
 child 19  
 prevention of 16, 18, 19, 28, 37  
 reporting 31  
 Academy. *See* National Academy of Early Childhood Programs  
 Accidents  
 prevention of 32, 33, 34  
 reported to parents 30  
 traffic 30  
 Accreditation 1–6, 28  
 decision 2, 5  
 development of *ix*  
 length of 6  
 maintenance of 2, 6  
*Manual* 3  
 overview of 1–2  
 reapplication 6  
 renewal 6  
 review of 6  
 symbols of 6  
 withdrawal of 6  
 Active play equipment 26  
 Administration 21–22  
 Administrator. *See* Director, Chief Administrative Officer  
 Administrator Report 3  
 Age appropriate. *See*  
 Developmentally appropriate  
 Age attributes, heterogeneous 12  
 Allergies 29  
 American Academy of Pediatrics 29  
 American Heart Association 31  
 American Red Cross 31  
 Anecdotal records 37  
 Annual leave 21  
 Annual reports 6  
 Appeal process 2, 5  
 Arrangement of environment  
 25–26, 27  
 Arrival 8, 30  
 Art 13, 25, 26, 31  
 Assessment of children. *See*  
 Evaluation  
 Attachment 24

## B

Bedding 32  
 washing of 32  
 Benefits  
 employment 21  
 Block building 25–26  
 Board of directors 21  
 Books, children's 25–26  
 Breakfast 44, 45, 46  
 Breaks 22, 24  
 Budget 21  
 C  
 Cardiopulmonary resuscitation 31  
 Carpeting 25, 27  
 non-slip 33  
 Case studies 37  
 Center Accreditation Project. *See*  
 National Academy of Early  
 Childhood Programs  
 Center Accreditation Project Steering  
 Committee *vii, ix*  
 Centers  
 definition of *x*  
 Centers for Disease Control 32  
 Changing table 32  
 Chief administrative officer. *See*  
 Director 3, 18, 19  
 Child Care Food Program 35, 44–48  
 Child development 7, 8, 11, 18, 19,  
 23, 25, 35, 37, 39–42  
 Child Development Associate 19  
 Children's work 25, 37  
 Choices 12, 13  
 Cleaning 32, 33, 49–50  
 storage of supplies 34  
 Clothing 26, 31  
 Commission 2, 5  
 Communication skills of children 9,  
 10  
 Community resources 11, 19, 22  
 Component  
 of Criteria *x*, 7  
 of program 2, 37  
 Conferences  
 parent 17  
 staff 22

Conflict of interest  
 for validators 4  
 for commissioners 5  
 Construction materials 25–26  
 Contagious. *See* Infectious disease  
 Continuity of adults 24  
 Cooking projects 26, 49  
 Costs. *See* Fees  
 Cots 32  
 Creativity 13  
 Credentials 18–20  
 Child Development Associate 19  
 Cribs 32  
 Criteria *x*. *See* Criteria for High  
 Quality Early Childhood Programs  
 Criteria for High Quality Early  
 Childhood Programs 7–37  
 development of *ix*, 7  
 Cultural diversity 9, 13, 36  
 Curriculum 11–14  
 activities 9, 11–13, 18, 25–26  
 for infants/toddlers 13, 40  
 goals 11  
 planning 11, 13, 14, 19, 22, 37,  
 40–42  
 Cushioning materials 34

## D

Deferred centers 5  
 Definitions *x*  
 Departure 8, 30  
 Developmentally appropriate 39–42  
 activities 11, 12, 13, 25–26, 37  
 expectations of children 10, 36  
 grouping 23–24, 32  
 independence 9, 14, 30, 33, 36, 39  
 materials 12, 13, 26, 36  
 Diarrheal disease 30  
 Diphtheria, Pertussis, and Tetanus 43  
 Director 3, 4, 5, 18, 19, 21, 22, 28, 37  
 Disabled children 11, 18, 23  
 Diapering 8, 14, 32  
 Discipline 9, 18, 19  
 Dishwashing 49  
 Disinfectant 32

Dramatic play 25–26  
Dressing 14, 31

## E

Early childhood *x*  
Early Childhood Associate Teacher 19  
Early Childhood Classroom  
  Observation 3  
Early Childhood Specialist 18, 19  
Early Childhood Teacher 19  
Early Childhood Teacher Assistant 19  
Eating 14, 35, 36  
Electrical outlets 33  
Eligibility 1, 28  
Emergencies  
  consent for treatment 31  
  contact information 29  
  first aid 31  
  procedures 18, 31, 34  
  telephone numbers 34  
Emotional development 9, 10, 14, 24  
Enrollment 3  
Environment, physical 25–27  
  arrangement of 25–27  
  cleaning of 32, 49  
  equipping 26  
  indoor 12, 25, 27  
  modifications 11  
  outdoor 12, 25, 27  
  sound of 9, 27  
  space in 25  
  ventilation of 33  
Equipment 12, 26  
  maintenance 32  
  outdoor 27, 34  
  safety of 32, 34  
Evacuation 32, 34  
Evaluation 37  
  by parents 28, 37  
  of administrator 37  
  of children 11, 30, 37  
  of program 21, 37  
  of staff 19, 28, 37

## F

Facility 6, 32  
  kitchen 49–50  
  maintenance 32–33, 49–50  
Families 6, 15–17, 19, 24, 29, 30, 31, 34, 37  
  non-English speaking 15

Family day care homes 1  
Feeding 8, 32, 35  
  bottle 36

## Fees

  accreditation 1, 3, 5, 6  
  policy 21

Fever 30

Financial planning 21

Fire extinguishers 34

First aid

  supplies 31

  training 31

Five-year-olds 24, 40–41

Food 35–36, 44–48

  service 35–36, 49–50

  storage 36, 49

Four-year-olds 24, 40–41

Full-day program 1

Furniture 25, 27, 34, 36

## G

Goal statements 7, 8, 11, 15, 18, 21, 23, 25, 28, 35, 37

## Goals

  of accreditation system 1  
  program 11, 15, 18, 21, 37

Grievance procedures 21

Group *x*, 23–24

Group leader 19

Group size 23–24

Guidance 9, 18, 19

## H

Hand washing 9, 32, 33

Handicapped children 11, 18, 23

Health 28–34

  education of children 13, 28, 33

  of children 28, 30

  of staff 21, 22, 28

  records of children 21, 29, 30

  staff training in 19, 32

Hiring practices 21, 28

Holiday policies 21

Hours of operation 21

## I

Immunizations 29

  schedule for 43

Improvement, program 1–3, 21, 37

Income. *See* Budget; Fees

Independence 9, 14, 30, 33, 36, 39

Individual differences 9

Individuality 11, 13, 14, 22, 23, 37

Indoor space 23, 25

Infants/Toddlers *x*, 8, 12, 13, 24, 25, 30, 32, 35, 36, 40, 45–46

Infectious disease 28, 30, 32

## Insurance

  accident 22

  health 21

  liability 22

Intellectual development 8, 11, 13

## Interactions

  among children 8, 9

  among staff 22

  among staff and children 8–10, 23, 24

  among staff and parents 14–17, 30

Interpretations, of Criteria 7

Isolation for illness 30

## J

Job descriptions 21

## L

Language development 9, 36

Lead paint 33

Learning 11, 13, 14, 25, 35

License 1, 28

Lighting 33

Lunch 44, 45, 47

## M

Manipulative toys 26

Materials 12, 13, 26

  accessability of 26

  arrangement of 26

  nontoxic building 33

Math 25–26

Meals 35, 36, 44–48

  infant 45–46

Measles 43

## Medicine

  administration of 34

  storage of 34

## Meeting

  parent 15

  staff 22

Menu 35

Multi-age grouping 23–24

Mumps 30, 43

## N

NAEYC *ix*

  Governing Board *ix*, 7

  Information Services Department 3

Naps 14, 32

National Academy of Early  
Childhood Programs *x*, 1–6, 7  
staff 1, 3

Needs assessment 21, 37

Newsletters 17

Nose wiping 32

Nutrition

child 35–36, 44–48

education 13, 35

## O

Observation

of children 30, 37

of staff 3, 28, 37

On-site visit. *See* Validation

Operating policies 15, 21

Operating expenses 21

Orientation

of children 15

of parents 15

of staff 18

Outdoor

activity 12, 23, 27, 31

safety 27

space 25, 27

surfaces 27

## P

Parent Questionnaire 3

Parents *ix*, 1, 3, 6, 14, 15–17, 24, 28,  
30, 31, 34, 37

communication/interaction with  
14, 15–17, 19, 37

conferences 17

consent 31

information 15, 17, 35

involvement 16

notification of 16, 30, 34

orientation of 15

participation in self-study 1, 3

working 16

Part-day program 1, 31

Personnel files 21

Personnel policies 21

Philosophy, program 11, 15, 16, 18

Physical development/skills 13, 34

Pictures 25

Planning time 22

Play 9, 10, 12, 13, 31, 34

Poisonous 34

materials 34

plants 34

Policies

accreditation 1–6

emergency 31, 34

fees 21

holiday 21

hours 21

leave 21

of board members 21

operating 21

parent involvement 16

personnel 21

refunds 21

sick child 21, 30

sick leave 21

Polio 43

Prerequisites. *See* Eligibility

Preschoolers *x*, 25, 36, 40–41

Private areas 26, 27

Probationary employment 28

Professional judgment 2, 29

Program

activities 9, 11–13, 18, 25–26

definition of *x*

evaluation of 21, 37

goals 11, 15, 18, 21, 37

planning 11–14, 19, 22, 37

Program description, written 1, 3

Progress checklists 37

Punishment 9

## Q

Qualifications, staff 18–20

Quality

of program 1, 7, 16, 23, 28, 37

of staff 18, 20

Questioning 9

## R

Race 9, 12

Ratios, staff-child 11, 24

Recordings, children's 26

Records

attendance 21

fiscal 21

health 21, 29, 30

of board members 21

of child development 37

of staff 18, 20, 21

Referrals 11, 22

Relationships. *See* Interactions

between staff and

administrators 22

between staff and children 8, 24

Release

forms for center 2–5

of children 29, 30

Religion 9, 29

Restraints (transportation) 30

Routines 9, 14

Rubella 43

## S

Safety 28–34

education of children 13, 28

facility 27, 32, 33

fire 34

play equipment and toys 32, 34

staff training in 19

transportation 30

Sand 25, 27

Sanitation 28, 32, 33, 36, 49–50

Schedule 12

School-age children *x*, 18, 24, 25, 30,  
42

Science 25–26

Screens 33

Self-concept 8, 13, 14, 33

Self-help skills 9, 14, 36

Self-study 1–3, 39

aspects of 3

purpose of 3

time needed 3

Sensory materials 26

Sex equality 9, 12

Sick child

attendance 30

policy 21, 30

Sick leave 21

Sleeping 14, 32

Smoke detectors 34

Snacks 35, 45, 48

Social development/skills 8, 10, 13,  
14

Social Security 21

Soft elements 27

Sound, environmental 9, 27

Space 25

Special needs children 11, 18, 23

Staff

age of 18

-child interactions 8–10, 23

-child ratios 11, 23–24

definition of *x*

development 18–19

evaluation of 19, 37

flexibility 14

health 28

job descriptions 21

orientation 18

- parent interactions 14, 15–17, 30, 35
- personal characteristics 18
- qualifications 18–20, 24
- relationships 22
- responsiveness 8
- salaries 21
- schedules 23–24
- supervision of 18, 28, 37
- training 11, 18–20, 30, 31, 32, 37
- working conditions 21, 22
- Staff Questionnaire 3
- Staffing 23–24
- Stairway, handrails 33
- Standards
  - Academy. *See* Criteria
  - licensing 1, 28
- Stereotyping 12
- Storage space
  - permanent 25
  - personal 26
  - for dangerous products 34
- Storm warnings 34
- Substitutes 24
- Supervision
  - of children 30
  - of staff 18, 28, 37
- Supper 44, 45, 47
- Supplemental food. *See* snacks
- Swings 34
- T**
  - Teaching techniques 8, 9, 10, 13, 14
  - Tests 37
  - Three-year-olds 24, 40–41
  - Toddlers *x*, 24, 25, 36, 40
  - Toilet facilities 32, 33
  - Toileting 9, 14, 32, 33
  - Toys 26, 32
    - infant/toddler 32
  - Training, staff 11, 18–20, 30, 32, 37
    - first aid 31
    - in relation to group size 24
    - in relation to staff-child ratio 24
  - Transitions 13
  - Transportation 30
    - emergency 31
  - Tuberculosis tests 28
  - Two-year-olds 24, 40–41
- U**
  - United States Department of Agriculture 35, 44–48
  - United States Public Health Service 29
- V**
  - Vacation 21
  - Validation 1–5
    - activities 5
    - length of visit 4
    - purpose 5
  - Validators
    - assignment 4
    - number 4
    - qualifications 4
    - training 4
  - Vehicles 30
  - Ventilation 33
  - Volunteers 18, 24
- W**
  - Water 27, 28, 33
    - availability 33
    - drinking 33
    - temperature 33
  - Water play 25
  - Woodworking 25

# Information about the National Academy of Early Childhood Programs

## **The Academy is . . .**

a division of NAEYC that provides . . .

- a national, voluntary accreditation system for good quality early childhood centers and schools
- educational resources and referral for early childhood programs seeking accreditation
- public information about good quality early childhood programs

## **Information about NAEYC**

### **NAEYC is . . .**

. . . a membership supported organization of more than 44,000 people committed to fostering the growth and development of children from birth through age eight. Membership is open to all who share a desire to serve and act on behalf of the needs and rights of young children.

### **NAEYC provides . . .**

. . . educational services and resources to adults who work with and for children, including

- *Young Children*, the journal for early childhood educators
- Books, posters, and brochures to expand your knowledge and commitment to young children, with topics including infants, curriculum, research, discipline, teacher education, and parent involvement
- An Annual Conference that brings people from all over the world to share their expertise and advocate on behalf of children and families
- Week of the Young Child celebrations sponsored by NAEYC Affiliate Groups across the country to call public attention to the needs and rights of children and families
- Insurance plans for individuals and programs
- Public policy information for informed advocacy efforts at all levels of government

### **For free information about membership, publications, or other NAEYC services . . .**

. . . call NAEYC at 202-232-8777 or 800-424-2460 or write to NAEYC, 1834 Connecticut Avenue, N.W., Washington, DC 20009.



APPENDIX B

CHILD WELFARE LEAGUE OF AMERICA  
STANDARDS FOR DAY CARE SERVICE

---

Reprinted with permission from the Child Welfare League of America. Permission to reprint must be obtained from the copyright holder only.

CHILD  
WELFARE  
LEAGUE  
OF AMERICA  
**STANDARDS  
FOR  
DAY CARE  
SERVICE**

REVISED EDITION

Child Welfare League of America, Inc.  
New York, New York

Copyright © 1984 by the Child Welfare League of America, Inc.

ALL RIGHTS RESERVED.

Neither this book nor any part may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, microfilming, and recording, or by any information storage and retrieval system, without permission in writing from the publisher.

CHILD WELFARE LEAGUE OF AMERICA, INC.

67 Irving Place, New York, NY 10003

Current printing (last digit)

10 9 8 7 6 5 4 3 2 1

PRINTED IN THE UNITED STATES OF AMERICA

Library of Congress Cataloging in Publication Data

Child Welfare League of America.

Child Welfare League of America standards for day care service.

Bibliography: p.

Includes index.

1. Day care centers—United States. 2. Child Welfare League of America—Standards. 1. Title.

HV854.C49

1984

362.7'12'0218

84-9450

ISBN 0-87868-237-6

Publication of this volume was made possible by the Metropolitan Life Foundation.

## DEDICATION

*CWLA Standards for Day Care Service* is dedicated to Zelma J. Felten. This tribute to Miss Felten (affectionately called Buzz by all who know, love, and respect her) reflects the deeply felt appreciation of those of us who were her colleagues and of the child welfare field as a whole for her contribution to the raising of standards of care and service for children and their families in North America.

After 27 years at the Child Welfare League of America—years of commitment, devotion, and the realization of improved services to vulnerable children—Buzz Felten retired in November 1982 from her position as the League's Assistant Executive Director. Her significant contribution to the betterment of human lives and her inspired leadership in improving services to children and their families have been felt by everyone associated with the League and by the entire child welfare field.

Buzz never looked for personal accolades. Her reward was what her work for the welfare of children could achieve. The only real gift that the field can give her is the guarantee that children and their families will continue to be served to the best of the field's ability. Through continued contributions from the field, a fund restricted to *Standards* development has been established in her name.

## CONTENTS

FOREWORD .....	ix
ACKNOWLEDGMENTS .....	xiii
HOW TO USE CWLA STANDARDS .....	xv
INTRODUCTION .....	1
1. DAY CARE AS A SERVICE FOR CHILDREN AND FAMILIES .....	9
2. INTEGRATION OF SOCIAL WORK, HEALTH, AND EDUCATION IN DAY CARE SERVICE .....	22
3. ROLE OF PARENTS IN DAY CARE SERVICE .....	30
4. EDUCATION AND CARE OF CHILDREN IN GROUP DAY CARE .....	35
5. CARE OF CHILDREN IN FAMILY DAY CARE HOMES .....	50
6. HEALTH PROGRAM IN DAY CARE SERVICE .....	59
7. SOCIAL WORK IN DAY CARE SERVICE .....	71
8. DAY CARE SERVICE FOR SCHOOL-AGE CHILDREN .....	76
9. BUILDING AND EQUIPMENT OF THE DAY CARE CENTER .....	85
SELECTED REFERENCES .....	97
INDEX .....	103

## FOREWORD

Setting standards and improving practice in all social services for children have been major functions of the Child Welfare League of America since its formation more than 60 years ago. As early as 1955, a study of the League's function and program reaffirmed that:

Continued development of standards designed to be used as objectives or goals, based on tested knowledge and approved practice in the various fields of service, should be given high priority in the League's program.

As we come to know the essentials for the healthy growth of all children, we must restate society's responsibility to provide child welfare services for children who would otherwise lack them and to provide the conditions and opportunities favorable to the protection and development of children's individual capacities.

In 1955, the League undertook to formulate a series of *Standards* for child welfare services in light of what was known about the developmental needs of children and tested, effective ways of serving them. Preparation of the *Standards* involved examination of current practices and the assumptions on which they were based; a survey of professional literature and standards developed by other groups, such as community planning bodies and public departments of social services; and study of the most recent findings of social work and related fields, such as child development, education, mental health, psychology, medicine, psychiatry, sociology, genetics, and anthropology, as they bear on child welfare practice.

Final formulations followed discussion of principles and issues by a committee of experts in each service, the drafting of a preliminary statement, and a critical review. The preparation of each set of *Standards* has the wide participation of local and national agency representatives. A high proportion of CWLA member agencies, including public departments of social services, reviewed draft statements and made suggestions for revision. Other national organizations, including governmental, religious, and related professional and scientific bodies, took part in the work of the various committees.

## ***Purpose of Standards***

These *Standards* are intended to be goals for continual improvement of services to children and families. They represent practices considered to be most desirable in providing social services that the community offers through public and private agencies to help children and families with the problems of child development and rearing. These are therefore standards for social welfare services for children, regardless of auspices or setting.

The *Standards* are directed to all who are concerned with improvement of services to children: the general public, citizen groups, public officials, legislators, courts, and the various professional groups; those responsible for administration of services, including board members and agency staff members; agencies whose functions include planning and financing community services; state or provincial departments entrusted by law with functions related to licensing or supervision of organizations serving children; and federations of agencies having requirements for membership that involve judgments on the nature of their member organizations and the type and quality of services rendered.

*Standards* can stimulate improvement of services only as they bring about dissatisfaction with present services and a conviction that change is desirable. They offer a base for examining and questioning practice and the premises from which practice has been developed and for evaluating the performance of child welfare agencies and the adequacy of existing services.

The *Standards* are of use in the planning, organization, and administration of social work services and in the establishment of state or provincial and local licensing requirements. They provide content for teaching and training in child welfare in schools of social work, through inservice training and staff development programs, and in orientation of board members and volunteers. They can help to explain and justify expenditures, budget requests to federated fund-raising bodies, and appropriation requests to legislatures. Increasingly, they are used by courts in litigation matters.

Finally, CWLA *Standards* can promote understanding of how each service may more effectively meet the needs of children, what it should be expected to do, and how it can be used. In that way, the *Standards* can help to gain greater public interest, understanding, and support for adequate services, legislation, and financing.

## ***Review of Standards***

When the first edition of *Child Welfare League of America Standards for Day-Care Service* was published in 1960, it was stated that:



Concepts of day care services for children are changing rapidly. This momentum of change reflects phenomenal cultural, economic, sociological, and scientific developments throughout our world. Therefore, no formulation of *Standards* for day care service can be thought of as final. It is essential that there be a periodic review, reevaluation, and rewriting of *Standards*, as new knowledge and experience are gained.

Members of the original Technical Committee on Standards and Program Development first met in May 1963 to discuss the need for revision; in 1965, a Committee on Revision was set up to prepare a revised statement that would reflect "new knowledge and experience." Although federal legislation made it difficult to define the scope of the *CWLA Standards for Day Care Service*, and although the effectiveness of new programs for the care and education of children could not yet be assessed, the Child Welfare League of America issued the revised 1969 *Standards* because of the urgent need for a statement by a national standard-setting organization.

This 1984 revised statement represents a consensus of the best current thinking that will produce a service to promote the most desirable practices in serving children and their parents. These practices have evolved as a result of increasing knowledge about child development and behavior and from experience in the fields of education, health, and social work. These *Standards*, as in the first and second editions, are intended to be a model of the best way to provide a day care service. They are conceived as goals to be attained; they are to be distinguished from minimum requirements for licensing or for membership in the Child Welfare League of America.

David Liederman  
*Executive Director, CWLA*

## ACKNOWLEDGMENTS

These *Standards* distill the work of the Technical Committee for Standards for Day Care Service. The following Technical Committee members, selected on the basis of their expertise in the field of day care, represent member agencies of the Child Welfare League of America, other national organizations, and the professions involved in the day care of children. The Technical Committee discussed the suggestions for revision received from member agencies, other national organizations, and consultants. The revised statement incorporates changes recommended by the Technical Committee and additional suggestions made by CWLA member agencies, state welfare departments, national organizations, and the CWLA Board Committee on Standards and Program Development.

The Board of Directors of the Child Welfare League of America approved the revised statement of these *Standards* on June 24, 1983.

### Technical Committee for Standards for Day Care Service

*Chairperson:* Jeanne Ellis-Hudgens, Executive Director, Child Care Center of Stamford, Inc., Connecticut

Alicia G. Abreu, Director of Child Day Care, Catholic Community Services, Florida

\*Joyce Black, President, CWLA Board of Directors, New York, New York

Howard Clifford, Consultant on Day Care, Ontario, Canada

Jean Crockett, Director of Day Care, Oklahoma

Carla Curtis, Day Care Specialist, National Black Child Development Institute, Washington, D.C.

Norman S. Finkel, Executive Director, Federation Day Care Services, Philadelphia, Pennsylvania

Marjorie Grosett, Executive Director, Day Care Council of New York, New York, New York

\*Mary Bert Gutman, CWLA Board of Directors, New York, New York

---

\* Affiliation at time of committee membership.

Wetonah B. Jones, Executive Director, Children's Service, Philadelphia, Pennsylvania  
 John E. McManus, Director, Department of Children & Their Families, Providence, Rhode Island  
 Leroy Murphy, Cuyahoga County Welfare Department, Cleveland, Ohio  
 John C. Purnell, Friends Association for Children, Richmond, Virginia  
 S. Norman Sherry, M.D., Cambridge, Massachusetts  
 Jule M. Sugarman, Executive Director, Day Care Council of America, Washington, D.C.  
 Jackie Olafson, Director of Day Care, Children's Home Society of Minnesota, St. Paul, Minnesota  
*Staff:* Jeanne Hunzeker, D.S.W., Director, Standards Development, CWLA  
 Margie Hale, Consultant, CWLA  
 Carl Schoenberg, Senior Editor, CWLA  
*Typist:* Bonnie Haskett, Department of Human Services, Charleston, West Virginia  
*Consultants:* Bettye Caldwell, Donagley Professor of Education, University of Arkansas at Little Rock, Arkansas  
 Selma Deitch, M.D., Child Health Service, American Academy of Pediatrics, Chicago, Illinois  
 Madeline Dowling, Department of Health and Human Services, Washington, D.C.  
 Harold Gazan, Director, Bureau of Regulatory Services, Michigan Department of Social Services, Lansing, Michigan  
 Ernestine F. Jones, President, Black Administrators in Child Welfare, Inc., Department of Human Resources, Baltimore, Maryland  
 Betsy Rosenbaum, American Public Welfare Association, Washington, D.C.  
 Mike Weber, Director, Community Services Department, Minneapolis, Minnesota

**Committee on Standards and Program Development, 1983**  
**Board of Directors, Child Welfare League of America**

*Chairperson:* Wetonah B. Jones, Philadelphia, Pennsylvania  
 Samuel P. Berman, Los Angeles, California  
 Virginia Colson, ORPSSCA Representative, Columbus, Ohio  
 \*Marie M. Cox, Midwest City, Oklahoma  
 Peter W. Forsythe, New York, New York  
 Marie Gélinas, Cite du Havre, Montreal, Quebec, Canada  
 John A. Hadden, Jr., Cleveland, Ohio  
 Natalie Heineman, Chicago, Illinois  
 \*Margaret M. Stuart, Helena, Montana  
 \*Marianne Wilkinson, Topeka, Kansas

---

\* Affiliation at time of committee membership.

## HOW TO USE CWLA STANDARDS

CWLA *Standards* volumes are designed so that readers can quickly and easily obtain needed information.

A new format for the *Standards* began with the publication of *CWLA's Standards for Service for Children and Families in Their Own Homes* and *CWLA Standards for Organization and Administration for All Child Welfare Services*. A two-part, separately produced format has placed generic components of child welfare practice (that seldom need revision) into one volume\* and all specific service components into separate volumes. *CWLA Standards for Day Care Service* encompasses only the specific child welfare service components and will be updated when appropriate. Each volume will follow the same internal design.

The contents page provides a rapid review of the general areas covered.

For specific information on a particular practice the index lists in alphabetical order each subject of interest and related categories in the text. Each standard is designated by a number. The digit before the decimal indicates the chapter where the standard can be found; the digits after the decimal designate its numerical order within the chapter. (Note that the number for the "Introduction" is 0.)

In many instances, the standard in the text is followed by discussion that provides the reader with rationale, principles, implications, or steps in carrying out the standard in practice.

When various aspects of a standard are discussed in more than one standard, cross-references are noted in parentheses to other standards that are associated with or are part of the practice necessary for desirable service. Cross-references in service volumes referring the reader to standards in the generic volume are noted in parenthesis by O&A followed by the digit (e.g., O&A: 4.10). Cross-references in the generic volume referring the reader to standards in service volumes are noted in parentheses by the specific service standard followed by the digit (e.g., OHS: 4.4 or GH: 2.21).

---

\* *CWLA Standards for Organization and Administration for All Child Welfare Services*.

Cross-references to the nine service volumes and the one generic volume are indicated by the following abbreviations:

A = Adoption Service  
DC = Day Care Service  
FFC = Foster Family Care  
GH = Group Home Services  
H = Homemaker Service  
PS = Protective Service for Children  
RCC = Residential Centers for Children  
OH = Service for Children and Families in Their Own Homes  
UP = Services for Unmarried Parents  
O&A = Organization and Administration for All Child Welfare Services

# INTRODUCTION

These standards have been prepared specifically for day care service that is provided by the community, through public and voluntary social agencies, as a service for children and families. The present revision reflects, among these changes, a concern for all children who are receiving care outside their homes for some part of the 24-hour day.

It is presumed that all day care programs, whatever their auspices or purposes, should have the same essential components. (1.5) All children have the same developmental needs; they should all have the opportunity to benefit by advances in knowledge and professional skills in the fields of child development, early childhood education, health care, and social work. Regardless of the emphasis of a program, the reasons that parents use it, or the number of hours the children are there, it is presumed that children should have experiences that are good for them (or that at least do them no harm); that any arrangement to assist parents in carrying their child-rearing responsibilities should support and enhance the parental role; and that the service for each child and his or her parents should be of adequate quality and appropriate as determined by their particular needs. (2.1-2.11)

## 0.1 Range of child care programs

At present, a wide range of resources and facilities, including informal arrangements and programs organized under various auspices, is used for the care of children outside their homes during some part of the day. These resources and facilities have been established to serve many different purposes. They place differing emphases, reflected in their programs and the children whom they serve, on the responsibilities for care, protection, child development, education, or treatment.

These resources include those whose primary purpose is child development, education, or recreation (Head Start, child development centers, nursery schools, kindergartens, extended school services, and play

schools). They also include day care provided by nonprofit organizations other than social agencies, such as churches and hospitals; by proprietary day care centers and independent family day care homes; and by employers and labor unions. (1.7)

Day care programs are promoted and used for purposes in which the interests of the child may be a secondary consideration, such as enabling single parents or a caretaker or spouse to complete schooling or to train for new careers. Day care is offered by private individuals or corporations as a profit-making enterprise. Under these circumstances, it is necessary to ensure that day care is used in the best interests of the individual children, and that the daily experiences are of benefit to them, or at least not detrimental. (1.8, 1.11)

## **0.2 Number of children receiving day care**

In 1980, there were 7.5 million preschool children in the United States whose mothers were in the labor force; this number is projected to increase to over 10 million by 1990. The total number of children receiving care for part of the day outside their own home has not been determined, but there has been a shift away from in-home care to care outside the home, typically in an unrelated person's home, or in group care centers such as day care centers and preschools. In 1958, some 57% of the young children of mothers who worked full-time were cared for in their own homes, and group care services were little used (about 5%). By 1977, a marked change had occurred: Only 29% of preschool-age children were cared for in their own homes, while 47% were cared for in another's home, usually by someone who was not related to the child.

## **0.3 Facilities**

There were approximately 18,300 day care centers in the United States in 1977 with a total enrollment of almost 900,000, with 122,000 slots for infants and toddlers (under age 3) and 126,000 for after-school care. According to the National Day Care Home Study released in 1981, there are approximately 115,000 regulated family day care homes in the United States, of which 85,000 are independent homes not affiliated with any sponsoring agency.

## ***Recent Developments Affecting Day Care Programs***

### **0.4 Changing attitudes about community responsibility for day care**

Although the majority of children who receive day care are in family day care

homes independent of any organized program, public attitudes are changing about the responsibility of the community to provide facilities and services for families who need to turn to outside resources for help in caring for their children.

The lack of adequate child care facilities has become more apparent as the number of working mothers with young children has steadily risen. Over 50% of mothers in the United States work outside the home, and this figure is expected to rise to 75% by 1990. The fastest growing segment of working mothers is among those with children under 2. Community concern is also rising about children who are not properly supervised during the day and those who are growing up in families unable to provide the stimulation required for the cognitive development of children.

It is recognized that day care can be used for more than custodial care and protection. It can provide the experiences children need for development of their physical, intellectual, emotional, and social potentialities. It offers opportunities for reaching children and their parents early in life and for giving support to families in times of strain and crises, thus strengthening families and preventing more serious difficulties.

Many advocate that day care should be provided as a publicly supported service or social utility, which any parent would be entitled to use by choice, and which would offer enriching developmental experiences that would benefit all children.

There are still differences of opinion, however, about the degree of responsibility for the rearing of children that the community should assume or share with parents.

### **0.5 The federal government role in day care**

Demographic projections indicate that by 1990 there will be 11.5 million children under age 6 and 17.2 million children age 6 to 13 whose mothers are in the work force in the United States. In the 1980s, reductions in federal funding for day care are leading to the closing of many day care centers and family day care homes. With increasing numbers of women working to support their families or to meet workfare requirements, the diminishing supply of adequate day care is a major problem. Especially critical is the lack of knowledge, experience, and standards or licensing for infant day care, which is rapidly increasing; the inadequacy of resources to care for large numbers of latchkey children who are on their own an average of 4 hours a day when school is not in session; and the absence of reliable licensing and monitoring of the rapidly proliferating for-profit day care business. The federal government's involvement in day care has been monitored more often than not by concerns



other than the well-being of the nation's children; the government has sponsored day care programs primarily in the interests of national defense, employment and training, and the reduction of welfare dependence.

The following outlines historical developments in day care in the United States from the 1930s.

*1930s:* Although day care has existed in this country since the nineteenth century, it was virtually ignored by government until the 1930s. During the so-called Great Depression, nursery schools were funded by the Works Progress Administration (WPA) to provide jobs for unemployed teachers and to assist children from needy, unemployed families.

As national child advocacy organizations and state licensing agencies arose, their overriding concern was disease and its transmission among institutionalized children. State and local licensing codes sought to protect children from primal dangers: epidemics, fire, severe neglect, and starvation. At the federal level, the Children's Bureau suggested provisions for state codes and offered goals for better child care. Licensing laws were by no means comprehensive. Linked to general fire safety and health codes of cities and counties, they allowed little room for other aspects of day care. States were reluctant to enforce laws against church-sponsored institutions. Funds were always limited. It was difficult to suspend licenses because the alternative to poor facilities was frequently no facilities.

*1940s:* Day care became a critical issue during World War II because so many mothers went to work for national defense. Women were needed in the war effort, but there was no one to care for the children while they worked. Children were left in locked cars; others roamed the streets. Congress responded to this dire situation by passing the Lanham Act of 1941, a bill to provide matching federal funds for states to establish day care centers and nursery schools. By the peak of the program in 1945, between 105,000 and 130,000 children were enrolled in Lanham centers. After the war, women were expected to return home to their children, and the Lanham centers were closed. All women, however, did not return to their roles as housewives after World War II, as predicted. The number of working mothers has increased steadily over the years.

During World War II, the Children's Bureau and the Office of Education received powers to approve local and state day care plans for federal funding. For the first time the government issued a set of standards for day care, but the standards did not have the force of law and were merely recommendations to state and local authorities. The standards assumed school-age children received adequate education in school and required only supervision and a safe play area until the end of the workday. They recommended that children under 3 stay with their mothers and that those women be discouraged from working.

*1950s:* In the years following World War II, public sentiment ran strongly against working mothers. There was little government-aided day care, and working mothers sought private centers, baby-sitters, and relatives to care for their children. The Children's Bureau and the Labor Department's Women's Bureau did, however, sponsor a conference on Planning Services for Children of Employed Mothers. And Congress passed legislation authorizing a modest tax deduction for child care. The issue of regulation of day care persisted throughout the '50s.

*1960s:* In 1960, the Child Welfare League published its standards for day care service, which, like the earlier Children's Bureau standards, recommended that children under age 3 not be placed in day care. Welfare reform legislation in the '60s, most notably the creation of the Work Incentive (WIN) Program, included provision for day care as a supportive service. This recognition of the necessity to provide child care for working mothers remains crucial, but actual appropriations for day care as a supportive service have never been substantial.

A major change occurred in 1964, when the Head Start program was inaugurated to provide compensatory education for disadvantaged children. Soon afterward, child care professionals redefined day care as including child development and education, rather than as a purely custodial service. Even with this advance, day care was still inextricably associated with poverty throughout the '60s. Most Americans saw day care as a service for welfare mothers. That view began to change as the women's movement gained momentum.

Welfare reform legislation enacted in the '60s contained specific provisions making federal funding for day care conditional upon a facility's obtaining a state license. This encouraged states to modernize their licensing procedures. State regulators were often confronted by the choice of closing substandard centers, with no prospect of a replacement, or allowing them to continue. They usually chose the latter. To compensate, they intensified scrutiny of new applications, which had the effect of curtailing expansion.

The year 1968 marked the beginning of the long history of the development of the Federal Interagency Day Care Requirements (FIDCR). (The implementation of FIDCR was postponed year after year until final repeal in the Omnibus Budget Reconciliation Act of 1981. Years of effort on the part of government agencies, voluntary-sector national organizations, and child advocates went into this effort to set standards that would assure good care for children.)

*1970s:* In 1971, Congress passed and President Nixon vetoed the Comprehensive Child Development Act on the grounds that it was an "invasion of the family" and would lead to the breakdown of the American family. A scaled-down version of the comprehensive bill passed both

houses of Congress in 1975, only to be vetoed by President Ford. One last attempt was made in 1979, when a new child development bill was introduced in Congress following two years of hearings on child care. This bill died, apparently of the same political aversion to child development legislation manifested in the early '70s.

During the '70s, the consolidation of federal social services funds in Title XX of the Social Security Act provided funds earmarked for child day care, as well as a legislative home for the always-about-to-be-implemented FIDCR. Though the requirements were always postponed, they did serve as a model for state programs, and did move the states toward compliance. In the '70s, as well, Head Start continued to serve disadvantaged children in care directed to enrichment rather than custodial service. The Child Care Feeding Program, WIN, and the Aid to Families with Dependent Children (AFDC) child care work expense-disregard offered some federal supports for day care. In addition, the child care tax deduction was shifted to a more useful child care tax credit.

*1980s:* The federal policies in the early '80s effected very substantial reductions in all federal supports for day care with the exception of the child care tax credit. In addition to reducing funding for all of the programs except Head Start, Congress acceded to President Reagan's recommendation to deregulate the programs by repealing substantive requirements, including FIDCR and other federal program standards.

### ***Assumptions and Values Underlying Practices in Day Care Service***

#### **0.6 Community responsibility for children**

The community is responsible for providing conditions conducive to the development of wholesome personalities in a free society.

The community has a stake in the well-being of children, because the future of any society depends on their healthy physical, mental, and emotional development.

Because of the value to the child of his or her own family, the community has an obligation to support parents in the performance of their child-rearing role and to strengthen family life.

Today many parents need support in making arrangements for care of their children.

Care of children away from their own families involves certain hazards. The community should see that appropriate safeguards are set up and

enforced to ensure the well-being of children cared for over long periods outside their own homes—in other families or in groups, under public or voluntary auspices, and in the privately operated facility or independent home. (O&A: 1.5–1.9)

#### **0.7 Value of child's own family**

All children need and have the right to their own parents and should not unnecessarily be deprived of their care.

In our culture and under our law, parents have the legal right to custody and control of children born to them and, along with it, responsibility for their support, care, and upbringing. Although they may delegate various aspects of their children's care and education, it is their responsibility to see that the care is safe.

The community should assist parents to fulfill their child-rearing responsibilities to the best of their ability, by providing the resources and services that supplement and facilitate the functions of the family and keep children safe from harm.

#### **0.8 Child's need of parental care**

All children should be able to have the security and affection of their own family and a sustained relationship with their parents.

Because of their immaturity and dependence, children must have someone on whom they can depend to see to it that their needs are met. They need love, guidance, and protection.

Children under the age of 2 particularly need a warm, secure relationship with a caretaker. (1.11, 1.12)

#### **0.9 Goals for children**

Standards of child rearing and education are profoundly affected by our aspirations for children, our ideals, the kind of society we want, and the kind of people we value. Day care services, like other child welfare services, should help children to develop as individuals who can enjoy, and make their contribution to, a democratic society.

In a democracy, we believe in:

- the individuality of each person
- the unique contribution all individuals can make if they have the opportunity

- the right of individuals to seek their own answers, hold their own opinions, and express what they believe to be true
- the right of individuals to seek happiness in their own way, as long as they do not jeopardize the welfare of others

To achieve these values, we must provide settings and conditions that:

- encourage the child's effort toward discovery and support and safeguard the child's inquiries, whether in the form of questions or of experiments with reality
- help the child to have a sense of accomplishment and self-esteem through a sincere appreciation by friendly adults or by peers of his or her efforts and small or major achievements
- give the child the kind of teacher and other adults who can help him or her along the road to responsibility
- help the child to get along with peers in small groups and with understanding adults so that the child will not be overwhelmed.

#### **0.10 Involvement of parents**

Parents who use day care services should be regarded as active participants and partners in programs that should meet their needs as well as the needs of their children. (3.10) (O&A: 1.25-1.29)

# 1

## DAY CARE AS A SERVICE FOR CHILDREN AND FAMILIES

Day care of children outside their homes for some part of the 24-hour day is provided in many forms, under various auspices, and for different purposes. It is used by parents for a variety of reasons. (0.1)

Day care service, to which these standards pertain, is that form of day care that the community provides (as one of the organized child welfare services) because of its concern for children who might otherwise lack the care and protection essential for their healthy development. (1.1-1.3, 1.9)

Day care programs are designed and staffed to offer group or family care in day care centers or family day care homes in order to supplement child-rearing practices and responsibilities of parents. (1.14, 1.15, 4.1-4.20, 5.1-5.12)

As a child and family service, day care standards ensure that those children entrusted to the care of providers receive the supplemental care required for healthy growth and development.

### 1.1 Day care defined

Day care is a service for families provided in behalf of children and their parents, and designed to supplement daily parental care. Day care should be supported by the community, with voluntary contributions and public funds, under the auspices of public and private agencies.

## 1.2 Purpose of day care

The purpose of day care is to supplement the care and protection that children receive from their parents.

Any form of child care should be designed as a *developmental* service. Developmental day care is a program of education and activity-oriented services that cultivates the physical, emotional, intellectual, and social potential of the child. (5.4, 8.6)

Day care may be offered as a *preventive* service. The purpose of preventive day care is to reduce or eliminate special social, emotional, or health problems that beset parents and children. Parents receive services that help them manage problems of child rearing and family stress. The service emphasis of preventive care is help to families and children in their own homes in order to avoid family breakdown. (3.8-3.10, 7.3)

Day care may be designed as a *remedial* service. Remedial day care aims to alleviate psychological damage caused by deprivation, discontinuity of care, or tensions in the home. Treatment of social and psychological problems frequently associated with the need for and use of day care should be an integral part of a day care service. It may also be used as part of the treatment plan for children with physical handicaps, emotional disturbances, and mental retardation. (1.10, 6.12, 6.15, 7.4)

Differential emphasis on care, child development, education, or treatment is determined by the purpose of a program, the age of the children, their special needs, or the reasons that the service is used by parents. Most day care services, however, include all these components to some degree.

## 1.3 Day care objectives

Day care for families and children is a service with clearly defined social, emotional, and educational program objectives that encourage wholesome child development. Objectives are specified as:

- promoting self-confidence, curiosity, creativity, and self-discipline
- providing a wholesome environment that encourages children to solve problems, make decisions, engage in activities, ask questions, and explore and experiment with their environment
- meeting the basic needs of children and encouraging the feeling of belonging in the environment as well as the home, through trust, love, and self-worth
- encouraging children to develop at their own rate
- providing a stimulating learning environment where children will be able to master learning skills

- promoting cooperation among parents, child care providers, public and private education systems, and the community
- promoting sound health and developing physical abilities
- promoting self-worth through social relationships and awareness of racial and ethnic differences
- providing a safe, secure setting for children whose parents must be away from them for part of the 24-hour day
- providing stimulation and guidance for children and helping parents improve their parenting skills

#### 1.4 Day care: legal and social responsibilities

Day care services are licensed and regulated by state or provincial regulatory agencies. Day care providers have a legal obligation to deliver services in compliance with the mandated codes, and a social responsibility to promote the welfare of children.

Parents have legal rights and responsibility for their children, but the community assumes a social and legal responsibility for care of these children when it provides licensed day care services. The care, development, and protection of children are shared by parents and day care providers through adherence to legal requirements. (3.1, 6.1)

Every state should have legislation for licensing or some other form of regulation of all forms of day care, whether or not the auspices are proprietary, voluntary, or public. The act should provide a formal procedure for approval of the facility, in the form of a license or some other method of certification. (O&A: 1.5-1.9)

#### 1.5 Day care components

Day care service should be delivered in a consistent and organized manner, and performance expectations and results should be understood clearly by participants, parents, and regulatory agencies.

Essential components, which allow for evaluation of service goals and objectives, are as follows:

- *facilities and equipment* that are safe, adequate, and designed to serve children in the group care setting or family day care home (1.12, 4.20, 5.9-5.12, 9.1-9.20)
- a definitive *curriculum of education programs*, including staff teaching goals and learning objectives for children (4.1-4.8, 4.13-4.19)



- *competent staff*, trained to help children broaden their awareness, knowledge, and skills (1.19, 2.3) (O&A: 3.3-3.17)
- *parent-participation* activities, including program planning assignments and volunteer service, and membership on advisory and policy boards (0.10, 3.1-3.10)
- *placement of children* in groups or homes based on individual developmental needs and potential (1.8, 2.5-2.9)
- *program diversity* in order to serve children of different ethnic, economic, social, and cultural backgrounds
- *family social services* to assist parents of day care children as needed
- *support services*, including nutrition and meal programs, health services, and transportation service, when indicated
- *administrative planning and coordination* of fiscal and program objectives within the framework of the purpose, policies, and goals of the policy-making body (O&A: 1.1)

#### **1.6 Planning new day care facilities**

The need for day care services should be given consideration in planning new community developments, in redevelopment projects, in erection of new public buildings, in planning residential neighborhoods, and in establishment or modification of zoning laws.

Space should be used for day care facilities, where feasible, in existing or new multipurpose structures, such as public housing projects, settlement houses, neighborhood service centers, community buildings, child health stations, schools, and churches.

When funds are available for construction of a building for the day care facility, members of the community should be consulted in selecting the site to minimize the risk of investing large sums of money in property whose location may become unsuitable.

New buildings, both public and private, should be planned with sufficient flexibility to permit changes as needs change, such as the addition of services for school-age children, office space for family day care staff, or expansion of facilities for preschool children.

Zoning laws should stipulate the same zoning regulations for day care centers as for schools and churches. For zoning purposes, day care homes should be considered as any family home, so that they can be available in sections where children live.

#### **1.7 Privately operated day care facilities**

Proprietary facilities and independent family day care homes, supported by

fees paid by parents or through purchase-of-care arrangements with public and voluntary agencies, should be included in community surveys and assessments of the availability, adequacy, and use of day care; they should also be included in community planning, in standards development, in training programs for day care personnel, and in interpretation of day care programs. (1.16) (O&A: 5.29)

It should be recognized that at present, community-sponsored services provide day care for only a small number of the children cared for outside their homes. The purchase of day care from licensed proprietary facilities with the use of federal funds is authorized in several federal programs.

The licensing agency in the state should be responsible for ensuring the quality of care provided by proprietary facilities and facilities under the auspices of churches, businesses, and labor unions; it should be prepared to help them meet those standards established to protect children and their families and to provide programs that will be beneficial to the children.

In addition to meeting licensing requirements, any day care facility should be expected to have the essential components of a day care program, including a method of determining that children are receiving care that is suitable and in their best interests, opportunities for participation of parents, and provision for making social work help available, if needed, and for referrals to other community resources.

### **1.8 Conditions for using day care**

Families and children benefit when:

- day care service is available to all families and children, regardless of race, color, creed, national origin, social status, or economic circumstances
- the number of hours children spend in a day care facility is reasonable; extended hours of care are offered to children only when necessary and when the children can adapt to the length of time away from their families
- day care facilities serve special and normal children in the same setting, when possible
- day care provides a safe, secure setting for children whose parents must be away from them for part of the 24-hour day
- day care provides stimulation and guidance for children and helps parents improve their parenting skills

### **1.9 Reasons for care**

The provision of day care service assures that children receive adequate care

and supervision during that part of the day when parents make arrangements for care of children away from home.

Families who want day care may be grouped as those in which:

- both parents are employed or away from home when care is needed
- the parent is single and employed
- a caregiving parent is enrolled in a school or skills-training program
- the caregiving parent is ill
- the caregiving parent devotes time to caring for an ill or disabled family member
- the parent(s) would like the child to have a day care experience
- family problems make it desirable for the child to be away from home part of the day
- the behavior of the child can be improved by the supervision, care, and social experiences of a day care center or home setting
- the child has special needs for which day care is desirable
- learning, stimulation, and socialization enhance the child's preparation for formal education

#### **1.10 Day care service for children with special needs**

Day care service should be available for children with physical or mental disabilities, or severe emotional disturbances and behavior disorders, who can benefit from association with normal children and experience in a day care group or day care family, and for those who require a day care program organized to meet their particular needs. (1.8, 6.15)

Children with special needs who can benefit from day care include those who are crippled, blind or partially sighted, deaf or hard of hearing, cerebral palsied or epileptic, mute or otherwise disabled in speech, emotionally disturbed, or mentally retarded.

The nature and degree of the disability, the age and maturity of the child, and the professional and physical resources of the available day care facilities must be taken into consideration in selecting the appropriate service.

For the child with a disability, day care can preserve the security of family life, while the child receives needed treatment and education.

For the parents, the daily separation for some hours can relieve strains and make it possible for them to give their child more adequate attention during their hours together.

A day care center not only can provide the therapy or training needed for a specific disability, but it can help to remedy behavior difficulties and encourage normal personality development.

It is not necessary to separate or isolate all children who require special care. A single day care facility can meet many special needs. The day care center established for normal children, however, may be able to absorb only a few children with special needs without depriving others of normal group experiences. Also, it must have staff members with special understanding of the problems, and necessary skills to deal with them, of even a limited number of children with disabilities.

### **1.11 Day care for infants**

Infant day care service should meet the developmental needs of children and the family's expectations for proper care and supervision. An infant from birth to 2 years of age can benefit from a program designed to meet his or her physical, emotional, and social needs. (0.1, 1.15)

The basic tasks of an infant are survival and learning to understand his or her world. Workers in an infant day care program share responsibilities with parents for mastery of these tasks. Special consideration and planning in an infant program recognize that:

- babies are individuals who are dependent on the world around them
- care of each baby by only a small number of consistent adults helps develop predictable rhythms in sleeping, crying, elimination, and feeding
- security derives from feeling protected, from gaining relief in distress, and from having needs met as they arise
- relationship between parents and caregiver reduces the distress caused by strangers
- language development is essential to communication
- language involves understanding as well as speaking
- free exploration facilitates learning
- limits and boundaries set by adults help an infant cope with frustration
- appreciation enables an infant to feel that others see him or her as a worthwhile person with a special identity, unique needs, and as a member of the family
- adults motivate infants to learn and develop self-confidence
- adult reinforcement strengthens desired behaviors

### 1.12 Requirements for daily care of infants

When a day care service is provided for infants, in family or group day care, special safeguards, in addition to other essential components, are required to promote their welfare and to protect them against hazards to their healthy development. (1.5)

The daily program should provide individualized, consistent, and continuous care from one person with whom the child can interact, who:

- responds to the child's distress signals and need for comfort and relief of tension
- plays and talks with the child (stimulating language development)
- gives the child physical handling in the holding, cuddling, bathing, feeding, lifting, changing of clothing, and other everyday events that are a part of infant care
- provides food and protective measures to support growth and health and to prevent physical illness
- provides toys, other playthings, and objects that provide sensory stimulation
- offers consistency and repetition of daily events, but with some varied and contrasting opportunities for experiences and activities, such as:
  - a. moving about, playing, and using emerging skills in a safe and supportive atmosphere, and in an expanding indoor and outdoor environment
  - b. activities with materials that stimulate development and learning
  - c. self-initiated activity and periods during which the infant does not have to interact with people or other outside stimuli
  - d. experiencing limits, prohibitions, and frustrations appropriate to the child's age
  - e. participation in activities of adults
  - f. relating to men, hearing their voices, and observing their activities

The following provisions are required to carry out such a program:

- sufficient staff to enable each caregiver to be continuously responsible for the same baby during the hours of care and for no more than three babies at a time
- no more than three babies with one adult in each unit (or separate room) of a group care facility; in a day care family, preferably one baby, and not more than two children (including the day care parent's own children) under the age of 2

- caregivers who enjoy mothering infants, derive satisfaction from doing so, and have some experience or training in infant and child care
- physical facilities constructed, designed, or adapted for infants, with sufficient space for cribs, for play areas, and for sitting and activity on the floor outside cribs or playpens; as well as furnishings and equipment designed for care of infants, including equipment for preparation and storage of formulas (9.1-9.13)

### 1.13 Day care for children of school age (see chapter 8)

### *Differential Use of Group and Family Day Care*

To meet the differing developmental and emotional needs of children of various ages and to make it possible for parents to choose the form of day care best suited for their children and for them, both family and group day care should be available. (1.14, 1.15, 2.5, 3.3, 7.1-7.3)

### 1.14 Use of group day care

Group day care should be provided for children who can make constructive use of group experiences and peer associations.

Group day care is care of children in small groups in facilities especially designed (or adapted) and equipped for the program. Group day care comprises day care centers, day nurseries, child care centers, play groups, and group day care homes (family residences used for group care of children). (4.1-4.20, 9.1-9.20)

Some 2-year-olds and most 3-, 4-, and 5-year-old children are ready to participate for some hours each day in social and educational experiences appropriate to their age level. Tolerance for group living varies, however, from one individual to another. Some children of these ages find it difficult to be part of a group for more than 2 to 6 hours. If the family situation permits it, such children should be allowed to attend a group only for the number of hours suitable for them. If this is not possible, family day care might be preferable.

Some children with disabilities can benefit by association with normal children in group day care, or by group day care organized to meet their special needs. (1.10)

### 1.15 Use of family day care

Family day care is the care of a child in the home of another family. Family day care supplements the care of parents who continue to carry their responsibilities for the child. Family day care is suitable for all children and may be preferable for infants, young children, and school-age children who are not ready to benefit by group experiences because of their developmental level or individual problems, and children (including family groups) whose individual physical, emotional, or social needs can be met more flexibly in a family home or in their own neighborhoods.

### *Other Patterns of Day Care*

#### 1.16 Employer-assisted day care

Employers can and do support day care, with many variations in the degree, nature, and mix of support. Four approaches are prevalent: (1) direct operation, (2) voucher; (3) consortium; and (4) purchase of reserve space in community facilities. The nature of the employer's assistance should be a matter of discussion between the employer and employees. Every effort should be made to maximize parental choice as to the location and type of care. (O&A: 5.28)

Employer-assisted care should:

- be subject to all laws and regulations generally applicable to day care; conversely, no special requirements should be imposed on employer-provided day care
- provide for stability in care arrangements. Employer assistance should (1) provide for continuing assistance during periods of temporary unemployment; (2) provide for an orderly transition of the child to other forms of care when the employee leaves the organization; and (3) permit, whenever feasible, continuation of the child in the same program if parents and/or a new employer are willing to assume the costs. In no circumstances should the participation of a child in day care be related to a disciplinary action against an employee.
- provide for a cost-sharing plan between the employee and employer. The costs of programs supported should not require a parental contribution that is incompatible with the wage pattern in that company and the essential economic needs of the family.

### **1.17 Night-time and seven-day-week care**

Night-time and seven-day-week care should meet all the requirements of other forms of care and should be offered only under exceptional circumstances.

Among the factors that might justify such are the following provisos:

- illness or disability of a parent that limits his or her ability to care for the child, and a spouse is not available to care for the child
- the parent is required to work at night or on weekends and a spouse is not available to care for the child
- the child has special needs that the parent is not able to meet
- the form of care is frequently reviewed and redeterminations made based on the family's and child's current situation
- the program is tailored to the needs of the individual child; in general, consideration should be given to (1) providing different kinds of activities than the child experiences during the regular day or week; (2) providing adequate recreation, rest, and private periods; (3) taking advantage of any opportunities to be with members of the family; and (4) allowing time for the child to pursue his or her own interests

## ***Program Structure***

### **1.18 Size of program**

The total number of children cared for in a day care center should be determined by such considerations as physical facilities, age of the children, staffing, administrative structure, travel distances, transportation facilities, and community needs. The number of children to be served in a family day care program should be determined by the need for such care, the availability of day care homes in appropriate locations, and the local licensing requirements. (4.3-4.7, 5.9, 9.1) (O&A: 2.15)

A preschool program for 3- to 5-year-olds, or a school-age program, may be provided for one group only or for several groups of preschool or school-age children located in one large facility. (4.7)

A single unit of one group in a family home, or several such units, may be part of an agency having other facilities. Supervision or consultation for the education program may be available from the agency, as well as health supervision and social work. (4.20)



In very small centers with one or two groups of children, it may be difficult to provide a diversified program or adequate staff development and stimulation. Also, administrative costs may be very high on a per capita basis. These difficulties may be minimized if several small centers are operated under one administrative auspice or become part of a coordinated community day care program. (O&A: 1.1, 2.15)

If the center is too large, it is difficult to integrate the functions of the social work, teaching, and health staff members. (2.4)

#### **1.19 Staff required for day care service**

In addition to an executive director, a day care service that offers both center care and family day care requires the following basic staff to carry out the program. (O&A: 3.1-3.24)

##### *Management:*

- *Director of Day Care Service* (where day care is one of multiple services for children), with professional education in child development, early childhood education, or social work
- *Center Director*, with professional education in early childhood education, child development, or social work, and experience in working with children and on-site supervision of teaching staff
- *Supervisor of Teaching Staff* (when program is large), professionally qualified and experienced in early childhood education; for school-age programs, qualified in groupwork or in elementary education and experienced in out-of-school programs
- *Social Work Supervisor* (when program is large), with professional education and experience in social work (this responsibility may be carried by the director or through arrangements with another social agency) (O&A: 3.7)

##### *Direct Delivery:*

- *Social Worker(s)*, with professional education in social work and experience in social services for families and children (O&A: 3.6)
- *Teachers* of preschool children, at least one for each group in the day care center, with professional education and experience in early childhood education or child development, and with teaching experience (O&A: 3.12)
- *Leaders for School-Age Children*, at least one for each group of school-age children, with professional education in early childhood education, elementary education, or social group work, and experience in working with school-age children
- *Aides*, with some education, training, and experience with children and families, to work under the supervision of professional teaching or social work staff (O&A: 3.10)

- *Family Day Care Providers*

*Consultants: (O&A: 3.12)*

- *Physician*, preferably a pediatrician on a part-time or consultant basis
- *Nurse*, preferably a public health nurse on a part-time or consultant basis
- *Educational Consultant*, with professional education in early childhood education or child development, with teaching experience, to work with social workers and program staff as needed
- *Nutritionist*, with knowledge of food service for children, on consultant basis to work with staff as needed

No staff member should be employed who has been convicted of a crime involving child neglect or abuse or who illegally uses narcotics or other impairing drugs or who exhibits behavior that may be injurious to children. (5.8)

With careful selection, inservice training, planned work assignments, and supervision, staff members may be employed who lack educational qualifications but have personal characteristics, experience, and skills required in working with parents and children, and potentialities for development on the job or in a training program.

Staff members with professional education and experience should be directly responsible for groups of young children and provide leadership in the screening, training, and supervising of aides, volunteers, and parents.

# 2

## **INTEGRATION OF SOCIAL WORK, HEALTH, AND EDUCATION IN DAY CARE SERVICE**

The professional knowledge and skills of the education, health, and social work fields are the basis for understanding the child and for carrying out day care service in a way that promotes the child's healthy development and supports the stability of the child's family life. (2.2, 5.1)

To accomplish its purpose, a day care service for children and their parents requires the collaboration of the director, the social worker, caregivers, consultants, support staff, and parents working as a team. (2.3) (O&A: 3.4, 3.10-3.17)

The delivery of services to children and support services to their parents should be coordinated. Each member of the day care staff has a part in building the essential components of the day care service (1.5) and in making it possible for individual children and parents to receive an integrated service. (2.4)

The director is responsible for seeing that all components of the service are coordinated and that the goals are achieved. (O&A: 2.37, 3.4)

### **2.1 Service elements in a day care service**

A day care service should have the following service elements, each of which involves various staff members: intake, service for the child, service for the

parents, planning and evaluation, termination of service, and follow-up. (2.5-2.11) (O&A: 4.1-4.27)

## **2.2 Joint responsibilities of staff members**

Staff members should have clearly defined roles and should carry out their responsibilities according to the plan for each child and within the framework of the goals, purpose, and policies of the day care service (3.4-3.17) (O&A: 2.37)

Each staff member should be oriented to the goals of the service. Each should be aware of his or her part in what happens to the child and family and feel involved and responsible. Each should recognize the significance of the child-parent relationship, the importance of the parents' participation in the program, and the program's role in supporting and strengthening the child-parent relationship. (3.1-3.10)

To realize the goals of day care, it is essential that members of the staff work cooperatively in the development and implementation of the day care plan for the child and his or her family, and in evaluating whether the child is benefiting from the service and whether the needs of the family for day care are being appropriately met. (O&A: 2.37)

Staff members working with the child or parents should contribute pertinent information and summaries to the case record.

Different members of the staff have the opportunity to observe the child, the parents, and other family members, and to learn what is happening at home and in the day care center or day care home. Each may have a part in describing the child's experiences at home and in day care. Within their given role in the day care service, each may help parents and children with the problems that occur in the course of child development and child rearing. (3.2, 3.6)

## **2.3 Professional knowledge and skills needed in day care service**

The knowledge and skills of the following professional workers are required to provide a total day care service; these staff members may be full-time or part-time employees or may be engaged as consultants. (O&A: 3.12)

- *educator*, to meet developmental needs of the individual child; to help parents understand child growth and development; to plan the educational program for the child as an individual and as a member of the group; to coordinate the various aspects of the total service as they

affect the child's daily life in a day care center; and to serve as a consultant on educational activities

- *social worker*, to assess the needs of the child and the family; to help parents and children in their use of the service and other community resources; when indicated, to help with problems of child rearing or development or with family problems; to make referrals to other community resources; to provide follow-up care
- *social groupworker/school-age caregiver*, to plan the daily group care program for the school-age child and help the child make use of group experiences; to participate in planning group programs for parents
- *medical consultant*, to plan and supervise a comprehensive medical and health program; to incorporate provisions for meeting health needs (such as nutrition, safety, and sanitation) into the daily program; to advise on health problems; to interpret his or her findings and recommendations to parents and staff members
- *nutritionist and/or cook*, to provide education, training, and consultation regarding nutritional needs and problems, food buying, meal planning, and food preparation
- *psychiatric or psychological consultant*, to assist staff members in recognizing children with serious problems; to help them develop appropriate activities for the child; to provide direct treatment or facilitate the referral of the child for treatment, when needed; to integrate mental health concepts into the daily program

## 2.4 Integration of service

The different parts of the day care service must be integrated so that the child and parents experience each component of the service as a whole. (2.1)

The director of the day care center is in the key position to coordinate the various professional aspects of the service. It is the responsibility of the director to help staff, parents, and the community to understand the ways in which the knowledge and skills of the different professions are used in a day care service. (O&A: 3.4)

Parents and staff members should recognize that the director of the day care center is the person with overall responsibility, and he or she should be available to them in this capacity.

In family day care, responsibility for coordinating the service may be delegated to other staff members.

Staff meetings and conferences of staff members facilitate communication, understanding, and the development of mutual respect, and should

help them plan and work together harmoniously in the interests of the child. (O&A: 3.19)

### ***Provision of Service for Individual Children and Parents***

The decision that day care service is appropriate for a particular child and parents should be based on an intake assessment. (2.5) (O&A: 4.9–4.12)

The continuing service for the child and his or her parents should be provided in accordance with an individualized plan arrived at jointly by staff and parents. Planning should begin at intake and continue until termination. (O&A: 4.14–4.27)

#### **2.5 Content of intake study**

Intake should begin with exploration regarding the parents' need for day care, whether day care is appropriate for their child, and, if so, planning the enrollment of the child, clarifying the expectations that the day care service has of the parents and the responsibility the program undertakes in providing day care services to the child and family. (1.8) (O&A: 4.1–4.7)

The study should further include the following:

- a discussion of the ways in which service is provided
- hours of care
- responsibilities that parents can carry, and the hours of care and other provisions required to supplement parental care
- sharing of responsibilities for daily care, food, clothing, discipline, and upbringing of the child
- requirements for health examination and continuing health supervision
- daily activities, meals, and routines in which the child will participate
- admission process and the importance of preparing the child for changes in his or her life
- fee policies (O&A: 2.17, 2.18)
- agreements that parents will be required to make
- arrangements for bringing and calling for the child
- other available resources for day care and other services in the community
- opportunities for parent participation in the program

During intake, the fees should be determined by the staff on the basis of the provider's policies.

Each member of the staff who has seen the child and parents should contribute his or her observations as the basis for deciding whether the child can use the day care service, and which form of care is preferable. (1.8, 1.14-1.17)

The decision about the form of care should take into consideration:

- age and developmental level, health and emotional problems, and other special needs of the child
- capacity of the parents to meet the child's needs and to use the services
- wishes of the parents and their feelings about leaving the child in someone else's care
- readiness of the preschool child for partial separation from the parents, for group experiences or care in another family on a regular basis, and for tolerance of long hours away from home
- composition of the group in which the child will be placed, or the characteristics of the available day care families
- availability of various forms of day care in the community
- accessibility of any of these forms to the family involved

If the child is not accepted for care, the social worker should discuss the reasons with the parents.

## **2.6 Introductory period**

The social worker and day care staff should plan with the parents for the child's first days in day care and should follow those procedures (depending on the child's age, maturity, and previous experiences) that will make it easier for the child to leave the parents and adapt to the new situation. (3.4, 4.16, 5.2)

Day care providers must recognize that separation is a crucial experience for the young child and the parents, and that a new experience is difficult for any child.

A defined plan of procedure for the beginning period is desirable, but should be flexible enough to permit variations, as decided by staff or parents.

Generally, it should be arranged that:

- parents will explain to their children why day care is to be used, who will care for them, and what they will do during the day
- children will visit the day care center or home before admission, and will meet the teacher or the day care provider before the first day they are left by their parents

- preschool children will remain in the center or home for only a few hours each day at the beginning
- parents will accompany their children and stay in the center or day care home until the parents and teacher or social worker decide that the children are able to have the parents leave

## **2.7 Continuing service for the child (4.8-4.18, 5.4, 5.5, 6.3-6.16, 7.4, 8.1-8.11)**

Continuing service should be available for the child and should include:

- preparation for daily separation from the family
- admission to the day care center or introduction to the family day care home
- daily care and education
- health supervision
- direct work with the child, when indicated
- planning and evaluation

## **2.8 Continuing service for the parents (3.1-3.10, 4.15, 5.3, 7.3, 8.3)**

Continuing service for the parents should be available and should include:

- help in the use of day care
- parent education
- help in fulfilling the parental role
- help in coping with problems related to day care, child development, and child rearing
- help with other kinds of problems that may threaten family stability
- referral to other community services, when indicated

## **2.9 Planning and evaluation of service**

Planning of the service and periodic evaluation of its use and its effects on the child and family should be a continuing process. (O&A: 4.14-4.24)

A plan should be formulated (and modified to fit changing needs) for each child and family by designated members of the staff together with the parents.

The plan should determine how each member of the staff will carry out his or her role in providing care, daily experiences, and opportunities; in



helping to promote the particular child's development; and in helping individual parents to enhance their role. (2.2)

Regular conferences, formal and informal, should be arranged to exchange information and observations about the children and their families and to determine the direction in which each staff member will be working in individual situations. The conferences should include the teacher and social worker and, from time to time, the consulting physician and nurse. (3.5)

Communication between parents and staff members or family day care providers is necessary so that each may know how the child is getting along and whether there are problems to be discussed or different plans to be made. (3.2)

Periodic evaluations should determine:

- how the child is developing and whether his or her needs are being met
- what kind of supplementary care and experiences the child may need
- whether the parents are benefiting by the service
- whether additional help is needed from another agency
- whether another plan may be more suitable
- when referral or consultation is indicated
- when the day care service seems no longer to be meeting the needs of the particular child and family

## **2.10 Termination of service**

The termination of service or the withdrawal of the child from day care should be planned jointly with the parents. (3.7, 4.18) (O&A: 4.25, 4.26)

## **2.11 Aftercare service**

When indicated, social work service should be available for the child and parents after the child is no longer receiving day care. (O&A: 4.27)

Continuing help may be necessary when:

- the parents need assistance to accept referral to another service (family counseling, foster care, psychiatric services)
- parents need support while the child makes an adjustment to another plan, especially in the case of a school-age child

- the child has been receiving direct treatment from the social worker, but is being referred to another agency better equipped to deal with his or her particular problem or with those of the parents
- referral involves a disturbed child and a gradual transfer of care from one agency to another

# 3

## ROLE OF PARENTS IN DAY CARE SERVICE

It is recognized that parents are primary in the life of the child. Although the child may spend many hours each day at the day care center or in the family day care home, the parenting and attention received there do not take the place of the parent-child relationship.

Most parents who use day care service are capable of carrying major responsibility for their children and generally desire to do so. The day care service is supplementary to parental care. The shared responsibility in child care can provide opportunities and mutual benefits for parents and the day care service. The day care service reaches many parents while their children are young and enhances their understanding of their parental role in the early years of the children's development. The contributions that parents can make as volunteers, employees, or members of advisory committees or policy boards can benefit the program as well as themselves and their children. (3.10)

### 3.1 Responsibility of parents

In sharing responsibility with parents for the care of the child, a day care service should supplement but not take over the child-rearing responsibilities that the parents can continue to carry.

In using a day care service, parents retain all their legal rights and responsibilities for the child, although they share responsibility for the

child's daily care. Parents should be involved in decisions affecting their child, from intake, through the introductory period, to the termination of service. (2.5-2.11)

Except when it is determined to be contrary to the best interests of the child, parents should have the right to choose to care for their children themselves or to use day care. If they choose day care, they have the right to decide whether group or family day care is more suitable and to select the particular day care center or home they will use.

Parents should have a clear understanding of the responsibilities that the day care service is assuming, and should realize that they are delegating to the day care staff or day care family the well-being and safety of the child when he or she is apart from them. Written agreements, signed by parents and the day care service representative, can be used to make sure that respective responsibilities are understood. (O&A: 4.20)

These agreements should include:

- authorization of emergency medical care if the child becomes ill or has an accident during the day and the parents cannot be reached (including the name of the doctor to be called, the name of the clinic or hospital, parents' names and address, place of work, and telephone number) (6.5)
- arrangements for the school-age child to go alone to his or her home, or to other community facilities for special activities
- responsibilities of parents and day care staff

### 3.2 Relationship of staff to parents

Each staff member should be responsible for facilitating the free flow of communication and for building mutual understanding and respect between parents and staff; each should understand his or her own role (as determined by the plan) in the relationship with the parents and child. (2.2, 2.4, 4.15)

Parents may need help to understand that they have a vital role in the day care experience of their child. The child will need their support and understanding so that the day care experience is a good one. Exchange of information between parents and day care staff on matters affecting the child is crucial.

The social worker, with possible input from the director, will be the staff member usually responsible for intake and for continuing work with parents to help them with specific problems. Parents may also be helped through a relationship with teaching staff members, physician, or nurse.

and they may have meaningful contacts with the receptionist, cook, and other staff members.

At all times parents should find acceptance, friendliness, and support from members of the staff and should be able to sense the staff's appreciation of the importance of a parent's relationship with the child. Each staff member represents the day care service and must act, with the goals of the service in mind, to make parents feel that they are welcome, active, participating partners.

### ***Participation of Parents***

#### **3.3 Participation at intake**

When applying for a day care service, parents should be given the opportunity to discuss with intake staff whether the service will meet their needs and those of the child, and learn how the service is given and what procedures they must follow to help the child benefit by the experience. (2.5)

The intake interview should set the tone of the relationship between the parents and the day care service and staff.

#### **3.4 Parents' role in preparation of child**

The parents should be helped to prepare the child for the new experience and for the transition to the day care setting. (2.6, 5.2)

#### **3.5 Individual conferences with parents**

In addition to the daily informal contacts, periodic conferences with center staff members or the family day care provider and with the teacher in group day care should be scheduled for parents so they may discuss the child's progress, consider whether he or she is benefiting, and, if necessary, modify the plan or receive help in making a more suitable arrangement. (2.9, 4.17, 7.3)

It is particularly important for the parents to be informed about the child's experiences in the day care center or day care home and to relate them to the child's experiences at home, and in school, if the child is old enough.

### **3.6 Use of help for parents**

Parents should have any help they may need to make the best use of the day care service and to cope with problems related to the rearing and development of their children. (4.15, 7.3)

### **3.7 Preparation of child for termination**

The parents should help the child, when day care is to be terminated, to make the transition to the next experiences so that there is continuity in his or her life. (2.10)

The importance of preparation for major changes in a child's life should be discussed with the parents at appropriate points from their beginning contact with the agency to their withdrawal from it.

### **3.8 Parent education**

A parent education program should be available to help parents cope with their own problems, to enable them to learn about the objectives of the day care service and the daily activities of the children, and to understand better the developmental needs of children, common childhood problems, and their own role as parents. (1.1-1.5)

Parent education may be encouraged through:

- informal daily contacts with the director and teaching staff
- observation of children's activities in the day care setting
- planned conferences with the director, teaching staff, social worker, nurse, or physician
- parent group meetings
- use of educational materials, such as pamphlets and films
- occasional home visits that may help to provide informal daily contacts, according to individual plan

### **3.9 Parent group meetings**

Several parent group meetings should be held during the year as an essential part of the day care program. The number of meetings, their timing, and their purpose should be determined by the needs and interests of the families who are served.

Planning of meetings is best achieved through the coordinated effort of staff and parent representatives.

Meetings may be planned as social gatherings, for parent education, or for discussion of problems or common concerns.

For some parents, small discussion groups with a trained leader can be of greater benefit than individual interviews. Many fathers and mothers receive reassurance in finding that others share their concerns. To be of value, such groups should meet regularly, for continuity in discussing a problem.

Parents should assist in organizing their meetings. They may wish to be responsible for planning programs, bringing refreshments, raising money, and so forth.

Staff members should participate in parent group meetings so that parents and staff may become better acquainted and recognize their common goals.

### **3.10 Involvement of parents in program**

Parents should be involved in determining the nature of the program and in the operation of the agency. (0.10) (O&A: 1.25-1.29)

Representatives of the parents served by the agency should be included on the governing board of the voluntary agency and of the day care advisory committees of the public agency, state welfare departments, and other multifunction agencies.

The special skills and talents that parents can offer as volunteers or as aides employed by the agency should be used.

As aides, parents may make home visits under staff supervision, encourage other parents to take part in the program, serve as a channel of communication between parents and staff (particularly in regard to parents' wishes or complaints), and help other parents make use of community resources.

Parents may assist in the recruitment of day care homes.

Parents should be involved in social action to make known unmet needs for day care and other community resources, and to promote adequate community services for all families and children.

# 4

## EDUCATION AND CARE OF CHILDREN IN GROUP DAY CARE

In the development of the young child, care and education cannot be separated. Regardless of the ages of the children, or the primary purpose of a day care program, or the reasons that day care is used by the parents, or the facility in which it is provided (a group day care center or a family day care home), day care must have an educational as well as a care component.

In its broad sense, education is a lifelong process beginning at birth. Learning is taking place during every moment of the day, wherever the child is and whether or not the stated purpose of the program for children includes education in a formal sense. The care a child receives is an integral part of the learning experience.

For young children, play is an indispensable way to learn; the things with which they play are part of their educational environment. Before they go to school, children absorb much information and experience through their play. For children attending school, play supplements their formal education with opportunities for activity, adventure, and exploration of new ideas and skills.

The daily program for children in group day care should reflect the understanding that nurture, education, and play are continuously interrelated. When children are regularly cared for away from home, it is essential to provide not only the care and supervision they need, but also an environment that is conducive to learning and enrichment of their experience at home.



In addition to enriching experiences, children who remain in group care for longer hours than are considered of educational value should have certain other activities and experiences that would ordinarily occur in their own families. (1.2, 4.2)

For the child who has been deprived of experiences that stimulate intellectual, social, and emotional development, the program has an even greater responsibility to supply the learning and socialization experiences that a child in our society requires.

When parents participate in the day care service, they can become acquainted, through the child's experiences, with opportunities for enjoyment and learning about which they had not known. (1.10)

The daily program should be planned according to principles of child development, child care, education, or social groupwork as they relate to the child's need and cultural experience. It should be carried out by staff members who are qualified by training and experience to provide such a program, designed specifically for the children receiving the service. (1.19, 4.2)

### ***Common Educational Goals and Principles for All Group Day Care Programs***

The goals, content, and staffing of group day care programs for pre-school and school-age children are based on many common principles. The programs differ, however, in certain significant respects in relation to the age and developmental level of the children and the hours of attendance. (8.4-8.9)

#### **4.1 Social and educational goals**

The activities and experiences of each child, including relationships with other children and teachers, as well as the use of materials and equipment, should be planned according to individual needs.

The child should be able to enjoy the following experiences:

- emotional support, warmth, and caring
- exposure to adult models with whom to identify
- participation in work with tools or other objects from the natural environment, sometimes in play, sometimes in purposeful pursuits of the real world
- performance of a variety of tasks so as to have an opportunity to achieve competence in some skill areas

- a balance of freedom, of space, time, and choice
- a balance of independence from adults and dependence on adults
- assumption of individual and group responsibilities
- interaction with other children, making friends, and participation in group fun and planned activities
- affirmation of his or her own heritage and culture and an acceptance and appreciation of others
- work at his or her own developmental level and pace, yet with appropriate challenge
- learning to handle success and failure
- opportunity for exploring, inventing, and pursuing individualized ideas and interests

#### 4.2 Principles in planning daily program

The educational program in group day care should be based on knowledge and understanding of the fundamental needs and development of children. For children from 3 to 6, it should include the same experiences as other nursery and early childhood educational programs; for older children, it should supplement and enrich their experiences at home, in school, and in their neighborhoods.

The program should allow for *individualization* according to each child's developmental level, capacities, special needs or problems, and experiences at home and in his or her neighborhood. The particular needs of the individual child should determine what is expected of that child and what activities and relationships with other children and the teacher should be planned.

In program planning, the child's *total day* must be considered from the time the child leaves home and until the child returns, and thus the family activities in which the child participates or from which the child is excluded; the number of hours spent at the day care center, in school, or in other regular activities; and the neighborhood or community resources available to him or her.

Children who are cared for away from their families for long hours (the whole day or after school) require even more *protection and security* than other children, particularly if the family circumstances necessitating the long hours are also a source of stress.

Fatigue of the child in day care, because of long hours and the constant stimulation of group living, should be recognized. The program should provide *opportunities* for the child *to play or work alone* (or with one

companion) and to engage in self-initiated activities. At the end of the day, stimulation of an already tired child should be avoided.

The program should have *flexibility* as well as *continuity*, and should be related to the progressive developmental requirements of the children in the group.

For all children, the program should provide a *rhythm* in the day, with intervals of stimulation and relaxation, and a *balance* between periods of active and quiet play, or rest.

*Regularity* in day-to-day routines gives children a sense of stability and continuity and prepares them for what will happen next.

*Outdoor air and sunshine* are important for physical development of all children. All children, and particularly school-age children who spend long hours in the classroom, should have the opportunity to play outdoors every day in good weather, with equipment that encourages use of large muscles and exercise for development of their bodies.

All children require *limitation* of their *own aggressive behavior*, together with protection from that of other children in the group.

Every child should have the opportunity to develop the sense of mastery and competence that comes from responding to the *challenge* of real tasks. It is especially important for school-age children to have the real life experiences for which they are ready.

It is important for all children to participate in tasks and activities that *promote increased independence* from adults, and encourage the acceptance of responsibility for their behavior.

The security of young children depends on their familiarity with the environment, their relationship to friendly understanding adults, and their having consistent handling throughout the day. For this reason, the young child should not be shifted from room to room, or from teacher to teacher.

The experiences of *children in their families* are an important part of their lives and should be acknowledged and related to their experiences in the day care group. Children must feel that their parents and their standards and values are respected.

### ***Grouping of Children***

The ages and number of children in each group, and the ratio of adults to children, determine the educational benefit to the child of the group day care experience. Generally, children are grouped according to age.

Under certain conditions, however, mixed-age grouping can fulfill specific purposes. (4.5)

#### 4.3 Principles of grouping

Children should be grouped in a way that allows for:

- protection of younger and smaller children from the stimulating activity and aggression of older children
- differences in the interests, attention span, and physical and intellectual maturity of younger and older children
- appropriate expectations and stimulation for older children
- opportunities for periodic association with children of other ages

#### 4.4 Size of age groups

The size of age groups should be limited to the number of children of a particular age whose individual needs can be appropriately met, and should vary in relation to the age level of the children and their characteristics.

The desirable number of normal, healthy children to be enrolled in groups based on age is as follows:

<i>Age</i>	<i>Number of Children</i>
3 to 4	12-14
4 to 5	15-16
5 to 6	15-18
6 to 8	18-20
8 to 10	18-20
10 to 12	18-20

In group day care homes, 6 to 12 children may be over the age of 3, including the children of the day care family. (4.20)

In group care of infants, at least one caregiver should be present with the children at all times, and there should be no more than three infants to each adult caregiver, in separate units. (1.12)

If a program has been established to care for children with physical or emotional handicaps, the groups should be smaller than those that consist of normal children.

Each group of children should have a fixed maximum enrollment, to be determined on the basis of recommended standards for the particular

age level and the past experience in a given center with the ratio of attendance to enrollment.

Each group of children should have its own permanently assigned quarters within the building where its daily activities take place. (8.12, 9.1-9.20)

#### 4.5 Mixed-age grouping

In small day care centers and group day care homes, and for specific purposes or activities, children of different ages may be in the same group, provided that:

- the age span is not too great
- the group is small (less than the size for age-level grouping)
- the space available is larger than the minimal requirements for a given age group (to allow for separation of different activities according to ages and interests of the children)
- the teachers are especially skilled in programming for children of varied interests and abilities

#### 4.6 Ratio of adults to children

Each group in a day care center should have specified staffing requirements according to the age of the children and the group size. The following staff/child ratios are suggested: (8.5)

<i>Age of Child</i>	<i>Staff/Child Ratios</i>
Under 3	1:3
3 to 4	1:7
4 to 5	1:8
5 to 6	1:9
6 to 12	1:10

The staffing requirements for the youngest children in a group setting should be followed in mixed-age groups if children in the youngest age category make up 20% or more of the group. If children in the youngest age category make up less than 20% of the group, the staffing requirement for the next highest age category should be followed. (4.5)

#### 4.7 Total number of children in a day care center

The total number of children to be cared for in one day care center should be determined by the available physical facilities, the financial resources, staffing,

administrative structure, the geographic distribution of children who need day care in a given locality, and the proximity of the day care center to the homes of children to be served or the worksite of parents needing such care. (1,18) (O&A: 2,15)

It is preferable to serve smaller numbers of children within their own neighborhoods, rather than to require parents and children to travel to a large, centrally located center. (4.20, 9.1)

For mixed-age groups in large facilities, children should be grouped according to age in such a manner that each age group has adequate staff to provide leadership and activities. (4.5)

### ***Educational Activities in the Day Care Center***

The daily activities in the day care center should provide the learning opportunities the young child needs. The program should be planned, with some order and sequence, to offer appropriate time for active play, rest, development of skills, group discussion, solitary occupations, and for meeting physical and emotional needs.

Materials and equipment are the tools with which young children work; the teacher is the means by which the educational opportunities inherent in the social situation become available to them. (4.13, 4.14)

#### **4.8 Educational activities for preschool children**

The activities of the group should be planned so that each day preschool children will have opportunities to learn about themselves, others, and the world around them. (4.1)

Activities and experiences to learn about oneself and others include:

- the teacher's understanding and acceptance of the child's mixed feelings of pride, anger, grief, pleasure, and fear as he or she copes with new experiences and untried relationships
- the teacher's helping the child and other children to talk about their feelings and those of other children who behave similarly or differently
- stories about other people that the teacher tells or reads

To learn about social relationships:

- direct experiences with other children, including opportunities for being possessive, standing up for oneself, sharing, and participating in cooperative projects
- discussion of difficulties and differences

To learn about the larger world:

- freedom to explore the environment, in safety
- simple experiences with natural phenomena
- opportunity to see and take care of growing things, both plants and animals
- trips into the community

To learn to deal with reality:

- having real tasks appropriate to the child's age, such as setting tables, cleaning up, and helping to cook
- making usable things
- accompanying an adult on shopping trips or assisting in fixing and repairing

To have creative and esthetic experiences:

- listening and responding to music, stories, and poetry
- dramatic play
- exposure to varied informative and esthetically pleasing pictures displayed appropriately in the classroom
- freedom to use and creatively combine various media such as paint, clay, wood, cloth, and paper
- opportunities and stimulation to create stories and poems from their own experiences or feelings
- walks in gardens, parks, woodlands, and fields, with opportunity to observe and touch

To develop skills in activities requiring both large- and small-muscle coordination:

- using manipulative toys, such as puzzles, pegboards, beads, and form boards
- using scissors, paste, paint brushes, and crayons
- climbing, swinging, and riding
- rhythmic activities

To learn to take increasing responsibility for oneself and one's behavior:

- making appropriate decisions for oneself (including eating, sleeping, toileting)
- exercising judgment and making choices
- controlling aggressive or impulsive behavior in order to enjoy the pleasure of group living

To learn about the world of ideas:

- developing concepts of time, space, weight, distance, and measurement, and beginning to use symbols

## ***Care of the Child in the Day Care Center***

### **4.9 Program for school-age child (8.1-8.12)**

A distinct responsibility shared with parents, for care and protection of children, inheres in a day care service. During the long hours away from home, it is necessary to provide for many of the physical and emotional needs ordinarily met by a child's family. In the life of a child, the adults who provide care and nurturance are of major importance.

The amount and quality of the care individual children require varies with their age and their family situation.

### **4.10 Meals**

Meals in a day care program should be planned in relation to the number of hours the children are at the center and the meals they have at home or at school. The meals should provide a substantial proportion of the daily food requirements, including a nutritionally adequate noon meal and a morning and afternoon snack. (6.11, 8.7)

Food should be balanced for texture and taste as well as for nutrition, and should be attractively served.

The atmosphere at mealtimes should be pleasant and informal, free from tensions or pressure.

Children should be encouraged to try unfamiliar foods, although individual food tastes should be recognized. Children should neither be rewarded for eating nor punished for not eating.

Teachers should eat with preschool children, serving food in a family fashion. Under the guidance of the teacher or group leader, children should be encouraged to take as much responsibility as they can for serving and clearing away food.

### **4.11 Rest periods**

Every child should have some time to rest during the day, appropriate to his or her age. (8.8)

All preschool children who attend a day care center for 6 or more hours a day should rest on cots during part of the afternoon, even if they do not sleep. Rest should be considered a natural and pleasant part of the daily activity for the preschool child. Children who cannot sleep should be helped to have a relaxing, quiet time, without disturbing other children and without fighting the idea of a nap.



#### **4.12 Health habits**

The routines associated with physical care should be used by the staff to help children learn the skills, habits, and attitudes they need for healthy living and to take responsibility for their bodily needs and cleanliness.

Although some routine toileting may be necessary for preschool children, children should be encouraged to go to the toilet individually, in a free and comfortable atmosphere, as they feel the need. Young children should not be regimented, but at times during toileting they may need supervision and the help of a teacher.

Boys and girls of preschool age may go to the toilet together and use the same facilities until they are 5 or 6 years old. (9.5)

Children should be taught to use toilet tissue and to wash their hands.

#### ***Role of the Teacher or Group Leader***

In group day care, teachers or group leaders have the major role in the day-to-day living experiences of the children—a role that encompasses more than education. Special knowledge and understanding of children, plus skills to enable children to profit from the group experience and educational opportunities, must be blended with nurturing qualities that create an environment in which children can feel comfortable, secure, and protected.

The teacher must be a trusted adult to whom children can feel close during the time away from home, to whom they can turn for help when they need it, and from whom they can receive individual attention. (4.14, 8.9)

The teacher in a day care service must:

- plan and carry out the daily program (4.13)
- create within the group an environment that encourages learning (4.14)
- see that the needs of individual children are met (4.14)
- work together with the parents (4.15)
- participate as a member of the staff team in helping individual children and their parents to benefit from the day care service (4.19)

#### **4.13 Responsibility of teacher for daily program**

The teacher or group leader, working under the direction of the executive of the day care center and in cooperation with the other staff members, should be

responsible for developing a daily program that will meet the needs of both the group and the individual children. (2.9, 4.0-4.2, 4.8-4.12, 8.6-8.9)

The program should be developed in accordance with:

- educational goals and principles
- professional knowledge of teaching techniques and curriculum content
- professional knowledge of social groupwork for the school-age child
- the ages, maturity levels, and interests of the children in the group
- understanding of the needs and characteristics of the individual children and families served in the program
- understanding of child development

#### **4.14 Relationship to individual children**

The teacher or group leader should see that children receive, during the day, according to the plans for each child, the care and opportunity for experiences they need to promote their development and to supplement, or compensate for, their home experiences.

The teacher should make available to the individual child the educational opportunities inherent in the group experience and day care program.

The teacher should plan for each child so that:

- as the child arrives in the morning or after school, he or she may gain a sense of belonging and acceptance in making the transition from home or from school
- the child experiencing difficulty in coping with the environment, other children, or the long separation from home and parents may have attention and comfort when he or she shows signs of fatigue, irritability, changes in mood, or anxieties at mealtime, naptime, and at the end of the day
- the end of the day may be as quiet, secure, and interesting as possible, without demands on the child and with some extra attention

Each child should have a particular teacher on whom he or she can depend for comfort, security, and protection. Young children need a warm, close contact with a friendly adult, especially when they are in a group and away from home for long hours.

Teachers should know when to offer support and when to encourage the child's growth toward independence and self-sufficiency.

The teacher may be the first adult in a child's life who has both the time and the skill to give him or her individual attention or to set needed limits.

Teachers should be regarded not as substitute parents, but as persons of importance to the children. It is through them that the children often make their first transition from the home. Teachers may be the bridge that transports them from a close family unit to the outside world.

The teacher or group leader may become a significant adult or model for the child.

#### **4.15 Relationship with parents**

From the time of admission to the day care group, the teacher or group leader should have a continuing role with parents informally—when they bring the children and call for them, in individual conferences, and in parent group meetings. (3.0–3.9)

The daily contacts with teachers or group leaders are one of the most important ways in which parents can participate in the day care service.

When the teacher has the time and interest to discuss a child's progress, problems, and any special occurrences each day, he or she conveys to the parents that they are valued and that their role in the child's life is considered important.

The teacher should keep the parents informed about the child's progress and experiences in the group, and help them to understand and enjoy the child's reactions in the group.

In turn, the teacher or group leader should learn from the parents about the child-parent relationship and particular family occurrences that might be significant to the child and therefore to the child's experiences in the day care center. The teacher should share this information appropriately with other staff members.

#### **4.16 Teacher's role in intake and admission to the group**

The teacher or group leader should assist in the evaluation of the child's readiness for group experiences and the probable values or limitations of the group for the particular child; he or she should plan with the parents and the social worker for the preparation of the child to enter the group. (3.3, 7.2, 8.9) (O&A: 4.8)

Before the child enters a group, teachers or group leaders should have the opportunity to become acquainted with parents and the child and to observe their relationships. They should have information about the child's development, family situation, and special needs and problems. (3.4)

The child and parents should be familiar with the group setting and the program it offers.

The teacher of a preschool group should work out detailed steps for parents visiting and the child's first separation from the parents, and help to determine when the parents should leave. (2.6)

#### **4.17 Teacher's role in evaluation of child's progress**

Teachers or group leaders should help to determine, on the basis of their daily contacts, whether the child's experience in the group is satisfactory, when children are ready for an older group, when they no longer seem to need or to be able to benefit from the service, and whether a particular child or parent needs help with problems. (2.9, 7.1)

The teachers' observations provide evidence of the ability of each child to tolerate group life, the long day, and the separation from home, and to cope with his or her own problems or the family's, or both. Through their recognition of early signs of anxiety or trouble, they can try to provide for each child the help and support he or she needs within the group situation.

Teachers, with their knowledge of normal child development and behavior and their insight and skill in appraising the strengths, weaknesses, and potentialities of each child, can help parents and other staff members to determine whether a particular child's health and welfare are best served in group day care.

Both teacher and group leader should keep regular records indicating the child's progress and their efforts to help the child within the group, with periodic evaluations of the extent to which the child is benefiting from the group experience of whether he or she might profit from some other plan.\* (O&A: 2.22)

#### **4.18 The teacher's role in termination of service**

The teacher or group leader should discuss with parents and social worker the decision for a child to leave a group or to transfer to another group, and explain the reasons and prepare the child for the change. (2.10, 3.7, 7.5) (O&A: 4.25, 4.26)

Continuing exchange of information between parents and staff, and acceptance by the staff of the parents' strengths and value to their

---

\* See *Preschool Behavior Rating Scale* (New York, NY: Child Welfare League of America, 1980).

children, should ensure that children will be withdrawn or leave the group only if it is a suitable plan for them.

In helping a child to leave the group, the teacher or group leader should give the child some recognition, such as a party or a gift from the group, at the time of his or her departure.

#### **4.19 Role of teachers as team members**

As team members, teachers must coordinate their efforts with those of other staff members; they should learn from other staff members and contribute their understanding and their evaluation of the particular children they are serving. (2.1-2.11)

The teacher or group leader can contribute concepts of how children learn, how individual children differ from the norm at different ages and stages of development, and how experiences are provided to meet their individual needs. The teacher or group leader can also contribute to the development of the goals and long-range plans of the day care center through knowledge of particular children and their needs.

### ***Group Day Care in Family Homes***

#### **4.20 Group day care homes**

Family homes that have a large room, such as a recreation room or rumpus room, and sufficient outdoor play space, may be used to provide day care for one group of children. (4.3-4.6, 5.6-5.12)

Group care homes may be used for 6 to 12 children over 3 years of age. (4.3-4.5, 5.9)

Instead of a centrally located, large facility that requires transportation of children, group care homes, close to the neighborhoods where the children live, may serve as several small units of a group day care program under the supervision of a parent agency. (1.18)

The daily program in group care homes should be similar to that provided for a group of children of the same ages in the day care center. It should be different from the more informal, familylike activities in family day care homes. (4.1, 4.2, 4.8-4.19, 5.4)

If the day care provider is qualified, he or she may serve as the teacher or group leader, and should have one assistant. Neighborhood aides, particularly those with training as child care workers, may be used. Otherwise, a qualified teacher or group leader should be employed to

plan and carry out the educational activities in the daily program, with the day care provider serving as the assistant.

Group care homes are particularly suited for school-age children who require care during the hours before or after school, and for those who can benefit by planned group experiences and association with their peers. These children may use community facilities for outdoor play. (8.1-8.12)

In using group care homes, the agency should be responsible for ensuring that a total day care service is provided, including social work, health supervision, and education, as determined by the needs of individual children and their parents.

# 5

## CARE OF CHILDREN IN FAMILY DAY CARE HOMES

A day care service must provide care for children of all ages not only in group facilities, but also in homes of other families, selected and supervised by an appropriate private or public agency. Thus it is possible for particular children to have the form of care that is best suited for them and their parents. (1.14, 1.15)

The service for children and parents in family day care has the same purposes, goals, and essential components as does group day care. (1.1-1.5)

### 5.1 Total service in family day care

The total service in family day care should have the same elements as group day care; in addition, a family day care service requires recruitment, selection, and development of family homes as a day care resource, and continuing work with day care parents to help them meet the needs of individual children and their parents. (2.1, 5.2-5.7)

The total service should include:

- recruitment of day care providers
- screening and selection of day care providers
- admission process for child and parents
- assistance with the selection of a home for the particular child

- preparation of child and parents and introduction to the day care provider
- daily care and educational experience
- health supervision
- daily interaction with the child's parents
- continuing training, supervision, and work with day care providers
- direct work with the child, when indicated
- planning and evaluation
- termination and follow-up

The agency that offers family day care as a service to families and children should be responsible for providing the total service.

When an agency has a contractual agreement to purchase family day care provided on a proprietary basis by an independent home, or gives parents the money to do so, it should be responsible at a minimum for ascertaining that the home is licensed or meets licensing requirements, that the child's parents are capable of carrying responsibility for the selection and supervision of the home, and that the child is receiving appropriate care and is benefiting by it.

## **5.2 Introduction of child to family day care provider**

The social worker carries major responsibility for the provision of the service for the individual child and parents. Following the decision that family day care is the appropriate service, the worker, on the basis of the needs of the particular child and parents, should make the initial recommendation of homes, help the parents to decide which home they will use and to prepare the child for the new experience, and give the day care providers the information they need in order to understand the child and his or her family and to work harmoniously with them and with the agency. (2.6, 3.4)

The home that is selected should be one in which the way of living is as compatible as possible with that of the child's family.

A visit to the home with the parents and child should be arranged so that the child's parents may have the opportunity to become acquainted with the day care provider before leaving the child in the home.

Parents and day care provider should exchange information about the child and plan together, so that the care of the child will have consistency and continuity.

Parents should be encouraged to stay with the infant or young child for the first days until the child becomes familiar with the day care provider



and is ready to have the parents leave. The worker should help parents and family day care providers to understand and deal with a child's reactions to separation.

An agreement form, which the day care provider and the child's parents sign, can be used to make sure that respective responsibilities of agency, parents, and day care provider are clearly understood. (3.1) (O&A: 4.20)

### **5.3 Continuing interaction with day care providers**

The worker should continue to provide supervisory guidance and support to the day care providers to help them to:

- understand and meet the needs of the individual child
- deal with problems that arise
- maintain their relationship with the child's parents and the agency
- evaluate the usefulness of the service to the particular child and parents
- develop the potentialities of day care providers as child care staff

A staff member should visit the homes at least once a month, and more frequently when necessary. More frequent visits may be required during the first weeks of a new placement (until the day care provider and child are secure with each other), or during periods of stress.

The day care provider may need help in relating the child's daily experiences—eating, sleeping, and discipline—to those in the child's own home. The staff member has a vital role in facilitating the exchange of information and experiences between the day care provider and the parents, and in helping the family day care providers and the child's parents to understand the significance of a child's behavior and to harmonize methods of handling it. (7.3)

Children often find adjusting to two families difficult. They are sometimes caught in loyalty conflicts. They may become confused by differences in methods of discipline, standards, and values. Their behavior may also be a reaction to long hours away from their parents, to problems in their families, or to childhood problems—fears, anger, lack of trust, or feelings of being unloved.

Parents may express feelings of rivalry or guilt by criticizing, being late in calling for the child, or failing to pay fees.

The day care provider may need help and support to understand and tolerate the behavior of the child or the parents, and to deal with his or her own feelings of anger or discouragement in the face of difficulties.

If the personalities of the day care provider and the child's parents are incompatible, or if the customs, values, and ways of handling children in

the two families cause conflict, it may be necessary to consider some other day care arrangement, or possibly a homemaker service.

The social worker may at times arrange for joint interviews with the parents and day care provider to discuss problems and to evaluate whether the child's needs are being met. (2.9)

Group meetings of day care providers with a social worker, child development specialist, nurse, nutritionist, or other staff member provide opportunities for general education and problem solving and may at times be held jointly with parent group meetings. (3.9)

Education and training opportunities for day care providers should be provided within the agency staff development program or in conjunction with other training programs for child care workers in regard to child development, child-parent relationships, techniques for stimulating learning, educational activities, nutritional needs of children, food preparation and service, and other aspects of child care. (O&A: 3.14, 3.19, 5.50, 5.52)

Educational materials on care of infants and children, available from local health departments, the U.S. Children's Bureau, and other sources, should be offered to day care providers. (6.19)

#### **5.4 Daily activities in family day care homes**

In family day care, the daily activities of the children should be planned according to their developmental needs, so that the individual child may have the care and supplementary experiences needed to promote his or her physical, emotional, social, and intellectual development. Daily activities must include indoor and outdoor play, meals, and rest periods. (2.9, 4.0-4.2, 4.8-4.12, 8.6)

The daily activities should, however, be informal, so that the child may have the benefit of experiences of family living. Children should have the opportunity to participate in the usual household routines, to play both indoors and outdoors, and to engage in the same activities and use the same community resources as others of their age in the neighborhood. Supervision of older children should not be overprotective.

The day care provider should have sufficient time to hold and cuddle the infant or young child, to talk with the child, and to give him or her opportunities for activities that stimulate development and learning. (1.11, 1.12)

Toys and play materials appropriate to the ages of the children should be available, and space in the home should be arranged so that it

encourages the children's development and makes it easy for the day care provider to supervise their play. (9.14, 9.15)

Outdoor activities and excursions (to the store, fire station, library, airport, parks, and playgrounds), as important for children in family day care as in a day care center, should be planned in accordance with the ages of the children. The developmental needs of children, educational principles, and the individualized plan for each child should be the basis for planning.

In planning activities, particularly if several children are being cared for in one home, a child development or education specialist should be available as a consultant to the agency and the day care provider as needed.

Consultation with a nutritionist should also be available for instruction about preparation, service, and sanitation of food, nutritional needs of children, and development of good food habits.

### **5.5 Health supervision in family day care**

Staff should work with the day care providers to assure that the child's health is maintained through regular health and medical supervision. (6.1-6.18)

In analogy to group day care, the health supervision of the child is the responsibility of the day care providers.

The staff and family day care providers should help parents to appreciate the importance of health supervision and promotion of good health habits in the child, and to make use of available health services.

When a parent is unable to take a child for routine examinations or for the treatments that the child requires, the day care provider may do so.

Arrangements for the care of a sick child in the day care home depend on the nature of the illness, the risk to other children in the day care home, and the distance of the day care home from that of the child.

A copy of a statement authorizing emergency medical care if the child has an accident or becomes ill during the day, and the parent cannot be located, should be in possession of the day care provider. (3.1)

## ***Recruitment and Selection of Day Care Homes***

### **5.6 Methods of recruitment**

New family day care homes should be recruited through interpretation of day

care programs to the community, and through special methods—publicity campaigns, direct appeals to selected groups, and an individualized approach to specific families by staff, active day care families, and parent aides. (1.19, 3.10) (O&A: 5.8)

It should be emphasized that caring for children during the day has the status of employment, and that it is recognized as an important contribution to the community.

To have day care homes in neighborhoods where they are needed, monetary allowances should be given to improve the physical facilities and equipment of homes that have the other necessary qualifications and to help them meet licensing requirements (e.g., funds for purchase of cooking utensils, a crib, fire extinguishers; for painting, cleaning up a play area; or for building a fence). (5.10, 9.1)

Opportunities for training day care providers as child care workers should be offered by the agency, including intensive training programs and staff development meetings, as well as continuing supervision. (O&A: 3.19, 5.51)

#### **5.7 Screening and selection of day care family homes**

The worker should be responsible for screening families who apply to care for a child during the day, to determine whether they have the necessary qualifications and whether they are able, or can be helped, to meet agency requirements. (5.8–5.12, 9.1)

The screening process should include:

- interviews with the day care provider and other members of the family, including the children
- visits to the home
- use of personal, nonrelative references, including the family's physician, who can attest to the day care provider's character and ability to care for children

The screening process should clarify how the agency and day care family work together in regard to:

- responsibilities the day care provider carries and those the child's own parents retain (preparation of formulas, clothing, clinic visits)
- required number of hours of care
- daily activities to be provided for the children
- rate of payment and agency responsibility for payment
- role of the staff
- opportunities for training and staff development

The worker should discuss with the day care provider problems that may arise and that may have to be dealt with because:

- the child experiences separation twice a day
- the day care provider must share the care of the child with his or her parents
- the child's parents may have feelings of rivalry and inadequacy

As a result of the screening, an evaluation should be made of the day care family and the way in which it is likely to perform, indicating:

- whether applicants have potentialities for meeting the needs of the children and parents whom the agency serves
- whether applicants can accept the child's relationship with the parents
- whether applicants can identify with the agency's program and goals, work within its policies, share responsibilities appropriately with the agency, and work with the designated staff member
- the kind and number of children whom the home can best serve
- areas in which continuing help will be needed

Evaluation of the family should be presented and recorded in such a way that other members of the agency staff can make optimum use of the family as a resource for children needing family day care.

## ***Requirements for Day Care Families***

### **5.8 Qualifications of day care families**

Families should be selected who have the potentialities for giving children the care and experiences they need when they are away from their families during the day, who can accept and respect the children's relationship to their own parents, and who are willing and able to cooperate with an agency.

Day care families should meet the following requirements:

- The day care provider should like and understand children, and be capable of giving them affection and security and of deriving satisfaction from caring for them.
- The relationships in the day care family should create a favorable atmosphere for children.
- The family should have the personal characteristics that will ensure continuity of care throughout a child's need for the home.
- The day care provider should be mature and have the energy and flexibility necessary to care for young children. He or she must also

be flexible enough to meet the needs of individual children as they change during the time they are being cared for.

- The day care provider, with training and support from the agency, should be capable of handling an emergency promptly and intelligently. (6.5)
- All members of the provider family should be in good health. A physical examination of each member of the family should be required to certify freedom from a physical or mental illness detrimental to children, including evidence that there is no communicable disease or evidence of alcohol or drug abuse by any family member. (6.3)
- No person should be permitted to operate a family day care home who has been convicted of a crime involving child neglect or abuse, or who illegally uses narcotics or other impairing drugs, or who exhibits behavior that may be injurious to children.

#### **5.9 Number of children in day care homes**

The number and ages of children (including the children of the day care provider) who can be cared for in a day care home should be determined by the physical strength, skills, and capacities of the day care provider, the provider's ability to deal with children of different ages, the physical accommodations of the home, and the availability of household help from a member of the family, a paid assistant, or a neighborhood aide.

To preserve a homelike family atmosphere, a home should be used for no more than five children under 14 years of age, including the children of the day care provider who will be in the home during the hours of care. (4.20)

Preferably, there should be not more than two children under 2 years of age, including those of the day care provider. (1.12)

#### **5.10 Housing**

The physical facilities of homes used for day care should provide adequate space for daily activities of young children, and present no hazards to their health or safety. (4.20, 6.4, 9.2)

The dwelling should conform to state and local health, fire, and sanitary regulations, which should include, at a minimum, the following conditions:

- All rooms used for children should have sufficient sunlight, with windows above street level.

- Heating, ventilating, temperature control, and lighting facilities should be adequate for protection of the health of the children. During winter months a temperature of 68–80 degrees Fahrenheit should be maintained in all rooms occupied by children. In hot weather and in hot climates, air-conditioning is desirable. Fans, properly protected, may be used.
- There should be an adequate and sanitary supply of water of satisfactory quality for drinking and household use, and a safe and adequate supply for washing and bathing. Water from springs, wells, or other private sources should be protected against contamination. Water that is not from a tested public supply should always be tested through the health department.
- Proper provision should be made for food preparation, care of perishable food, and refrigeration, especially of milk.
- Dishwashing procedures and facilities should follow sanitary standards.
- Rooms should be effectively screened against flies, mosquitoes, and other insects.
- Dwelling, premises, and equipment should be kept clean, sanitary, and in good repair, and provide for the reasonable comfort and well-being of the household.
- An adequate supply of chairs, tables, dishes, utensils, and play materials that are suitable and safe for children should be provided. (1.12)
- Radiators and other heat sources must be protected to prevent burns.
- Window guards should be provided in high-rise apartment buildings.
- Household cleaning supplies, chemicals, weapons, and medicines should be stored safely out of reach of children.

### **5.11 Sleeping arrangements**

Each child under 6 years of age should have individual sleeping accommodations that are kept in clean and sanitary condition at all times, with adequate bedding suitable to the season.

If more than one child is in the home, there should be sufficient room to permit temporary isolation in case of illness.

### **5.12 Play space and materials**

In addition to play space indoors and outdoors, there should be sufficient play materials and equipment for indoor and outdoor activities to stimulate activity and imaginative play suitable to the ages of the children. (9.9–9.20)

# 6

## HEALTH PROGRAM IN DAY CARE SERVICE

The health program is an essential component of a day care service. Its primary purpose is to protect, maintain, and promote the health of each child it serves. Concern for the child's health, and understanding of the interrelation of physical, emotional, and intellectual growth processes, must be reflected in all parts of the day care service and translated into the planning of daily experiences that enhance the child's total well-being. (4.8, 5.4, 8.6)

Each member of the staff, as well as the family day care provider, has a contribution to make in promoting the child's good health. It is necessary to develop effective communication among team members, to provide opportunities for them to share their observations and to plan common goals. Each member of the staff needs to be informed of the physician's recommendations for the individual children, and to understand his or her role in carrying them out. (2.2-2.4)

### *Responsibility for the Health Program*

#### **6.1 Parental responsibility for health of child**

Parents should carry the continuing responsibility for the health of the individual child, but the agency should see that each child receives the health supervision and medical care he or she needs. (3.1, 6.14)



Generally, parents should be expected to use their family physician (a pediatrician or general practitioner) for the child's health supervision and medical treatment, or the community resources available to all parents (such as the child health clinic or a hospital outpatient department).

Whether a family uses its own physician or community resources, the agency should help the parents, if necessary, to obtain medical, psychological, dental, and visual evaluations, in addition to remedial care to correct conditions that could interfere with the child's growth and development. (6.7, 6.8)

The agency should avoid taking over parental responsibility for health and medical care, but should strengthen the parental role by involving the parents in health planning for the child.

In communities where adequate health and medical facilities are lacking, the agency has a responsibility to supply, in cooperation with the parents, what is needed for the health of the children in its care, and to involve parents in working for the development of needed community resources. (3.10, 6.14)

## **6.2 Agency responsibility for health program**

The health program should be planned and organized by the staff physician and administration; it should be defined in written policies and periodically evaluated. (O&A: 3.12-3.15)

The agency should make a planned effort to protect, maintain, and promote the health of the children in its care by all proper means of which it has knowledge, and to avoid doing anything, by act of commission or omission, that would injure the children's health.

In a day care service, the agency should retain a physician, preferably a pediatrician, as a staff member or staff consultant, to be responsible for all aspects of the program, for policies in handling any injury or illness in the day care center or family day care home, and for continuing health supervision of the children's total daily experience. The amount of time needed will depend on the size of the program and the availability of community health services.

The services of a public health nurse should be available on a part-time basis, especially in a large program, in order to assist staff in understanding the specific health needs of individual children, and the management of communicable diseases.

The director has ultimate responsibility for integrating health and medical care with other aspects of the program, for helping the physician find

his or her place in the total day care program, and for seeing that the physician's recommendations are carried out.

It is desirable for an agency, or group of agencies with day care services, to have a health advisory committee, including experts in public health, pediatricians, public health nurses, and nutritionists.

The agency should develop a community resource file with information designed to facilitate referrals and to aid in selecting the appropriate agency for health and health-related problems.

The agency should work for development of community health resources, where these are lacking, to ensure continuity of the health protection of preschool and school-age children. (6.14)

## ***Protection of Health***

### **6.3 Control of communicable diseases**

The day care service should, through its health policies and precautions, make every effort to control the spread of communicable disease among children in a group, or in the families to which it may be carried.

*Immunization:* Every child accepted for care in a group of children should be immunized against diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles, rubella (German measles), and mumps. (See periodicity schedule of American Academy of Pediatrics.\*) Infants who are too young to be immunized at the time of admission to day care should be immunized at the appropriate times, or sooner if there is a potential community epidemic.

*Preadmission physical examination:* It should be certified that a child is free from evidence of contagious disease. (6.7)

*Inspection on arrival:* On arrival each day, it is strictly necessary that each child be inspected for signs of illness by the teacher, the family day care provider, a public health nurse, or other person trained to do this, before the child joins the group or is left with the day care provider. The inspection should be carried out with the parents present to answer questions and, if necessary, to take the child home. (6.10)

*Daytime observation:* The teacher or the day care provider should form the habit of routine observation of all children for signs of illness throughout the day, and should see that a sick child is cared for or, if

---

\* Obtainable on request to the American Academy of Pediatrics, 1801 Hinman Ave., Evanston, IL 60204.

necessary, isolated from the other children as promptly as possible. (6.10)

*Isolation of sick children:* Children who are obviously sick and those suspected of being ill should be removed from the group and placed in relative isolation, but close to adults, until it is possible for them to be taken home. (9.8)

*Exclusion of sick children:* A day care center should under no circumstances attempt to function as a children's hospital, and should not admit obviously sick children in the morning. (5.5)

*Parents should be advised to seek medical care:* If necessary, they should be helped to obtain it and referred to the local health department for visitation by the public health nurse, or to other community resources, such as a homemaker service.

*Readmission of sick children:* It is desirable that children absent for illness be checked by a physician as indicated before they return to group day care. Greater flexibility is possible in a day care home, if there is no risk to other children. (5.5)

*Minimizing disease among exposed children:* Whenever frank exposure to communicable disease has occurred in a group of children, the staff physician should be consulted about proper instructions to give parents of exposed children and about the propriety of control measures. The local health officer may be called on for special expertise in the management of communicable diseases. A written policy should set forth the response to known exposure to contagious diseases in the day care setting, for example, chicken pox, strep throat, nits.

*Policy during epidemics:* The local health department should be consulted about regulations during epidemics, such as restrictions on admissions of children not already exposed to the disease, or about temporary closing of the day care facility.

*Other infectious conditions:* Ringworm, impetigo, scabies, or pediculosis, when found in a child, imply a reservoir of infection in the family. While excluding the child from contact with others until the condition is brought under control, the assistance of a physician or public health nurse is needed to help the family become free from such infections.

*Examinations for day care personnel:* All day care personnel, including day care providers, teachers, assistants, maintenance people, cooks, and volunteers, should have preemployment physical examinations, tuberculin testing, and, if indicated, chest X rays, and should be assessed at least once every other year. The local health board requirements and the recommendations of the state department of health should be followed with regard to the nature and frequency of the examinations, especially in the case of food-handlers.

*Other general measures:* Measures to increase natural resistance and to avoid exposure to disease should include:

- provision of food that contributes toward meeting the child's daily nutritional needs (6.11)
- storage of food under sanitary conditions to avoid contamination and food-borne infections and disease (9.6)
- avoidance of overheating and chilling (9.10)
- wet-mopping and dusting of rooms when children are not present (9.3)
- avoidance of overcrowding and exposure to other groups of children not under the same type of medical control

#### **6.4 Safety and hygiene**

Every day care agency should be responsible for seeing that children are cared for in a building, whether it is a day care center or a family day care home, that is structurally sound, free from fire hazards, and maintained in a sanitary condition. (5.10, 9.2–9.8) (O&A: 1.19–1.23)

#### **6.5 Accidents and sudden illness**

Policies for handling any injury or illness occurring during the day, including policies on first aid (immediate temporary treatment given in case of accident or sudden illness before the services of a physician can be obtained), should be established in each agency with the assistance of the health consultant to protect the children and to prevent any possibility of charges of negligence.

All staff members who work with the children should have basic knowledge of first aid principles and should be regularly retrained every other year. One staff member who is fully trained in cardiorespiratory resuscitation (CPR) should be available. There should be immediately available:

- a telephone to call for help
- a manual of first aid measures
- first aid supplies

Every child's record should include the name of a family physician to call or the name of the clinic or community outpatient hospital the family uses in emergencies. The center's own physician or local emergency room should be used if the child's physician cannot be reached.

The day care service should have a plan, made with the parents, for the care of their children in emergencies. Parents should always be notified at once of any major accident or emergency. Written authorization from parents for transportation to a source of emergency medical care,

including the date of the last tetanus inoculation, should be on file, and should accompany the child to any hospital or private physician for care in the absence of the parent. (3.1, 5.5) (O&A: 5.31)

If the child has had a booster dose of tetanus toxoid within one year, another booster, in case of injury, may not be necessary.

An arrangement should be made with the nearest hospital emergency room to accept children under the care of the agency, in the event that the family physician cannot be reached promptly.

## **6.6 Special medical procedures**

The agency should require special medical procedures, to be determined in cooperation with local health officials and with parents, when conditions in the community or the needs of the particular group of children served make them seem desirable. (6.9)

Written parental consent to such procedures should be obtained. The procedures may include: (3.1)

- anemia assessment and blood lead testing as indicated
- vaginal smears for gonorrhea if there is indication or suspicion of sexual abuse
- throat culturing, should streptococcal sore throat or scarlet fever be a persistent illness
- tuberculin testing, as indicated, on a periodic basis
- general immunizations; the staff consulting physician or nurse may provide immunizations or boosters for children who otherwise would be unable to obtain them (6.3, 6.14)

The health supervision of young children should be oriented to promotion of good health as well as protection from disease. The agency should be responsible for assessing each child's health status, for making plans for treatment and correction of health problems, and for providing health education for parents and children.

## **6.7 Preadmission examination**

Each child accepted for a day care service, including the school-age child, should receive a comprehensive examination by the family physician, hospital, or clinic before admission to a day care group or placement in a day care home. The examination should be carried out as close as possible to the time of the child's admission to day care; the maximum time between examination and admission should be 30 days. (6.14)

The purpose of the examination is to:

- evaluate the total health status of the child, including nutrition
- assess the kind of care the child has had

Promotion of health requires that the agency:

- determine the kind of program the child requires
- provide opportunity for planning with parents for follow-up of health problems or correction of defects
- help staff members to plan for the special needs of the individual child

Uniform standards for examination should provide for:

- a complete health history
- a comprehensive physical examination, including vision and hearing
- an evaluative statement from the physician concerning physical and mental health, dietary intake, and food habits, and social and language development
- recommendations for immunizations or treatment that may be needed

The parent should be present during the examination and should have the opportunity to discuss the results, recommendations, and any health problems with the physician or other staff member. The staff physician should evaluate each child's record in the light of his or her knowledge of the goals of the service, and should help staff members to plan for the care of the individual child.

The physician's evaluation of the child's health status and his or her recommendations should become part of the child's record in the agency. It should be filed for use in the follow-up of any treatment and in future consultations with parents. (6.16)

## **6.8 Periodic examinations**

The agency should see that all children receive the needed health supervision and medical care from resources that will be available to them at all times.

All children should receive checkups as indicated (see periodicity schedule of American Academy of Pediatrics\*). Additional examinations may be required because of special health problems.

Uniform standards for complete periodic examinations of both school-

---

\* See footnote on p 61.

age and preschool children should be developed, and an evaluative statement should be on file with the agency for reference. (6.16)

Early eye examination and observation of young children for visual problems are recommended for prevention of permanent sight impairment, blindness, or loss of educational opportunities.

Early hearing tests should also be carried out.

Follow-up on health problems is essential in any health program, to determine whether a referral was effective. Was medical care obtained, was treatment successful, and was the health problem ameliorated? The agency should be aware of problems the family may have in regard to the availability and adequacy of resources, in addition to the social and financial implications of the medical care.

#### **6.9 Dental examinations**

The agency, in cooperation with local health officials, should help parents obtain competent dental supervision for all children, which will be available to them throughout their childhood.

#### **6.10 Observation of health of children**

The observation of teachers and day care providers who are in intimate daily contact with the children should supplement routine health examinations and be taken into account in evaluating the health of individual children.

Day care providers should be expected to bring to the attention of other staff members their observations of behavior or conditions that might be the first indication of a child's need for medical examination or for diagnosis and treatment of a special health problem.

It is important to observe whether the child's health is affected by factors such as fatigue, diet, or emotional stress, and directly or indirectly by medical or emotional problems in the family.

Deviations in appearance or behavior over a period of time should be discussed with the staff nurse, physician, and social worker. Such observations should be a basis for determining if referral for diagnosis, treatment, and follow-up (in cooperation with parents) should be made.

#### **6.11 Nutrition**

Meals and snacks in the day care center or day care home should be planned in relation to the 24-hour needs of the child, and should provide, during the hours the child is in day care, a substantial proportion of the child's total daily

requirements of calories, proteins, vitamins, minerals, and trace elements. (4.10)

Children in day care from 5 to 7 hours should have one-third to one-half of their food needs for the day met in the day care center or day care home.

Menus, the food preparation facility, and food service should be planned in consultation with a nutritionist and with staff members from local health authorities, such as the medical officer and sanitarian.

Parents and day care staff members should exchange information on menu planning and food habits.

Menus should be posted daily or otherwise made available to parents.

Children should have vitamin-rich substances, such as orange juice and fresh fruits and vegetables.

Any dietary supplement should be given only on a physician's prescription for a specific child. It should be accompanied by a program of nutrition education (for the parents) focused on the dietary lack and the improvement of the child's diet. (3.5)

Attention should be given to food customs and preferences of different ethnic groups represented in the child's population. Any individualization of the menu to meet a particular child's needs should be made only on written advice of a physician and in cooperation with parents. (6.13)

#### **6.12 Mental health services**

Children who are recognized to have potentially serious deviations in personality and behavior should be referred for consultation or treatment to community mental health centers, other psychiatric clinics serving children, or the staff psychiatric consultant. (6.15) (O&A: 3.12-3.15)

The day care service should have close working relationships with appropriate community resources for mental health services. (1.10, 7.1)

Referrals should involve the family physician, if there is one, as well as the social worker, staff physician, psychiatrist, and psychologist.

If the child is to remain in day care while receiving treatment, the social worker, teacher, and other appropriate staff members should have the consultation of the psychiatrist in developing and carrying out a prescribed plan to help in overcoming the child's difficulties. (2.9, 7.4)

#### ***Direct Health Services***

The day care service may provide certain direct health services, depending on the availability of health services in the community, or the needs



of the children it serves, and on its general policies for admission of children.

### **6.13 Daily medical care**

Children requiring medication during the day, variations in diet, or special medical procedures should receive them in the day care center or day care home only on written order from a physician.

Special medical procedures for an individual child are usually the responsibility of a physician or health department personnel coming to the day care center or day care home.

Under no circumstances should a staff member act as a physician; even aspirin should not be given to a child without a doctor's order. Medications prescribed by a physician should be carefully labeled with the child's name, and should be kept in the container bearing the prescription label that shows the date filled, physician's name, physician's directions for use, and the child's name. Medications should be out of reach of other children, and returned to the parents or discarded when no longer needed.

### **6.14 Health services in the absence of community resources**

If community resources, such as child health centers, child health clinics, or hospital outpatient clinics, are not accessible to the families using the day care service, and the families are unable to find or pay for the services of a private physician, the day care agency has the responsibility to provide, through its own resources, the necessary services. (6.1, 6.2, 6.6, 6.7)

When the day care agency finds it necessary to provide direct health services, parents should be involved in the same way that they would be if they were using community or private facilities.\* Parents should always be present at an examination and should have frequent conferences with the doctor or nurse. (3.5, 6.8)

Immunization procedures may be carried out in cooperation with the local board of health. (6.3)

### **6.15 Services for children with disabilities**

If the day care agency has been established to serve children with disabilities (including mentally retarded, emotionally disturbed, blind and partially sight-

ed, deaf and hard of hearing, cerebral palsied, and epileptic children), or when it accepts children with disabilities who need day care and can benefit from association with others, it must meet their special need for medical and paramedical services. (1.10, 6.12)

When children with disabilities are cared for, provision should be made for appropriate staffing (a sufficient number of staff members with the specific training required to work with the particular handicaps with which they will be dealing). The public health nurse can help the staff to understand the medical problem as it relates to the care and development of the child.

A nutritionist should be available for consultation in regard to the food needs and feeding of children with disabilities.

Home visits by the nurse can help the parents to understand and accept the child with the handicapping condition, and to focus on the needs and accomplishments of the child "as a child." The nurse can also guide the parent in helping the child develop a good but realistic self-image.

To ensure the necessary continuity, a close working relationship between the day care center and the community agencies or persons involved in the child's medical care must be developed and continued.

#### **6.16 Health records**

A comprehensive health record should be maintained for each child, including a record of immunizations, illnesses, and the findings and recommendations of all physical examinations. (O&A: 2.24, 2.25)

The health record in the day care agency should include pertinent information and findings of the family physician, community clinic, and staff physician consultant. A tickler file should be established to remind parents about booster injections and regular physical examinations. The health record should be kept up-to-date at all times, with staff observations and notes about significant illnesses, accidents, and developments. (6.7, 6.8)

When the child leaves the center, the health record may be turned over to the parents, or, with their permission, to the family physician or to the school to which the child is going.

### ***Health Education***

#### **6.17 Health education for parents**

Parents should be given opportunities to learn about the health needs of

children and the importance of health care (including nutrition) through their daily contacts with the day care staff and, when indicated, in specifically planned health education programs, and should be encouraged to assume responsibility for the health care of their children. (3.5, 3.8, 6.1)

Parents may need to learn about the relation of foods and nutrition to the health and development of the child, as well as the importance of good food habits and attitudes; some may need guidance in food buying, meal planning, food preparation, and home management. (3.8)

#### **6.18 Health education of children**

The child should be taught good health attitudes, habits, and personal hygiene through example, routines, and discussion that is appropriate to the age of the child and incorporated into the daily activities. (4.12)

#### **6.19 Health education materials**

Day care agencies should make full use of the health education literature provided without charge by most state and local health departments.

# 7

## SOCIAL WORK IN DAY CARE SERVICE

In a day care service, the social work methods of casework, groupwork, and community organization may be employed to ensure that individual children and parents receive a service that meets their particular needs, supports parents in their child-rearing role, and provides the supplementary care and experiences essential to the child's well-being.

The knowledge and skills of social work are applicable in all forms of day care, but the extent to which they are used depends on the primary purpose of the program and the particular children and parents for whom the service is provided. (1.2-1.5)

In general, parents of children who use day care are capable of carrying their parental responsibilities, and they may not require or want help. Most parents make day care arrangements not because of any problems of the child or family, but because the parents want to work outside the home, complete their education, or obtain job training, or because they want the child to have the benefit of educational, social, and recreational experiences that are part of the day care setting.

Some parents, however, experience problems that are related to their reasons for seeking day care. These reasons may include low income, physical or emotional illness of the child or parent, inadequate housing, marital difficulties, separation, divorce, or the death of a spouse. Some parents may experience problems in their use of day care for their children. Stress can stem from any of these problems, impeding the capacity of the parents to function and, therefore, weakening the family. The social worker can offer counseling to parents seeking to resolve the problems they are experiencing and to overcome the possible adverse

effects of their problems on the rearing and development of their children. (7.3)

### **7.1 Need for social work**

Social work should be available as an essential component of the day care service to provide the help that parents, and at times the child, may need.

The knowledge and skills of the social worker, acquired through professional education and practice in services for children and families, can be used in a variety of ways:

- planning for the use of the service (2.5-2.10) (O&A: 4.14-4.20)
- working with parents to fulfill the parental role and to help them deal with problems affecting their relationship to their children and the development of their children (3.3-3.9, 7.3)
- identifying special needs and social, emotional, and health problems of the child and the family (7.4)
- providing counseling services to parents under stress
- working with the child directly (7.4)
- helping day care providers understand and work with the child and the parents (7.5)
- planning the group care program for the school-age child, and helping parents and child to use group experiences (3.9, 8.4-8.9)
- studying, selecting, and developing family day care homes (5.6, 5.7)
- coordinating the services in family day care (3.1-3.9, 5.1-5.5)
- helping parents or child to obtain and use other community resources and services, and coordinating the different services a family may need (6.12) (O&A: 4.6, 5.6)
- helping parents to decide when the service no longer meets the child's needs or their own needs (2.10, 3.7, 4.18)
- making known to the community the unmet needs for day care and other resources for children and families, and promoting the development of day care services as part of a community program of comprehensive services for children and families (O&A: 5.4, 5.6, 5.7, 5.12)

### ***Role of the Social Worker***

#### **7.2 Intake**

The social worker should be responsible for the intake interview process. for

helping parents decide whether to enroll their child in the program, and for developing an appropriate day care plan for both the child and the parents. (3.3) (O&A: 4.1-4.7, 4.14-4.19)

### 7.3 Working with parents

Throughout the use of the service, the social worker should be available to parents. The social worker should schedule periodic conferences or regular interviews with the parents. Group meetings of a small number of parents with common problems or concerns may be planned. (3.5-3.9)

The social worker should keep informed about changes in the family situation.

The social worker should help parents:

- evaluate the day care plan and, if necessary, modify it
- decide when the service no longer meets the child's needs or the parents' needs
- prepare the child for any change

Parents may need support from the social worker in coping with inherent stresses when children are cared for both at home and in a day care setting—the difficulties in carrying a job, managing a home, and having the energy to meet their child's needs.

Some parents need help in understanding the impact on the child of separation from the parents, as well as their own feelings about leaving their children. In relation to the teacher or family day care provider, many parents have feelings of rivalry, complicated by feelings of inadequacy and guilt. (5.3)

Some parents, particularly those who have suffered deprivations in growing up, feel totally inadequate and unprepared to care for their children.

The child and family may have suffered the effects of conditions in the home that made it necessary for the parents to seek day care. (7.0)

The social worker can help parents to:

- recognize and deal realistically with specific problems a child may have, as well as with their own anxieties or feelings of failure or anger in relation to their child's difficulties
- turn to the teacher or other staff member for help with specific concerns
- obtain practical help in child care, household management, nutrition, and use of community resources
- accept referral to agencies (child guidance clinics, health services, and

other child welfare services) for problems needing additional or specialized help)

A summary of the work with the parents should be included regularly as part of the child's record.

#### **7.4 Direct work with the child**

The social worker should generally work through the parents, the teacher, or the day care provider helping the young child, but at times, depending on the child's age and the nature of the problems, he or she may work directly with the child. (5.3, 8.11)

Problems for which children may need help include disturbances related to separation from the parents, strain of traveling, long hours in an unfamiliar environment, and conflicting standards of behavior at home, in the day care center or family day care home, and perhaps in school. The child may show the effects of insufficient attention from the parents, who may not have enough time or energy for the child.

Loss of neighborhood and school friends and activities can be particularly difficult for an older child, especially if the day care facility is far from home.

The social worker should be able to identify emotional disturbances and other personality problems. He or she should use consultation with the pediatrician, psychiatrist, or psychologist in obtaining a diagnosis and in helping to plan group or family experiences that may be remedial or compensatory. In addition to providing direct treatment when indicated, the social worker should make referrals, if necessary, to other resources, such as mental health centers. (1.10, 6.12)

In group day care, the social worker generally works with the caregivers to help them use the group situation or their relationship with the child in the treatment of the child's problems.

#### **7.5 Social worker as a team member**

In the day care center, the social worker should perform as a member of the staff team in the provision of the service for the child and the parents. (2.2-2.4, 4.19)

In the continuing process of communication among the different professional members of the staff, the social worker can contribute to their understanding of child-parent relationships, the dynamics of child behavior and motivation, the problems inherent in day care, and the

personal feelings that affect staff members' relationships with the children or parents.

The social worker learns how the child is getting along at home, in the neighborhood, at school, and in day care, through observations, conferences with caretakers, and discussions with parents and others who know the child.

By sharing this information, the social worker can help parents, teachers, and family day care providers to give continuity and consistency to the care the child receives.

The social worker has the opportunity to call on all other members of the team for expert help with specific problems that the parents bring up; for example, the doctor or nurse for health problems, or the home economist or nutritionist for problems of household management or food preparation.

At termination, the social worker should work with other staff members, as well as with the parents, so that they can help the child make the transition to the next experience with continuity.

In parent education and staff development programs, social workers can serve as discussion leaders in regard to such topics as child care, parent-child relationships, and personality problems of children and parents. (3.8) (O&A: 3.19)

#### **7.6 Social worker in family day care service**

The social worker carries the major responsibility for the family day care service for individual parents and children, and for the recruitment, study, and development of family day care homes. (5.1-5.12)



# 8

## DAY CARE SERVICE FOR SCHOOL-AGE CHILDREN\*

Children of school-age may be in need of a day care service for the same reasons as younger children.

A day care service for school-age children has the same purpose, essential components, and service elements as the service for younger children, and should be provided on the same conditions. (1.1-1.5)

One of the functions of school-age programs should be to provide children the care, protection, and supervision that parents are unable to offer.

The daily program for school-age children will necessarily differ in certain respects from that for younger children because of the age range of the older group (from 6 to 14 years), their greater maturity, their increasing ability to make decisions and to take responsibility for themselves, their broadening interests, and the experiences and resources available to them in school and community. The daily program must also provide the variations required during the school term when the child needs shorter hours of care before and after school, and during school holidays and summer vacations when a full-day program must be planned.

In working with parents of school-age children, special effort may be required to involve them in the program, because there are fewer oppor-

---

\* The standards that pertain specifically to the school-age child have been excerpted from the other chapters and are presented here as a formulation of standards for day care programs for the school-age child.

tunities for informal contacts when parents do not have to accompany the child each day. (3.0-3.10, 8.3)

### **8.1 Day care service for children of school age**

A day care service should provide supplementary care during out-of-school hours, school vacation periods, and during the summer, for children of school age who would otherwise lack adequate supervision by a responsible adult, and should offer the experiences that children of this age ordinarily have in their homes and communities.

Group day care, in a day care center or group day care home, may be used for children over 6 who can enjoy association with their peers and participation in both planned and unstructured group programs geared to their age and interest. Opportunity for the children to participate in the planning of the program should be encouraged. (1.14, 4.0-4.20, 8.6)

Family day care, in homes in the neighborhood in which the child lives, is preferable for many children because they may be with their neighborhood and school friends and will not have to adjust to another organized group after a day at school. (1.15, 5.1-5.12)

It should be recognized that many children with physical and emotional handicaps can benefit from group activities, and should be encouraged to do so when it is assessed as being in their interest. (1.10)

Family day care may also be preferable for children:

- who need care that can be adapted to their individual needs
- who can make superficial adjustments to any situation, but who need the opportunity (not usually afforded in a group program) to develop a deep and close relationship to an adult
- who have brothers and sisters of various ages in need of day care
- who have parents who work irregular hours, or late or early shifts
- who find the adjustment to group living a strain, and who cannot tolerate the combined hours of group experiences in school and in a day care center
- who have special physical or emotional problems that handicap them in group activities

### **8.2 Provision of service for school-age child**

The day care service for the school-age child should include:

- admissions interview (2.5) (O&A: 4.1-4.7)
- introductory period (2.6)

- daily program of activities (5.4, 8.6-8.8)
- health supervision (5.5, 6.1-6.19, 8.10)
- continuing services for parents (3.1-3.10)
- direct social work with the child (7.4, 8.11)
- planning and evaluation (2.9) (O&A: 4.14-4.20)
- termination and aftercare service (2.10-2.11) (O&A: 4.25-4.27)

During the admission interview, the following should be considered:

- the child's experience in other forms of group or family day care during his or her preschool years
- the child's school progress
- the child's interests, activities, and general style of relationships (prefers one or two intimate friends or enjoys larger groups)

In deciding whether group or family day care is preferable, the child's readiness for separation from neighborhood friends and activities, and for participation in a supervised group on a regular basis, should be considered. The child of school age should participate in the intake process, should be prepared for admission to a day care center or day care home, and should have an opportunity to visit and to meet the day care staff before attending regularly.

Preparation for termination and aftercare service, if necessary, should be provided, particularly if other plans or referral to another service must be made. (2.10, 2.11) (O&A: 4.25-4.27)

### **8.3 Role of parents of school-age child**

Parents have the right and responsibility to participate in the service and to be involved in the program, and they should be expected to carry their responsibilities for the school attendance and health supervision of the child. (3.1-3.10, 6.1)

The parents should decide whether group or family day care is more suitable and should choose the day care home to be used. (5.2)

The program staff should arrange periodic conferences with the parents to keep them informed about the child's progress, to evaluate whether the child is benefiting from the service, and to consider whether another plan would be preferable. (2.9, 3.5, 4.17)

The responsibility for arrangements to bring and call for the child and to escort the child to and from school should be discussed with the parents, so that they will understand the need for providing protection and also for fostering the child's growth and independence.

Parents should be clear about the responsibilities they continue to carry. Agreement forms, signed by the parent, should state the respective responsibilities of the parents and the agency or the day care family in regard to illness or emergencies, and in regard to the arrangements for the child to come to school, to return home, or to participate in activities outside the day care center or day care home. (3.1, 5.3, 6.5, 8.6)

The day care agency should refrain from taking over the parents' role in initial school registration or in discussion of a child's behavior, school work, or grade reports with the teacher or principal.

Some parents require support in making overtures to the school concerning their child's progress.

The agency should avoid making plans or becoming a temporary infirmary for the child who becomes ill at school. It should help parents, however, to make plans for emergencies and always be ready to be of assistance if they occur. (6.5)

### ***Group Care Program for School-Age Children***

#### **8.4 Grouping**

No more than 20 normal children should be enrolled in each group. (4.3-4.7, 4.20)

Children between the ages of 6 and 12 may be enrolled, if necessary, in one group in small day care centers or group day care homes, or for specific purposes or activities.

Each group of children should have some space permanently assigned for its use, although the groups may share some rooms for special program activities. (8.12)

#### **8.5 Ratio of adults to children**

Each group of school-age children should have at least one regularly assigned group leader. (4.6)

Other persons with special skills should be brought in for particular activities, and aides and volunteers should be used. (O&A: 3.10, 3.16, 3.17)

## 8.6 Activities for the school-age child

The out-of-school program for school-age children should be based on developmental principles and goals adapted to their developmental level, and should consider the social and recreational needs of each child. (4.1, 4.2)

The out-of-school program, while different from the school program, is nonetheless developmental as well as recreational.

When children spend 5 hours of their day in the classes of elementary schools, they need individualized, self-selected, and recreational activities in their out-of-school hours.

The program should be flexible and provide opportunities, determined by maturity and ability to be self-reliant, for the children to have some freedom in selecting their activities and participating in the same community activities as other children (playing with friends, Scouts, swimming, ball games).

At the same time, children need to understand that there is someone to whom they are accountable, and who is concerned about them. (5.4, 8.9)

School-age children often need supportive help with things they are ordinarily able to do, although they will insist upon and should have the opportunity to do things for themselves. They may at times need to have decisions made for them, but they should know the reasons for decisions and make their own within feasible limits.

It is particularly important for children who spend long hours indoors and in the classroom to have opportunities for outdoor play.

In the elementary school years, most children are ready and eager to acquire skills and to participate in real tasks. Educational and recreational activities at the center should provide:

- real tasks—cooking, repairing, sewing, carpentry
- physical education to develop skills in movement
- access to creative materials, science and nature materials, photography, music, dance, stories, poetry, and dramatic play
- occasions to explore and study the community and to take trips, particularly during the vacation periods, to museums, zoos, aquariums, factories, bakeries, and so forth.
- opportunities to take responsibility, consistent with their age, for planning their own activities and for participating on committees, preparing and serving foods, taking care of and putting away materials
- opportunities to acquire skills in arts and crafts, to learn how to play organized games, to engage in solitary activities

It is important to recognize and encourage the more "grown-up" identification of this group, particularly if afterschool care is provided in the same building as a program for younger children.

There should be alcoves and corners for individual children who need to get away for a while to read, to do homework, or to engage in other quiet and solitary occupations. Those who take music or art lessons should have the opportunity to practice.

Children of school age are capable of considerable sympathetic understanding and, if they are helped, can gain insight and support from each other. The atmosphere of the center and the skill of the group leader should encourage children to discuss problems that arise in the group or that they bring with them from school or home.

School-age children are sometimes reluctant to continue to attend the day care center once they have started school, particularly if it separates them from the activities of their school and neighborhood friends. Parents and staff should plan together for some variation in the children's program, so that individual children may participate on certain days in other planned group programs in the community. (8.3)

Volunteers may be used to take a few children at a time on special excursions, or to escort them to other community activities.

### **8.7 Meals**

Meals for children who have their lunch at the day care center or day care home should be planned in relation to their total food needs during the day: for those who have lunch at school, the afternoon snack should supplement the food served at noon. (4.10, 6.11)

Children should be encouraged to take as much responsibility as they can for setting the table, serving, and clearing away.

### **8.8 Rest periods**

School-age children who need an afternoon rest period should be given a quiet place to relax and lounge, or a chance to lie down without undue attention. (4.11)

### **8.9 Role of program staff**

The staff, in conjunction with the children, should develop a daily program to meet the needs of the group and of individual children, to enable each child to

benefit by the group experience and educational and recreational opportunities, and to see that each child has the supplementary care and experiences that he or she needs. (4.13-4.19)

School-age children need to have individual attention and a relationship with the group leader, especially if they attend school where classes are large and the program so formal that it does not permit personal relationships.

At intake, a staff member should meet the child and his or her parents, show them the center, and explain how the child may select daily activities. The staff members should introduce the child to some of the other children and make the child feel welcome.

The staff member may have to help the older child to find his or her place in the group, or the staff member may enlist the help of another child to do so. New situations may be difficult for children of this age, even though they have had previous experiences of separation from home.

School-age children may at times need comfort, protection, and help with their fears or loneliness. The staff member should be a "grown-up" with whom they can talk about their accomplishments, pleasurable events, troubles, and worries. For many children, the staff member may become a significant adult or model. The staff member should make sure that each child has a variety of activities, but should also see that a child has the opportunity to continue an activity or project started on a previous day.

### ***Health Program for School-Age Children***

The health program for the school-age child should be coordinated with the health program in the child's school. It should be planned to protect, maintain, and promote the health of the child.

#### **8.10 Physical examinations**

Uniform standards for complete preadmission and periodic examinations of the school-age child should be developed, and an evaluative statement should be on file with the agency for reference. (6.16)

### ***Social Work in Programs for School-Age Children***

Social work should be available for parents and children so that they

may make the best use of the service and obtain the help they may need with problems in child development or child rearing. (7.1-7.6)

#### **8.11 Direct work with the school-age child**

The social worker should at times work directly with the school-age child who is having difficulty in adapting to a group or to the day care home, or who is recognized as having emotional disturbances or other problems. (7.4)

Direct work with the child may be the most helpful way to sustain the child in a difficult family situation or in a group to which he or she does not yet feel adjusted.

Social work in the day care program should be coordinated with services for the child and family in the school and other community agencies.

When necessary, the social worker should obtain consultation and make referrals to other agencies.

#### ***Day Care Facilities for School-Age Children***

The facilities for school-age children should in general meet the requirements for a day care program, and should allow for the different kinds of activities of older children, their ability to use other community resources, plus the need for shorter hours of care during the school year and an all-day program during school holidays and summer vacations. (5.10-5.12, 9.1-9.20)

#### **8.12 Buildings and equipment of day care centers for school-age children**

Facilities used for school-age children, although they may be under the same auspices as those for younger children, should be separate from those used for the latter, and preferably should be in a different building or have a separate entrance.

To accelerate the development of new programs, without the delays entailed in the financing and construction of special centers for school-age children, use should be made of available buildings and resources in the community, particularly school buildings. (1.6)

School-age children may use community facilities and recreation areas for outdoor play. Careful consideration must be given, however, to distance, safety, equipment, and adult supervision of the available facilities and areas. (5.12, 8.6, 9.16)



There should be sufficient room for each group of children to have regularly assigned space, or several adjacent rooms, for their own use.  
(9.9)

Sufficient indoor and outdoor space is required for organized group games and the activities of smaller groups of children, as well as for such equipment as Ping-Pong tables, trampolines, and billiard tables.

It is desirable to have a large room—a gymnasium or auditorium—available for indoor group games.

# 9

## BUILDING AND EQUIPMENT OF THE DAY CARE CENTER

The physical facilities used for group day care of children should be regarded as a community resource for promoting the well-being of children and their families.

Careful planning for selection of the site, the type of building, the equipment, and the furnishings is necessary to carry out the objectives of the service. (9.2)

Consideration must also be given to the ages, needs, and other characteristics of the children to be served, in order to provide appropriate facilities for the promotion of their health, safety, learning, and development.

### 9.1 Location of day care facilities

Day care facilities, with outdoor space for children to play actively and safely, should be located so that they are easily accessible to the families needing them, preferably in the neighborhoods where they live. (1.6) (O&A: 1.12)

Unless absolutely necessary, transportation should be considered undesirable for young children. Children under 6 should not travel more than half an hour daily. Facilities for school-age children should be near enough to their school so that they can go back and forth alone.

To avoid transportation difficulties by locating facilities in the neighborhoods where they are needed, single units under the auspices of a "parent" agency should be developed.

Community facilities, such as housing projects, are desirable locations for day care centers or family day care homes.

If a day care center is in a multifunction building, it should have its own separate entrance.

Whenever possible, day care facilities should be in residential areas; heavily industrialized zones should be avoided.

### ***Day Care Center Building***

The structure and design of the day care center building have a marked influence on the program that can be offered to the children and their families. When a building is designed appropriately for children, it is possible to carry on activities with greater ease and to require fewer safety controls. The size and location of rooms contribute to the comfort and relaxation of children and adults alike.

New buildings should be planned creatively so that the facilities will be functional, versatile, and flexible.

#### **9.2 Structure and safety of the building**

The building must be sound in structure and safe for use by groups of children; it must comply with state and local building and fire laws. (6.4) (O&A: 1.19-1.23)

Special risks involved in caring for very young children in groups, which may not be recognized in municipal regulations for buildings, should be taken into account.

For group care of young children, ground floor quarters are the most desirable. Space above the third floor should be used only if an elevator is provided. Rooms below street level should not be used.

If an elevator transports children to and from classrooms, monthly inspection and maintenance should be provided in addition to the regular inspections made by municipal authorities.

On each floor, two widely separated exits that lead directly to the outdoors are an essential safety measure.

Fire escapes are necessary if children are cared for above the first floor.

All stairways, including fire escapes, should have protected sides and should be constructed with low risers and broad treads.

All windows in the rooms used by children should have guards of sufficient height and of the proper type to protect children from falling out.

Electrical outlets should be above child height or protected by a special cap. In older buildings, electrical wiring should be inspected regularly for signs of deterioration and repaired and replaced as necessary.

The furnace or central burner must be completely enclosed in a room of fireproof construction. (9.10)

In new buildings, all materials should be fire-resistant; older buildings should be made as fire-resistant as possible with attention to requirements for smoke alarms and automatic sprinkler systems.

Fire extinguishers, placed above child height but accessible to adults, should be in all rooms used by children, in the kitchen, and in the reception area.

A fire alarm system is desirable in any building used by groups of young children.

Where regular inspection of the premises by building and fire departments is not required by law, it should be requested yearly by the center to promote awareness of the need for caution and necessary improvements.

### 9.3 Sanitation

The day care center building should comply with all requirements of the state and local sanitation authority and with other special measures that are required as safeguards when young children are cared for in groups. (6.4)

A sanitary water supply (including hot and cold water) and a sanitary method of sewage disposal should be provided and approved by the local sanitation authority.

Dishes must be sterilized; water temperature for dishwashing should be at least 180 degrees. Chemical sterilization is acceptable. (9.6)

When a temperature of 180 degrees for dishwashing is not possible, paper or other disposable materials should be supplied for serving food.

Adequate toilet and handwashing facilities, in sufficient number and of a sanitary type, should be provided separately for children and adults. (9.5)

Sanitary drinking water, both indoors and out, should be available to the children.

Faucets and paper cups, rather than a drinking fountain, are recommended for preschool children.

As required by the climate and season, windows and doors should be screened and securely fastened against insects.

Floors and walls should be kept clean; they should be covered with

materials that can be frequently washed and easily and inexpensively maintained.

Food storage facilities should include a refrigerator and dry ventilated storage space for fresh and dry foods not requiring refrigeration.

In most cities, and generally where foods are stored, it is necessary to have regular service by an exterminator for control of insects.

#### **9.4 Disposition of space in the day care center building**

There should be sufficient space in the building to provide:

- a playroom for each group of children, reserved exclusively for their use during the hours they are in the building (9.9-9.15)
- toilet facilities for both children and adults (9.5) (O&A: 1.12)
- kitchen facilities (9.6)
- storage of food, equipment, and office supplies (9.6, 9.7, 9.14, 9.20)
- offices for administration and for individual interviews (9.7) (O&A: 1.13)
- a reception area (9.7) (O&A: 1.13)
- a staff lounge (9.7) (O&A: 1.13)

Separate rooms and facilities should be provided for preschool and school-age children. (8.12)

Toilet facilities for children should be adjacent to their playrooms. (9.5)

Kitchen facilities should be completely closed off from the playrooms, although located close enough for convenience in serving food. (9.6)

#### **9.5 Toilet facilities**

There should be one toilet and one washbasin for 10 to 15 children, with separate toilet and handwashing facilities for adults.

Each group, regardless of its size, should have at least two toilets and two washbasins.

Toilets and washbasins for the children should be permanently installed and secured and should be of appropriate height for their health, comfort, and developing skills in caring for themselves.

Toilets and washbasins should be directly accessible to the playroom and to the outdoor playground.

Separate facilities for boys and girls under 6 years of age should not be required.

Each child should have his or her own towel and washcloth.

If nondisposable materials are used, they must be kept in a sanitary condition and hung at the child's height, with sufficient space between them to prevent them from touching.

Water used by children for washing should have an automatic control to prevent the temperature rising above 120 degrees.

#### **9.6 Kitchen facilities in the day care center**

Kitchen facilities should be sanitary, orderly, well-lighted, well-ventilated, conveniently located in the building, and properly equipped for service of food to groups of children.

The kitchen should be separated from the playrooms, yet located so that food can be transported readily and served while hot.

Provision for refrigeration of perishable foods and sterilization of dishes and cooking utensils, and a sanitary method of disposing of garbage, are basic requirements. (9.3)

An adjacent storeroom, properly equipped for staples and canned foods, is essential for good management and hygiene.

The kitchen should have separate areas for food preparation, cooking, serving, and cleanup.

Walls and floors of rooms where food is prepared and stored should be easy to keep clean. A sink for handwashing should be accessible to the kitchen staff.

The agency must comply with local health regulations covering food handlers and the care and service of food to children in groups outside their own homes.

#### **9.7 Office, staff, and parents' rooms**

The center should have sufficient space to allow for efficient administration, staff and parents' meetings, and comfort and privacy of both staff and parents.

There should be a reception room with comfortable furniture, toys for children, and reading materials for parents and other adults visiting the center.

Office space is required for private interviews with parents and for staff conferences. (2.4, 3.5)

A comfortable and attractively furnished staff room should be provided for staff rest periods, and may be used for meetings of staff, parents, or board. In a large center, however, a separate room may be needed for meetings.

Offices should have appropriate equipment, such as telephones, desks, steel filing cabinets, typewriters, calculating machine, dictating and duplicating machines, and storage space for office supplies. (O&A: 1.16)

When physical examinations are given in the center, a special room should be set aside and properly equipped, lighted, heated, and ventilated. Additional office space may be required for conferences between doctor or nurse and parents.

### **9.8 Room for isolation**

A special space should be available for isolation of children when emergency illness occurs, or when they need to be by themselves. (6.3)

This space should be located close to a staff member so that the child will not feel alone. It may be adjacent to the office assigned to the health staff, or in the room used for first aid or physical examinations. In a small center, it may be a corner in the office of the director, social worker, or secretary.

If first aid supplies are stored in the space used for isolation, they should be kept locked.

Toilet and bathroom facilities should be easily accessible to the space used for sick children.

### ***The Children's Playroom***

The playroom should be planned so that daily living for each child goes on with his or her friends in familiar surroundings. Suitable and interesting equipment should be available at all times for appropriate activities throughout the day, such as work-play, rest, routines, and meals and snacks. (4.2-4.12)

It is important for the children and their families to have a warm, friendly atmosphere; physical comfort; and an aesthetic quality in the day care facility. Walls in soft, light colors, decorated with children's work, and an uncluttered and orderly arrangement of equipment and furnishings can have a beneficial and lasting influence on the children. The equipment and its arrangement contribute to the quality of the program and to the attainment of the objectives of the service. (4.1)

### **9.9 Size of playrooms**

A ratio of 50 square feet of playroom floor space per child, exclusive of space

occupied by sinks, lockers, and storage cabinets, is the optimum requirement for appropriate program activity and comfort.

Each playroom for a group of 15 children should have 750 square feet of floor space, in addition to the area occupied by such fixed equipment as sinks or lockers.

The playroom should provide room enough for each child to move about freely during activities and sufficient space for a variety of activities to take place simultaneously without the children crowding each other.

A minimum indoor space requirement of 35 square feet per child may be adequate where climate permits an interrelated use of indoor and outdoor space for most of the year.

The characteristics of the children served by the day care center should determine variations in the maximum amount of space needed; for example, children with physical handicaps may require more room for use of therapeutic equipment. (1.10)

The size of the playroom should limit the number of children who can use it in accordance with standards for the size of groups. (4.4)

A very large room, such as an auditorium or conference hall, tends to promote overactivity in some children and anxiety in others.

#### **9.10 Heating of the playroom**

A temperature of 60 to 72 degrees within 2 feet of the floor should be maintained.

Each playroom should have a thermometer.

Air-conditioning is desirable in hot weather or in hot climates.

Central heating, with recessed radiators, is desirable. Exposed radiators require protective covering. Portable heaters should not be used in a playroom. If an open fire is used, it should be securely screened. Stoves, if any, should be fastened permanently in the least-used corner of the room and screened off so that children cannot touch them.

#### **9.11 Light and ventilation in the playroom**

Each playroom should have outside windows, the area of which is at least 10% of the floor area, and artificial lighting of at least 25 to 35 footcandle power.

Windows low enough for children to look out are a source of pleasure and learning. Higher windows can be equipped with platforms (with proper protection against falling) on which children can stand. (9.2)



Adjustable shades are needed in each room to give protection from glare and to produce an atmosphere conducive to relaxation at rest time.

The room should be adequately ventilated, without drafts. Air-conditioning is a necessity if windows do not provide sufficient natural ventilation. (9.10)

### **9.12 Soundproofing**

Materials that help to control sound should be used for playroom ceiling and walls.

Sound-absorbing ceilings are beneficial to children and staff.

Soundproofing material in the exterior walls is desirable particularly if the center is located in a multipurpose structure or close to other buildings.

### **9.13 Playroom flooring**

Floors in rooms used by children should be covered with a smooth and splinterproof material, such as linoleum, asphalt tile, or fire-coded approved carpeting. (9.3)

A highly waxed, slippery surface should be avoided.

### **9.14 Playroom equipment, furnishings, and materials**

The equipment, furnishings, and materials in the playroom should be selected on the basis of suitability for the children who will use them, durability, and adaptability for various uses.

The ages, developmental levels, interests, and family situations of the children should be taken into consideration.

Equipment and materials should be regarded as tools for the developmental tasks and experiences that help children grow with feelings of adequacy, accomplishment, and joy in themselves and their world.

Raw materials and those that children can manage, move, and change contribute more to growth and development than those of limited use or movability.

Equipment, furnishings, and accessory material should be plentiful, in good repair, clean, and attractive.

A sink or other readily available source of water should be provided for such activities as housekeeping play, creative arts, and science.

Plants and pets in the playroom give children, while caring for them, an opportunity to observe and become involved in life processes.

Furnishings such as tables, chairs, low open shelving, individual lockers for children's belongings, light stackable cots, play materials, and equipment for food service should be appropriate in height, size, and design for the comfort, health, safety, and developmental needs of the children in the group.

Adequate, accessible storage space should be provided for cots, extra supplies, emergency clothing, and teachers' supplies and belongings.

### **9.15 Arrangement of playroom**

Furnishings, equipment, and materials should be arranged in orderly, clearly defined areas of interest, with sufficient space in each for the children to see the various activities available to them and to have at hand all the equipment and materials necessary for a particular activity.

A playroom should have areas for housekeeping, block-building, creative arts, books, table games, puzzles, music, science, and woodworking.

Shelving should be designed to facilitate order and present the materials within easy reach of the children. The equipment should be arranged in a way that suggests how it may be used—in a way that makes it easy for a child to meet with success in whatever he or she chooses to do.

Orderly, clearly defined areas established within the playroom help children to develop a sense of order and encourage them to take responsibility for maintaining them.

The arrangement of equipment, in good supply and easily available, should suggest activities and invite a child to explore. It should help each child to make choices, to see relationships, to organize ideas, and to solve problems.

The following are principles for arranging areas soundly:

- Things that are used together should be placed close together.
- Activities requiring close eye work should be assigned to the best-lighted part of the room, free from glare.
- Activities requiring protection from traffic, such as block-building and housekeeping, should be located out of traffic lanes.
- Quiet activities should be near each other and away from the more active ones.
- Sufficient space should be provided in each area to ensure freedom of movement for several children who may be engaged in the activity together. (9.9)

- Areas should be arranged so that teacher guidance and supervision can be constant.

### ***The Children's Outdoor Play Area***

Outdoor play is not only important for the children's health, but it is also an integral part of their learning experiences. Outdoor play space should offer opportunities for adventure, challenge, and wonder in the natural environment. The day care center that cares for children during a major part of the day needs a playground of its own. It should be planned with flexibility and imagination so that growth and learning can take place within it, and should be suitable for the particular climate and urban or rural location.

#### **9.16 Location of outdoor play area**

The playground should adjoin the building and be directly accessible to each playroom, so that indoor and outdoor play can be interchangeable.

School-age children may use community facilities for outdoor play.  
(8.12)

#### **9.17 Size of outdoor play area**

To permit active play, it is desirable to have 200 square feet of outdoor space per child, with a variety of equipment, both large and small, stationary and movable, for each group of children.

An area of 3000 square feet (or a lot equivalent to 50 by 60 feet) for a group of 15 children is optimum. In crowded urban environments, it may be necessary to use a smaller space, but it should not provide less than 50 square feet per child.

It is preferable for each group of children to have a designated area solely for its own use, adjoining the playroom, if possible.

If two or more groups use the same playground at the same time, it should be large enough to separate the groups so that each child can have appropriate equipment and space.

#### **9.18 Physical requirements for playground**

The playground should be safe and comfortable, with a surface suitable for the activities that will take place on it.

The playground should be well-drained and, if possible, should have a surface of turf; approximately one-quarter of the area should have a hard surface for use of wheel toys.

The playground should have a shady area, provided either by trees or awnings, and a covered area for inclement weather.

A space for digging and planting should be provided, even if the playground is on a roof.

The playground should have access to a safe source of water and to toilet facilities.

The playground for preschool children should be protected by nonscalable fencing, at least 4 feet high; if the playground is on a roof, the fence should be 7 feet high.

#### **9.19 Playground equipment**

Equipment for the playground should be selected on the same basis as indoor equipment, in accordance with the ages, interests, and skills of the children who use it, but with special consideration of the opportunity it can provide for vigorous activity and contact with the physical world. (9.14)

Installation of large stationary equipment should conform to local safety regulations, and have a concrete foundation extending at least 18 inches into the ground.

There should be a soft, resilient surface or a pad under all climbing or other stationary equipment, such as slides, seesaws, and swings. Seats of swings should be of canvas, leather, or rubber.

All equipment should be kept in good repair and inspected regularly for signs of wear.

Showers, or a wading pool, kept in sanitary condition, add enjoyment to the outdoor program in warm weather.

Small slopes and tunnels, either natural or manufactured, contribute to the interest of the playground.

#### **9.20 Arrangement of outdoor area**

Equipment and accessory materials, together with facilities for storage, should be arranged in orderly, clearly defined areas of interest, suitable for use of the particular equipment.

In planning the various areas, it is necessary to consider the kind of surface needed, the amount of space required to provide a satisfying experience for the children using the equipment, and the distance from

other equipment to allow for a safe and rewarding pursuit of the activity.

Playgrounds should have sufficient space for activities such as climbing, swinging, digging, gardening, building (with large hollow blocks, packing cases, kegs, playboards, sawhorses, etc.), riding wheel toys, playing ball, and, in warm weather, playing with water and studying nature.

In a roof playground, climbing equipment should not be close to the fence. Swings should be placed where children engaged in other activities have no occasion to run under them; if possible, they should be separated from the rest of the playground by a fence or a row of bushes.

When children of different ages use the same playground in rotation, care must be taken to arrange equipment so that younger children will have a space of their own, far away from equipment that is unsafe for them.

Within each area of interest, storage facilities should be provided that are designed not only to protect, but to make easily accessible the equipment for the activity.

## SELECTED REFERENCES

- Abelson, A. Geoffrey. "Measuring Preschools' Readiness to Mainstream Handicapped Children." *Child Welfare* LV (March 1976).
- Abt Associates, Inc. *Final Report of the National Day Care Study: Children at the Center*. 5 vols. Cambridge, MA: Abt Associates, Inc., 1979.
- Almy, Millie. "Education and Training for Day Care: Implications for Child Care Education." *Child Care Quarterly* 10 (Fall 1981).
- American Academy of Pediatrics. "Guidelines for Health Supervision." *News and Comments* (May 1982).
- . *Recommendations for Day Care Centers for Infants and Children*. Evanston, IL: American Academy of Pediatrics, 1980.
- . *Standards of Child Health Care*. 3rd ed. Evanston, IL: American Academy of Pediatrics, 1977.
- American Council of Life Insurance. *Data Track 7: Women in the Labor Force*. Washington, DC: American Council of Life Insurance, 1980.
- Auerbach, Stevanne. *Special Needs and Services; A Comprehensive Child Care Guide*. Vol. 4. New York, NY: Human Sciences Press, 1979.
- Authier, Karen. "Defining the Care in Child Care." *Social Work* 24 (November 1979).
- Baily, Thelma Falk, and Baily, Walter Hampton. "Day Care: Enhancing Children's Growth and Family Functioning." In *Child Welfare Practice*, by Thelma Falk Baily and Walter Hampton Baily. San Francisco, CA: Jossey-Bass Publishers, 1983.
- Belsky, Jay, and Steinberg, Laurence D. "What Does Research Teach Us About Day Care: A Follow-Up Report." *Children Today* 8 (July/August 1979).
- Blum, Marian. *The Day-Care Dilemma: Women and Children First*. Lexington, MA: Lexington Books, 1983.
- Bradbard, Marilyn R., and Endsley, Richard C. "What Do Licensers Say to Parents Who Ask Their Help with Selecting Quality Day Care?" *Child Care Quarterly* 8 (Winter 1979).
- Brawley, Edward A.; Gerstein, Helene; and Watkins, Kathleen M. "A Competency-Based Training Program for Day Care Personnel." *Child Care Quarterly* 10 (Summer 1981).
- Burud, Sandra L.; Collins, Raymond C.; and Divine-Hawkins, Patricia. "Employer-Supported Child Care: Everybody Benefits." *Children Today* 12 (May-June 1983).
- Caldwell, Bettye M. "How Can We Educate the American Public About the Child Care Profession?" *Young Children* 38 (March 1983).
- . "What is Quality Child Care?" *Young Children* 39 (March 1984).
- Children's Defense Fund. *The Child Care Handbook: Needs, Programs, and Possibilities*. Washington, DC: Children's Defense Fund, 1982.
- . *Employed Parents and Their Children: A Data Book*. Washington, DC: Children's Defense Fund, 1982.

- Children with Special Needs in Day Care: A Guide to Integration.* Downsview, Ontario, Canada: The National Institute on Mental Retardation, 1978.
- Child Welfare League of America. *Child Welfare as a Field of Social Work Practice.* New York, NY: Child Welfare League of America, 1982.
- . *CWLA Standards for Service for Children and Families in Their Own Homes.* New York, NY: Child Welfare League of America, 1984.
- Clifford, Howard. *Status of Day Care in Canada.* Ottawa, Ontario, Canada: Department of National Health and Welfare, 1980.
- Cohen, D. *Day Care: Serving Pre-School Children.* (DHEW Publication No. (OCD) 76-31057. Washington, DC: Department of Health, Education, and Welfare, 1975.
- Collins, Alice H. "Natural Delivery Systems: Accessible Sources of Power for Mental Health." *American Journal of Orthopsychiatry* 43 (January 1973).
- Collins, Raymond C. "Child Care and the States: The Comparative Licensing Study." *Young Children* 38 (July 1983).
- Comparative Licensing Study.* Profiles of State Day Care Licensing Requirements. Produced for the Office of Program Development, Office of Developmental Services, Administration for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services. Washington, DC: Lawrence Johnson and Associates, Inc., 1982.
- Costin, Lela B. "Children's Daytime Care and Development." In *Child Welfare: Policies and Practice*, by Lela B. Costin. 2nd ed. New York, NY: McGraw-Hill Book Company, 1979.
- Davis, Joseph, and Solomon, Phyllis. "Day Care Needs Among the Middle Classes." *Child Welfare* LIX (September/October 1980).
- "Day Care Service," in *Provisions for Accreditation.* New York, NY: Council on Accreditation of Services for Families and Children, 1982.
- Divine-Hawkins, Patricia. *Family Day Care in the United States.* National Day Care Home Study Final Report. Washington, DC: U.S. Department of Health and Human Services, 1981.
- Dobbin, Sheila L., and McCormick, Andrew J. "An Update on Social Work in Day Care." *Child Welfare* LIX (February 1980).
- Doeff, Annick M. "The Preschool Behavior Rating Scale." *Child Welfare* LX (January 1981).
- Emerson, Lola B. "The League's Day Care Project: Findings to Guide the Community in Providing Day Care Services." *Child Welfare* XLVIII (July 1969).
- Fandetti, Donald V. "Day Care in Working-Class Ethnic Neighborhoods: Implications for Social Policy." *Child Welfare* LV (November 1976).
- Ferri, Elsa; Birchall, Dorothy; Gingell, Virginia; and Gipps, Caroline. *Combined Nursery Centres: A New Approach to Education and Day Care.* Atlantic Highlands, NJ: Humanities Press (U.S. distributor), 1981.
- Galambos, Nancy L., and Garbarino, James. "Identifying the Missing Links in the Study of Latchkey Children." *Children Today* 12 (July-August 1983).
- Goldsmith, Marion J. "The Rhode Island Connection: A Family Day Care Training Program." *Children Today* 8 (July-August 1979).
- Goodman, Norman, and Andrews, Joseph. "Cognitive Development of Children in Family and Group Day Care." *American Journal of Orthopsychiatry* 51 (April 1981).
- Greenfield, Patricia Marks, and Tronick, Edward. *Infant Curriculum: The Bromley-Heath Guide to the Care of Infants in Groups.* Santa Monica, CA: Goodyear Publishing Co., 1980.
- Halpern, Robert. "Assuring Quality Early Childhood Service: The Challenge Ahead." *Child Welfare* LXI (June 1982).
- Harper, Charles L. "New Evidence on Impact of Day Care Centers on Children's Social-Psychological De-

- velopment." *Child Welfare* LVII (September/October 1978).
- Harris, Oliver C. "Day Care: Have We Forgotten the School-Age Child?" *Child Welfare* LVI (July 1977).
- Herbert-Jackson, Emily; O'Brien, Marion; Porterfield, Jan; and Risley, Todd R. *The Infant Center: A Complete Guide to Organizing and Managing Infant Day Care*. Baltimore, MD: University Park Press, 1977.
- Highberger, Ruth, and Boynton, Mary. "Preventing Illness in Infant/Toddler Day Care." *Young Children* 38 (March 1983).
- Honig, Alice Sterling. "What You Need to Know to Select and Train Your Day Care Staff." *Child Care Quarterly* 8 (Spring, 1979).
- Kadushin, Alfred. "Day Care Services." In *Child Welfare Services*, by Alfred Kadushin. New York, NY: Macmillan, 1980.
- Kammerman, Sheila B., and Kahn, Alfred J. *Child Care, Family Benefits, and Working Parents: A Study in Comparative Policy*. New York, NY: Columbia University Press, 1981.
- Keener, Tom, and Sebestyen, Deanna. "A Cost Analysis of Selected Dallas Day Care Centers." *Child Welfare* LX (February 1981).
- Lally, Winifred. "Social Services: Our Commitment." *Public Welfare* 33 (Spring 1975).
- Lansburgh, Therese W. "Child Welfare: Day Care of Children," in *Encyclopedia of Social Work*. 17th Issue, vol. 1. Washington, DC: National Association of Social Workers, 1977.
- Lehane, Stephen, and Goldman, Richard. "The University and Day Care Workers: A New Partnership." *Child Welfare* LV (February 1976).
- Lero, Donna S., and de Rijcke-Lollis, Susan. "Early Childhood Educators: Their Contact with Abused and Neglected Children." *Child Welfare* LIX (March 1980).
- McDonnell, Tessa, and Federer, Suzanne. "A Model for Family Day Care Training." *Children Today* 11 (November-December 1982).
- McKnight, Judy, and Shelsby, Betsy. "Checking In: An Alternative for Latch-key Kids." *Children Today* 13 (May-June 1984).
- McMurray, Georgia, and Kazanjian, Dolores P. *Day Care and the Working Poor: The Struggle for Self-Sufficiency*. New York, NY: Community Service Society of New York, 1982.
- Mayesky, Mary E. "Extended Day Program in a Public Elementary School." *Children Today* 8 (May-June 1979).
- Mehl, Lewis E., and Peterson, Gail H. "Spontaneous Peer Psychotherapy in a Day Care Setting: A Case Report." *American Journal of Orthopsychiatry* 51 (April 1981).
- National Association for the Education of Young Children. "How to Choose a Good Early Childhood Program." *Young Children* 39 (November 1983).
- National Day Care Home Study Final Report: Executive Summary. *Family Day Care in the United States*. DHHS Publication No. (OHDS) 80-30287.
- Patricia Divine-Hawkins, Project Director, Day Care Division, ACYF, OHDS. Washington, DC: Department of Health and Human Services, 1981.
- Nover, Aimee, and Segal, Ann. "Day Care and Community: The Necessary Partnership." *Children Today* 7 (May-June 1978).
- O'Brien, Marion; Porterfield, Jan; Herbert-Jackson, Emily; and Risley, Todd R. *The Toddler Center: A Practical Guide to Day Care for One- and Two-Year-Olds*. Baltimore, MD: University Park Press, 1979.
- A Parents' Guide to Day Care*. Mt. Rainier, MD: Gryphon House, Inc.
- Provence, Sally. *Guide for the Care of Infants in Groups*. New York, NY: Child Welfare League of America, 1967.
- Provence, Sally; Naylor, Audrey; and Patterson, June. *The Challenge of Daycare*. New Haven, CT: Yale University Press, 1977.
- Reinhart, Richard, and Evans, Jerome. "Family Day Care: Early Identification of Children with Emotional Dis-



- orders." *Child Welfare* LVI (February 1977).
- Rhodes, Sonya L. "Trends in Child Development Research Important to Day-Care Policy." *Social Service Review* 53 (June 1979).
- Robinson, Bryan E. "An Update on the Status of Men in Early Child Care Work." *Child Welfare* LVIII (July/August 1979).
- . "A Two-Year Followup Study of Male and Female Caregivers." *Child Care Quarterly* 8 (Winter 1979).
- Rodriguez, Dorothy. "A Tool for Evaluating Family Day Care Mothers." *Child Welfare* LVII (January 1978).
- . "Assessment of Home Day Care Services." *Child Care Quarterly* 11 (Winter 1982).
- Rodriguez, Dorothy, and Albert, Marilyn. "Self-Evaluation for Family Day Caregivers." *Child Welfare* LX (April 1981).
- Rodriguez, Dorothy, and Hignett, William F. "Guidelines for the Selection of Home-Based Day Caregivers." *Child Welfare* LV (January 1976).
- . "Infant Day Care: How Very Young Children Adapt." *Children Today* 10 (November-December 1981).
- Rubin, Stefi. "Home Visiting with Family Day Care Providers." *Child Welfare* LIV (November 1975).
- Russell, Avery. *Study Finds Preschool Program a Lasting Benefit to Children and Society*. New York, NY: Carnegie Corporation, 1980.
- Rutter, Michael. "Social-Emotional Consequences of Day Care for Preschool Children." *American Journal of Orthopsychiatry* 51 (January 1981).
- Sale, June Solnit. "Family Day Care: One Alternative in the Delivery of Developmental Services in Early Childhood." *American Journal of Orthopsychiatry* 43 (January 1973).
- . "Family Day Care—A Valuable Alternative." *Young Children* XXVIII (April 1973).
- Scott, L. Carol. "Injury in the Classroom: Are Teachers Liable?" *Young Children* 38 (September 1983).
- Shapiro, Sylvia. "Parent Involvement in Day Care: Its Impact on Staff and Classroom Environments." *Child Welfare* LVI (January 1977).
- Shigaki, Irene S. "Child Care Practices in Japan and the United States: How Do They Reflect Cultural Values in Young Children?" *Young Children* 38 (May 1983).
- Silva, Richard J. "Hepatitis and the Need for Adequate Standards in Federally Supported Day Care." *Child Welfare* LIX (July/August 1980).
- Smicklas-Wright, Helen; Petersen, Florence C.; and Peters, Donald L. "Day Care Nutrition Programs and Children's Home Diets." *Child Care Quarterly* 8 (Spring 1979).
- Snow, Charles W. "In-Service Day Care Training Programs: A Review and Analysis." *Child Care Quarterly* 11 (Summer 1982).
- Squibb, Betsy. *Family Day Care: How to Provide It in Your Home*. Harvard, MA: The Harvard Common Press, 1980.
- Sulby, Arnold B., and Diodati, Anthony. "Ingredients of a Creative Family Day Care Program." *Child Welfare* LIV (February 1975).
- Sung, Kyu-Taik. "The Role of Day Care for Teenage Mothers in a Public School." *Child Care Quarterly* 10 (Summer 1981).
- Travis, Nancy E., Director, Training for Child Care Project. *Day Care Personnel Management*. Atlanta, GA: Southern Regional Educational Board, 1979.
- Tronick, Edward, and Greenfield, Patricia Marks. *Infant Curriculum: The Bromley-Heath Guide to the Care of Infants in Groups*. Rev. ed. Santa Monica, CA: Goodyear Publishing Company, Inc., 1980.
- Turitz, Zitha R. "Development and Use of National Standards for Child Welfare Services." *Child Welfare* XLVI (May 1967).
- U.S. Bureau of the Census. *Trends in Child Care Arrangements of Working*

- Mothers*. Current Population Reports. Series P-23, No. 117. Washington, DC: U.S. Government Printing Office, 1982.
- U.S. Department of Health and Human Services. *A Parent's Guide to Day Care*. Washington, DC: DHSS Publication No. (OHDS) 80-30254, Office of Human Development Services, Administration for Children Youth and Families, 1980.
- \_\_\_\_\_. *Final Report of the National Day Care Home Study*. DHHS Publication No. (OHDS) 80-30287. Washington, DC: U.S. Government Printing Office, September 1981.
- U.S. Department of Health, Education, and Welfare. DHEW Publication No. (OCD) 73-1053. *Guides for Day Care Licensing*. Washington, DC.
- Vandell, Deborah Lowe, and Powers, Carol P. "Day Care Quality and Children's Free Play Activities." *American Journal of Orthopsychiatry* 53 (July 1983).
- Verzaro-Lawrence, Marc; LeBlanc, Denise; and Hennon, Charles. "Industry-Related Day Care: Trends and Options." *Young Children* 37 (January 1982).
- Wakefield, Alice P. "Multi-Age Grouping in Day Care." *Children Today* 8 (May-June 1979).
- Watkins, Harriet D., and Bradbard, Marilyn R. "The Social Development of Young Children in Day Care: What Practitioners Should Know." *Child Care Quarterly* 11 (Fall 1982).
- Werner, Emmy E. "Alternate Caregivers for Children: A Perspective." *Children Today* 12 (September-October 1983).
- \_\_\_\_\_. *Child Care: Kith, Kin, and Hired Hands*. Baltimore, MD: University Park Press, 1984.
- White, Sylvia Ann. "Quality of Care Received by Infants in Community Group-Care Centers." In *Young Children and Their Families*, edited by Shirley Hill and B.J. Barnes. Lexington, MA: Lexington Books, D.C. Heath and Company, 1982.
- Winget, Mary; Winget, W. Gary; and Popplewell, J. Frank. "Including Parents in Evaluating Family Day Care Homes." *Child Welfare* LXI (April 1982).
- Winkelstein, Ellen. "Day Care Family Interaction and Parental Satisfaction." *Child Care Quarterly* 10 (Winter 1981).
- Zigler, Edward F., and Gordon, Edmund W., eds. *Day Care: Scientific and Social Policy Issues*. Boston, MA: Auburn House, 1982.

## INDEX

### A

Accidents and sudden illness, 6.5  
Aftercare service, 2.11  
Age groups, size of, 4.4-4.5

### B

Building, 9.1; structure and safety of, 9.2; disposition of space in, 9.4; toilet facilities in, 9.5; office, staff, and parents' rooms, 9.7; isolation room, 9.8; children's playroom, 9.9-9.15

### C

Cardiorespiratory resuscitation (CPR), 6.5  
Center director, 1.19, 2.4  
Children: community responsibility for, 0.6; goals for, 0.9; experiences in day care programs, 4.1; grouping of, 4.3; health education for, 6.19; transportation of, 9.1  
Children receiving day care, number of, 0.2, 0.5  
Children with disabilities, *see* Special children  
Children with special needs, day care service for, 1.10  
Consultants, in day care center, 1.19

### D

Day care: public attitudes toward, 0.4; federal government's role in, 0.5; involvement of parents in, 0.10; defined, 1.1; purpose of, 1.2; objectives of, 1.3; legal and social responsibilities involved in, 1.4; components of, 1.5; conditions for using, 1.8; reasons for using, 1.9;

group, 1.14; family, 1.15; employer-assisted, 1.16; night-time and full week care, 1.17; introductory period, 2.6; continuing service for the child, 2.7; continuing service for the parents, 2.8; planning and evaluation of, 2.9

Day care center: program size in, 1.18; staff for, 1.19; integration of service in, 2.4; total number of children in, 4.7; educational activities in, 4.8; care of children in, 4.9; building and equipment of, 9.0; safety precautions in, 9.2  
Day care facilities: number of, 0.3; planning, 1.6; privately operated, 1.7; for school-age children, 8.12; location of, 9.1; building, 9.2-9.15; outdoor play area, 9.16-9.20

Day care program: recent developments in, 0.4; social and educational goals of, 4.1; planning, 4.2; meals, 4.10; rest period, 4.11; health habits, 4.12; responsibility of teacher in, 4.13-4.14

Day care service: elements of, 2.1; responsibilities of staff in, 2.2; professional knowledge and skills needed in, 2.3; integration of, 2.4; necessity of periodic evaluations, 2.9; termination of, 2.10; relationship with parents, 3.2; role of teachers in, 4.12; health program as essential element of, 6.0; physical examinations for personnel in, 6.3; safety and hygiene, 6.4; policies on first aid, 6.5; observation of health of children, 6.10; daily medical care, 6.13; health services in the absence of community resources, 6.14; health records, 6.16; for school-age children, 8.0-8.2

Dental examination, 6.9

Direct delivery personnel, in day care center, 1.19  
Director of day care services, 1.19; responsibilities in health and medical care, 6.2

## E

Education, as day care component, 4.0  
Educator, 2, 3. *See also* Teacher  
Emergency, plan for, 6.5  
Emergency medical care, 3.1  
Employer-assisted day care, 1.16  
Epidemics, 6.3  
Examination, *see* Dental examination; Physical examination; Preadmission examination  
Executive director, 1.19

## F

Family, as necessity for child, 0.7  
Family day care, 1.15, 4.20; total service in, 5.1; role of social worker in, 5.2; health supervision in, 5.5; for school-age children, 8.1. *See also* Group day care  
Family day care homes: daily activities in, 5.4; recruiting, 5.6; screening and selection of, 5.7; number of children in, 5.9; physical facilities necessary in, 5.10; sleeping arrangements in, 5.11; play space and play materials, 5.12  
Family day care provider, 5.2-5.3; training, 5.6; qualifications and requirements of, 5.8  
Fees, 2.5  
Fire alarm and fire extinguishers, 9.2  
Food storage, 9.3, 9.6  
Forms of care, decision about, 2.5

## G

Group care homes, 4.20  
Group day care, 1.14; size of, 4.4; for school-age children, 8.1, 8.4-8.8. *See also* Family day care  
Group leader: role of, 4.12; responsibilities of, 4.13-4.14; relationship with the parents, 4.15; and intake, 4.16; and evaluation of child's progress, 4.17;

and termination of service, 4.18; as team member, 4.19  
Grouping, 4.3-4.4; mixed-age, 4.5; of school-age children, 8.4

## H

Health advisory committee, 6.2  
Health education materials, 6.19  
Health program, 6.0; parental responsibility for, 6.1; agency responsibility for, 6.2; control of communicable diseases, 6.3; direct health services, 6.12; health records, 6.16; for school-age children, 8.10  
History of day care in U.S., 0.5  
Hygiene, 6.4. *See also* Sanitation

## I

Immunization, 6.3, 6.6, 6.14  
Individual children, service for, 2.4  
Individualization, in day care programs, 4.2  
Infants: day care for, 1.11; requirements for daily care of, 1.12, 4.4  
Intake: interview for, 3.3; teacher's role in, 4.16; of school-age children, 8.9  
Intake study, 2.5  
Introductory period, in day care, 2.6

## M

Management, in day care center, 1.19  
Meals, 6.11; for school-age children, 8.7  
Medical consultant, 2.3. *See also* Physician  
Medical procedures, special, 6.6  
Mental health services, 6.12  
Mixed-age grouping, 4.5, 4.7; staffing requirements in, 4.6

## N

Night-time and full week care, 1.17  
Nurse, 1.19, 2.9. *See also* Public health nurse  
Nutrition, 6.11. *See also* Meals  
Nutritionist, 1.19, 2.3, 5.4, 6.11, 6.15

## P

Parent education, 3.8  
Parent group meetings, 3.9

Parental care, child's need for, 0.8  
 Parental involvement, 3.10  
 Parents, 7.0; role of, 3.0, 8.3; responsibility of, 3.1; relationship of staff to, 3.2; participation of, 3.3; and preparation of child, 3.4; conferences with, 3.5; help for, 3.6; and termination of day care, 3.7; education program for, 3.8; group meetings for, 3.9; involvement in program, 3.10; relationship with teacher, 4.15; and family day care, 5.2; and health program, 6.1; health education for, 6.17  
 Pediatrician, 6.2  
 Physical examination, 6.3; preadmission, 6.7; periodic, 6.8  
 Physician, 1.19, 2.9, 6.1, 6.5, 6.12-6.13  
 Planning, 1.6  
 Play, importance of, 4.0  
 Play areas, principles for arranging, 9.15  
 Playground, 9.15; location of, 9.16; size of, 9.17; physical requirements for, 9.18; equipment of, 9.19; arrangement of, 9.20  
 Playroom, children's, 9.9; heating of, 9.10; light and ventilation in, 9.11; soundproofing of, 9.12; flooring in, 9.13; equipment and furnishings of, 9.14; arrangement of, 9.15  
 Preadmission examination, 6.7  
 Preschool children, educational activities for, 4.8; rest periods for, 4.11  
 Programs, range of, 0.1  
 Psychiatrist, 2.3  
 Psychologist, 2.3  
 Public health nurse, 6.2, 6.15. *See also* Nurse

## R

Ringworm, and other infectious conditions, 6.3

## S

Safety, 6.4, 9.2  
 Sanitation, 9.3. *See also* Hygiene

School-age children, 8.0; day care service for, 8.1-8.2; role of parents, 8.3; grouping of, 8.4; ratio of adults to, 8.5; activities for, 8.6; meals for, 8.7; rest periods for, 8.8; role of program staff, 8.9; health program for, 8.10; direct work with, 8.11; day care facilities for, 8.12

Sick children, 6.3, 8.3

Social group worker, 2.3

Social work, in day care, 7.0; need for, 7.1; in programs for school-age children, 8.11

Social work supervisor, 1.19

Social worker, 1.19, 2.3, 2.9, 6.12; relationship with the parents, 3.2; responsibilities in family day care, 5.2-5.3, 5.8, 7.6; role of, 7.2-7.4; as team member, 7.5

Special children, 1.10; grouping of, 4.4; medical and paramedical services for, 6.15

Staff-child ratios, 4.6

Supervisor of teaching staff, 1.19

## T

Teacher, 1.19, 2.9; role of, 4.12; responsibilities of, 4.13; relationship with children, 4.14; relationship with parents, 4.15; role in intake, 4.16; and evaluation of child's progress, 4.17; and termination of service, 4.18; as team member, 4.19

## W

Written agreements, between parents and day care representative, 3.1

## Z

Zoning laws, in planning new day care facilities, 1.6

APPENDIX C

SUMMARY OF STAFF QUALIFICATIONS  
BY JOB CLASSIFICATION

QUALIFICATIONS OF STAFF: SUMMARY OF CLS FINDINGS<sup>1/</sup>

a. PROGRAM DIRECTORS, DAY CARE CENTERS

The 1981 Comparative Licensing Study found that most States require some sort of qualifications for persons who wish to direct day care centers. In specific areas:

i. Minimum Age:

18 States require Center Directors to be 21 or older;

14 States require Center Directors to be 18 or older;

6 States have a different standard -- 19, 16 or the age of majority; and,

15 States have no requirement regarding the age of day care center directors.

ii. Health:

39 States require an initial medical examination for prospective day care center directors;

31 States require additional periodic medical examinations;

37 States require that tests for tuberculosis be performed on prospective day care center directors;

32 States require additional periodic TB tests;

3 States require an initial examination for venereal disease; and,

2 States require additional periodic VD testing.

<sup>1/</sup> This table summarizes the findings of the 1981 Comparative Licensing Study concerning staff-qualifications for day care centers, family day care homes and group day care homes.

iii. Education:

23 States require that day care center directors be high school graduates or hold a GED certificate;

3 States require an Associate of Arts degree;

8 States require a baccalaureate degree;

14 States require some form of education in child development;

3 States require a Master's degree; and,

11 States have no requirement regarding the education of day care center directors.

iv. Experience:

13 States allow day care center directors to substitute experience for education to prove their qualifications;

18 States require at least 2 years experience for day care center directors in such areas as child care or administration and management; and,

8 States have no specific requirements regarding the experience of day care center directors.

b. CHILD CAREGIVERS, DAY CARE CENTERS

i. Minimum Age:

4 States require child caregivers in day care centers to be 21 years of age or older;

25 States require caregivers to be at least 18;

7 States require caregivers to be at least 16; and,

12 States have no standard regarding the age of child caregivers in day care centers.

ii. Health:

45 States require an initial medical examination for child caregivers in day care centers;



38 States require subsequent periodic medical examinations;

44 States require initial testing for tuberculosis;

38 States require subsequent periodic TB testing;

3 States require an initial examination for venereal disease; and,

2 States require subsequent periodic testing for VD.

iii. Education:

5 States require that child caregivers in day care centers be able to read and write;

21 States require a high school diploma or GED;

7 States require an associate or bachelor's degree;

17 States require some education specifically related to child development; and,

13 States have no requirement regarding the education of child caregivers in day care centers.

iv. Experience:

13 States require that child caregivers in day care centers have some prior experience in child care;

10 additional States have an experience requirement for child caregivers; and,

16 States have no requirement relating to the experience of child caregivers.

c. SUPPORT STAFF IN DAY CARE CENTERS

i. Type of staff to whom requirements apply:

18 States have requirements which apply to volunteers in day care centers;

12 States have requirements which apply to caregiver aides; and,

10 States have requirements which apply to food service workers.

ii. Types of requirements:

12 States have age requirements pertaining to support staff;

13 States require some medical screening; and,

9 States have specific requirements concerning the education or experience of support staff.

d. PROGRAM DIRECTORS, FAMILY DAY CARE HOMES

(NOTE: 6 STATES DO NOT REGULATE FAMILY DAY CARE.)

i. Minimum Age:

27 States require that program directors in family day care homes be at least 18 years of age;

4 States require program directors to be 21;

5 States have some other requirement; and,

18 States have no specific requirement.

ii. Health:

34 States require an initial medical examination for program directors;

22 States require additional periodic medical examinations;

31 States require initial tuberculosis screening; and,

18 States require additional periodic TB tests.

iii. Education:

28 States have no specific requirement regarding the education of program directors in family day care homes;

4 States require specific education in child development; and,

8 States require literacy or some level of education between first and eleventh grade.

iv. Experience:

29 States have no specific requirement for experience; and,

9 States require some experience for program directors; of these, 4 require specific experience in child care.

e. CHILD CAREGIVERS, FAMILY DAY CARE HOMES

i. Minimum Age:

25 States require that caregivers in family day care homes be 18 years of age;

8 States use some other standard; and,

14 States have no standard.

ii. Health:

30 States require initial medical examinations and testing for tuberculosis;

19 States require additional periodic medical exams and TB tests.

iii. Education:

6 States require that caregivers be literate;

3 States require child development courses for caregivers in family day care; and,

31 States have no education requirement for caregivers.

iv. Experience:

7 States require some experience for caregivers; of these, 3 States require specific experience in child care;

29 States have no experience requirements for caregivers or do not license, register or certify family day care.

f. PROGRAM DIRECTORS AND CHILD CAREGIVERS, GROUP DAY CARE HOMES

NOTE: 36 STATES DO NOT HAVE SEPARATE STANDARDS FOR GROUP DAY CARE HOMES: THE INFORMATION BELOW PERTAINS TO THE 14 STATES THAT DO. THE STANDARDS FOR PROGRAM DIRECTORS AND CHILD CAREGIVERS ARE SIMILAR.

i. Minimum Age:

9 States require that program directors or child caregivers in group day care homes be at least 18 years of age;

3 States set some other standard; and,

3 States have no specific standard.

ii. Health:

14 States require an initial medical examination; 13 of these also require screening for tuberculosis;

9 States require periodic medical exams and 10 States require periodic TB screening.

iii. Education:

6 States require literacy or set an education standard between grades 1 and 11;

3 States require high school or a GED;

3 States require specific training in child development.

iv. Experience:

7 States set a standard for experience for program directors or caregivers in group day care homes; and,

6 States require specific experience in child care for program directors and 4 States require child care experience for caregivers.

APPENDIX D

STAFF-CHILD RATIO REQUIREMENTS

SUMMARY TABLES

DAY CARE CENTERS

From the Comparative Licensing Study: Profiles of  
State Day Care Licensing Requirements  
Prepared by Lawrence Johnson and Associates, Inc.  
Published November, 1982

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Alabama		3 weeks - 2½ years	6	1	Children younger than 2½ years shall be grouped separately.	✓		✓		✓
		2½ - 4 years	10	1	When multi-age grouping is used, staff-child ratio shall be according to the age of the youngest child if more than 10% of the children are in the youngest age category.					
		4 - 6 years	20	1						
		6 - 8 years	22	1						
		8+ years	25	1						
Alaska		6 weeks - 24 months	5	1	No children between birth and 6 weeks may receive care in a day care center.					✓
		2 - 6 years	10	1	For any day care center, when more than 10 children are present, there must be two caregivers on the premises.					
		6 -10 years	15	1						
		10 -14 years	20	1						
Arizona		0 - 12 months or 0-18 months and not walking	8	1	When the number of children on the premises exceeds 10, there must be a minimum of two staff members on duty.					✓
		12 -18 months-3 years	10	1	In groups of mixed age, the maximum number of children per staff member shall be that required for the youngest child in the group.					
		3 - 4 years	15	1						
		4 - 5 years	20	1						
		5+ years	25	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Arkansas		6 weeks - 18 months	6	1	In mixed age groupings, staff/child ratio shall meet the requirements for the youngest child in the group.					✓
		2½ - 3 years	12	1						
		4 years	15	1						
		5 years - first grade	18	1						
		First grade	25	1						
California		0 - 2 years	4	1	If infant nursery has more than 25 infants enrolled, there must be both an asst. director and a director.					
		2 - 18 years	12	1	Ratio is an overall ratio for the entire facility.					
Colorado		6 weeks - 18 months	5	1						
		12 months - 36 months	5	1	Children must be walking independently, or the 6 weeks - 18 months staff/child ratio applies.					
		2 years	7	1	Ratio applies if group is limited to 2 year olds.					
		2½ - 3 years	8	1	In mixed groupings, the staff/child ratio for the youngest child shall apply					
		3 - 4 years	10	1						

# DAY CARE CENTERS

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Colorado (cont.)		4 - 5 years	12	1	if more than 20% of the group is composed of younger children.					
		5+ years	15	1						
		2½ - 6 years (mixed group)	10	1						
Connecticut	✓									
Delaware		0 - 1 year (or walking)	5	1	Staff/child ratio shall be determined by the predominant age of the children in the group.					✓
		1 year (or walking) - 2½ years	8	1						
		2½ - 4 years	15	1						
		4 - 6 years	20	1						
		6 - 18 years	25	1						
District of Columbia		2 - 2½ years	4	1						✓
		2½ - 3 years	8	1						
		4 years	10	1						
		5 years	15	1						
		6 - 14 years	15	1						
Florida		Under 1 year	6	1	In mixed age groupings where children under 1 year are included, the staff/child ratio shall be six children to one staff member. When infants over 1 year are included, the		✓			✓
		1 year	8	1						
		2 years	12	1						



# Group Compositions of Children

## DAY CARE CENTERS

States	Not Specified	Staff/Child Ratios of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Florida (cont.)		3 years	15	1	staff/child ratio shall be 8:1.					
		4 years	20	1	When no infants are included the staff/child ratio shall be based on the age of the majority of the children in the group.					
		5+ years	25	1						
Georgia		0 - 18 months	5-7	1						✓
		18 months - 3 years	8-10	1						
		3 - 4 years	10-15	1						
		4 - 5 years	15-18	1						
		5 - 6 years	15-20	1						
		7+ years	20-25	1						
Guam		Under 1 year	5	1	In mixed age groupings, the staff/child ratio shall be that of the youngest child in the group.					✓
		1 - 2 years	8	1						
		2 - 3 years	10	1						
		3 - 4 years	15	1						
		4 - 5 years	20	1						
		5+ years	25	1						
Hawaii		2 - 3 years	10	1	In mixed age groupings, the staff/child ratio shall be that of the youngest child in the group.					✓
		3 - 4 years	15	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Hawaii (cont.)		4 - 5 years	20	1						
		5+ years	25	1						
Idaho		Preschool	10	1						✓
Illinois		Infants	4	1						✓
		Toddlers	5	1						
		3 - 4 years	20	2	Children under 2 years shall not be included in groups of older children.					
		4 years (full day)	20	2						
		4 years (half day or less)	20	1	No more than six 2 year olds or nine 3 year olds shall be included in a group of children of mixed ages.					
		5+ years	25	1						
		3 - 6 years (mixed ages)	20	2						
		2 - 6 years (mixed ages)	15	2						
Indiana		Infants	4	1	In groups of mixed age, the maximum number of children per staff member shall be that required for the youngest child in the group.					✓
		Toddlers	5	1						
		3 years	10	1						
		4 years	12	1						
		5 years	15	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements				Special Requirements			Methods of Computing	
		Staff/Child Ratios as of March, 1981				Nap Time	Handicapped Children	Other	Enrollment	Attendance
		Ages of Children	No. of Children	No. of Staff	Restrictions					
Indiana (cont.)		6+ years	20	1						
Iowa		2 weeks - 2 years	4	1	Regardless of staff/child ratio, when there are seven or more children 5 years of age or younger, there must be two people on duty.					✓
		2 years	6	1						
		3 years	8	1						
		4 years	12	1						
		5 - 10 years	15	1	In groups of mixed age, the maximum number of children per staff member shall be that required for the youngest child in the group.					
		10+ years	20	1						
Kansas		2 weeks - 18 months	3	1	Only persons who spend at least 75% of their time when at the center in providing direct care for children shall be counted in staff/child ratio.		✓			✓
		18 months - 2½ years	5	1						
		3 - 4 years	10	1						
		4 years - kindergarten entrance	10 12	1 1	Ratio applies for full day care. Ratio applies to part-time care.					
		Kindergarten	14	1						
		Mixed Ages:			Maximum of two infants is allowed.					
		Infants - 6 years	4	1						
		2½ - 16 years	9	1						
		3 - 16 years	10	1						

# DAY CARE CENTERS

States	Staff/Child Ratio Requirements										
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing		
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance	
Kentucky		Under 1 year	6	1	When only one staff member is present in the facility, the age of the youngest child determines the staff/child ratio.					✓	
		1 - 2 years	6	1							
		2 - 3 years	8	1							
		3 - 4 years	10	1							
		4 - 5 years	12	1							
		5 - 7 years	15	1							
		8+ years	20	1							
		Mixed Ages:			Ratio applies for facilities where more than one staff member is present.						
		Including Children									
		Under 2 Years	6	1							
Louisiana		2 - 6 years	10	1							
		6+ years	15	1							
		Centers Serving Fewer Than 10 Children:									
		0+ years	10	1							Ratio applies if no more than two children are under age 2.
			10	2							Ratio applies if three or more children are under age 2.

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Maine		Centers Serving More Than 10 Children:								
		Under 1 year	6	1	When a center serves children of mixed ages excluding children under 2 years, an average of the staff/child ratio may be applied.					
		1 year	8	1						
		2 years	12	1						
		3 years	14	1						
		4 years	16	1						
		5 years	20	1						
		School age	25	1						
		2½ - 3 years	8	1	When there is a combination of ages within a group, the number of required staff shall be determined on the basis of the age of the youngest child.					
		3 - 4 years	10	1						
		4+ years	15	1						
		Separate School-age Programs:	10	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratios as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Maryland		2 years	6	1						
		3 - 4 years	10	1						
		5 years	13	1						
		Mixed Ages: 2+ years	10	1	The group may have no more than three 2 year old children.					
			10	2	This ratio applies if there are four or more 2 year old children.					
		3 - 6 years	10	1						
Massachusetts		Infants	3	1	Children younger than 2 years, 9 months shall not be grouped with older children.		✓			✓
		Toddlers	4	1						
		2 years, 9 months - 4 years, 9 months	10	1	Ratio applies to full day care.					
		4 years, 9 months - 7 years	12	1	Ratio applies to care less than four hours.					
		Mixed Ages: 2 years, 9 months - 7 years	15	1						
			10	1						
Michigan		2 weeks - 2½ years	4	1	A minimum of two staff members must be present in the center whenever seven or more children are present.					✓
		2½ - 3 years	10	1						

# DAY CARE CENTERS

10

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Michigan (cont.)		4 - 5 years	12	1						
		6 - 12 years	20	1						
		13 - 17 years	30	1						
		Mixed Ages:								
		2½ - 5 years	10	1						
Minnesota		6 weeks - 15 months	4	1		✓				✓
		16 months - 30 months	7	1						
		31 months - 5 years	10	1	There may be no more than 10 2½ year olds in the group.					
		6 - 12 years	15	1						
Mississippi	✓	6 weeks - 2 years	4	1						✓
Missouri		2 - 3 years	8	1						
		6 weeks - 3 years	4	1						
		3 - 5 years	10	1						
		5+ years	15	1						
		Mixed Ages:								
		2+ years	10	1	There may be no more than four 2 year olds.					
Montana		2+ years	10	1	There must be two staff members present at all times.					

# DAY CARE CENTERS

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Nebraska		6 weeks - 2 years	4	1	There must be 2 staff persons on the premises at all times.					✓
		2 years	5	1						
		3 - 5 years	10	1						
		6+ years (or first grade)	12	1						
Nevada		0 - 9 months	4	1	With mixed groups of children under 3 years, staff/child ratio is determined by computing the average of their ages.					✓
		9 - 18 months	6	1						
		18 months - 3 years	8	1						
		2 years	10	1						
			21	2						
			32	3						
		3+ years	5	1						
			20	2						
			35	3						
			50	4						
			65	5						
			80	6						
			93	7						



# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
New Hampshire		3 years	10	1						✓
		4 years	15	1						
		5 years	18	1						
		6+ years	20	1						
New Jersey		2 years	10	1			✓	✓		✓
		3 years	10	1						
		4 years	15	1						
New Mexico		0 - 2 years	7	1						✓
		2 - 4 years	15	1						
		4+ years	20	1						
New York		8 weeks - 1½ years	4	1	Children under 3 years of age shall not be grouped with children older than three years.				✓	
		1½ - 3 years	5	1						
		3 years	7	1						
		4 years	8	1	In mixed age groupings, the staff/child ratio shall be that for the youngest child in the group.					
		5 years	9	1						
		6 - 10 years	10	1	Staff/child ratio is less for groups larger than that specified in Section 420.					
		10 - 14 years	15	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
North Carolina		Lowest license								
		0 - 2 years	8	1	Other staff/child ratio requirements apply to facilities for fewer than 30 children.					✓
		2 - 3 years	12	1						
		3 - 4 years	15	1						
		4 - 5 years	20	1						
		5+ years	25	1						
		Highest license								
		0 - 1 year	6	1	Children under 2 years must be separated from older children.					
		1 - 2 years	7	1						
		2 - 3 years	9	1						
		3 - 4 years	10	1						
		4 - 5 years	13	1						
		5 - 6 years	15	1						
		6+ years	20	1						
North Dakota		0 - 3 years	4	1						✓
		3+ years	6	1						
Ohio		0 - 18 months	8	1	The age of the youngest child in the group is used in determining staff/child ratio.					✓
		18 months - 3 years	10	1						
		3 - 5 years	15	1						

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Ohio (cont.)		5+ years	20	1	When children of multiple ages are grouped together, their ages are averaged to determine staff/child ratio.					
Oklahoma		Straight Age Grouping:								✓
		10 months - 2 years	6	1						
		2 - 3 years	8	1						
		3 - 4 years	12	1						
		4 - 6 years	15	1						
		6+ years	20	1						
Oregon		6 weeks - 30 months	4	1						✓
		30 months - 4 years	10	1						
		5 - 9 years	15	1						
		10 - 14 years	20	1						
Pennsylvania		Straight Age Grouping:								
		18 - 36 months	5	1		✓	✓			✓
		36 months - first grade	10	1						

# DAY CARE CENTERS

15

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratios as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Pennsylvania (cont.)		First grade+	12	1						
		Mixed Age Grouping:								
		0 - 36 months	4	1						
		0 - first grade	6	1	No more than three children may be under 36 months.					
		0+ years	6	1	No more than three children may be under 36 months.					
Puerto Rico		36 months - school age	10	1	No more than six children may be preschoolers.					
		2 - 3½ years	8	1			✓			✓
		3½+ years	15	1						
Rhode Island		3 years	10	1	There must be a head teacher on the premises at all times in addition to the staff fulfilling staff/child ratio requirements.					✓
		4 years								
		5 years	25	1						
South Carolina		0 - 2 years	8	1					✓	
		2 - 3 years	12	1						
		3 - 4 years	15	1						
		4 - 5 years	20	1						
		5+ years	25	1						

# DAY CARE CENTERS

91

States	Not Specified	Staff/Child Ratio Requirements				Special Requirements			Methods of Computing	
		Staff/Child Ratio as of March, 1981				Nap Time	Handicapped Children	Other	Enrollment	Attendance
		Ages of Children	No. of Children	No. of Staff	Restrictions					
South Dakota		0 - 3 years	5	1	A minimum of two adults shall be present at all times.					✓
		3 - 6 years	8	1						
		6 - 14 years	10	1						
Tennessee		under 15 months	5	1	Staff/child ratios may be exceeded up to 10% for no more than three days per week.					
		15 - 35 months	8	1						
		3 years	10	1						✓
		4 years	15	1						
		5 years	25	1						
		2 - 5 years	10	1						
		3 - 5 years	15	1						
Texas		4 - 5 years	20	1	When there is a child younger than 18 months in the group, the oldest child in the group shall not be more than 18 months older than the youngest child in the group.					
		2 - 12 years	10	1						
		Day Care Centers:								
		0 - 11 months	5	1		✓	✓	✓		✓
		12 - 17 months	12	2						
			6	1						
			14	2						
		18+ months	9	1	Ratios apply: if there are four or more children under 2 years of age.					

# DAY CARE CENTERS

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio-as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Texas (cont.)		18+ months	10	1	if there are not more than three children under 2 years.					
		2+ years	11	1	if there are five or more 2 year olds.					
		2+ years	13	1	if there are more than four 2 year olds.					
		3+ years	15	1	if there are seven or more 3 year olds.					
		3+ years	17	1	if there are no more than six 3 year olds.					
		4+ years	18	1	if there are 11 or more 4 year olds.					
		4+ years	20	1	if there are more than 10 4 year olds.					
		5+ years	22	1	if there are 13 or more 5 year olds.					
		5+ years	24	1	if there are no more than 12 5 year olds.					
		6+ years	26	1						
		Kindergartens and Nursery Schools:								
		2 years	11	1	If there are 5 or more 2 year olds.					

# DAY CARE CENTERS

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Texas (cont.)		2+ years	13	1	if there are no more than four 2 year olds.					
		3+ years	15	1	if there are seven or more 3 year olds.					
		3+ years	17	1	if there are no more than six 3 year olds.					
		4+ years	18	1	if there are 11 or more 4 year olds.					
		4+ years	20	1	if there are no more than 10 4 year olds.					
		5+ years	24	1	if there are 13 or more 5 year olds.					
		5+ years	26	1	if there are no more than 12 5 year olds.					
		6+ years	28	1						
		Kindergarten	24	1						
		First - third grade	28	1						
Utah		Fourth grade	32	1						
		0 - 2 years	4	1	When four or more infants are in care, two caregivers must be present.					✓
		2 - 3 years	7	1						
		3 - 4 years	15	1						

# DAY CARE CENTERS

19

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratios as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Utah (cont.)		4 - 5 years	15	1	A minimum of two adults must be present when the number of children exceeds six.					
		5 - 6 years	20	1						
		6 - 14 years	25	1						
Vermont		0 - 2 years	5	1						✓
		2 - 3 years	5	1						
		3 - 5 years	10	1						
		6 - 15 years	12	1						
		Kindergarten & Nursery Schools:								
		3 years	10	1						
		4 years	12	1						
		5 years	15	1						
Virgin Islands		0+ years	15	1						✓
			25	3						
Virginia		0+ years	10	1	There must be two staff members present at all times.					✓
Washington		1 - 11 months	5	1	When there are more than 10 children on the premises, there must be two staff on duty.					✓
		12 - 29 months	7	1						
		30+ months	10	1						



## DAY CARE CENTERS

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
West Virginia		3 months - 2 years	4	1	At least two staff members must be on duty at all times.					✓
		2 years	8	1						
		3 years	10	1						
		4 years	12	1						
		5 years	15	1						
		School-age	16	1						
Wisconsin		0 - 1 year	3	1	When children under 2½ years are part of a mixed age group, staff/child ratio shall be that for the youngest child in the group. Otherwise, staff/child ratio shall be adjusted on a prorata basis according to age.					✓
		1 - 2 years	4	1						
		2 - 2½ years	6	1						
		2½ - 3 years	8	1						
		3 - 4 years	10	1						
		4 - 5 years	12	1						
		5+ years	16	1						
Wyoming		0 - 2 years	5	1	There must be two staff members at the facility at all times.		✓			✓
		2 - 3 years	8	1						
		3 - 4 years	10	1	When mixed age groupings are used, the age of the youngest determines the staff/child ratio.					
		4 - 5 years	15	1						

# DAY CARE CENTERS

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratios as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Wyoming (cont.)		5 - 6 years	20	1						
		6+ years	25	1						

APPENDIX E

STATE MINIMUM STAFF-CHILD RATIO REQUIREMENTS FOR  
TITLE XX AND NON-TITLE XX FUNDED CENTERS  
BY CHILD AGE AND  
PRE-SCHOOL CHILD ENROLLMENT IN HOMES  
DURING MORNING HOURS

From the Report to Congress: Summary Report  
of the Assessment of Current State Practices  
in Title XX Funded Day Care Programs

Prepared by the U.S. Department of Health and Human Services  
October 1981

TABLE 14: STATE MINIMUM STAFF/CHILD RATIO REQUIREMENTS FOR TITLE XX AND NON-TITLE XX FUNDED CENTERS BY CHILD AGE (CHILDREN PER CAREGIVER)

STATE	TITLE XX CENTERS							NON-TITLE XX CENTERS (STATE LICENSING REQUIREMENT)						
	UNDER ONE YEAR	ONE YEAR	TWO YEARS	THREE YEARS	FOUR YEARS	FIVE YEARS	SIX YEARS AND OLDER	UNDER ONE YEAR	ONE YEAR	TWO YEARS	THREE YEARS	FOUR YEARS	FIVE YEARS	SIX YEARS AND OLDER
ALABAMA	1a-6	6	6	9	9	9	16	1a-6	6	6	9	9	9	16
ALASKA		NO	TITLE	XX	DAY	CARE			NO	TITLE	XX	DAY	CARE	
ARIZONA	8	10	10	15	20	25	25	8	10	10	15	20	25	25
ARKANSAS	6	6	6	5	6	6	7	6	6-9b	9	12	15	18	25
CALIFORNIA	3	3	4	8	8	8	14	4	4	12	12	12	12	12
COLORADO	5	5	5	7	10	10	13	5	5	5-8c	10	12	15	15
CONNECTICUT	4	4	4	7.5	7.5	7.5	15	b	b	b	b	b	b	b
DELAWARE	1a-4	4	4	5	7	7	10	5	8	8-15c	15	20	20	25
D.C.	4	4	4-8c	8	10	15	15	4	4	4-8c	8	10	15	15
FLORIDA	5	5	10	10	10	10	15	6	8	12	15	20	25	25
GEORGIA	3	3	4	5	5	5	N	7	9	10	15	18	18	N
HAWAII	NC	NC	10	15	20	25	25	NC	NC	10	15	20	25	25
IDAHO	6	6-8c	8	10	10	10	15	6	6-8c	8	10	10	10	15
ILLINOIS	6	6	8	10	10	25	25	6	6	8	10	10	25	25
INDIANA	4	4	5	10	12	15	20	4	4	5	10	12	15	20
IOWA	4	4	6	8	12	15	15	4	4	6	8	12	15	15
KANSAS	3	3	4-5c	9	9	9	16	3	3	5	10	10	10	10
KENTUCKY	6	6	8	10	12	15	15-20c	6	6	8	10	12	15	15-20c
LOUISIANA	6	8	12	14	16	20	25	6d	8d	12d	14d	16d	20d	25d
MAINE	NC	NC	10	15	15	10	10	NC	NC	10	15	15	10	10
MARYLAND	REPORT ATTACHED							REPORT ATTACHED						
MASSACHUSETTS	3	4	4	10	10	15	15	3	4	4	10	10	15	15
MICHIGAN	4	4	4-10c	10	12	12	20	4	4	4-10c	10	12	12	20
MINNESOTA	4	4-5c	5	7	7	7	15	4	4-7b	7	7-10c	10	10	15
MISSISSIPPI	4	4	4	6	8	9	9	N	N	N	N	N	N	N
MISSOURI	NO REPORT							NO REPORT						
MONTANA	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e
NEBRASKA	4	4	5	10	10	10	12	4	4	5	10	10	10	12
NEVADA	4-6c	5-8c	10	13	13	13	20	4-6c	6-8c	10	13	13	13	20
NEW HAMPSHIRE	4	4	4	5	7	7	15	4	4	4	10	15	18	20
NEW JERSEY	3	3	4	9	9	9	16	N	N	10	10	15	16	16
NEW MEXICO	NO REPORT							NO REPORT						
NEW YORK	4	4-6c	5-6c	7	8	9	10	4	4-6c	5-6c	7	8	9	10
NORTH CAROLINA	5	6	7	7	12	15	20	8f	8f	12f	15f	20f	25f	25f
NORTH DAKOTA	4	4	5	7	10	12	12	4	4	5	7	10	12	12
OHIO	3	3	4	8	8	8	16	8	8-10c	10	15	15	20	20
OKLAHOMA	4-6b	6	8	12	15	15	20	4-6b	6	8	12	15	15	20
OREGON	4	4	4-10c	10	10	15	15	4	4	4-10c	10	10	15	15
PENNSYLVANIA	4	4	5	10	10	10	12	4	4	5	10	10	10	12
RHODE ISLAND	NC	NC	NC	10	10	10	14	NC	NC	NC	10	10	10	14
SOUTH CAROLINA	4-8g	5-8g	7-12g	11-15g	13-20g	15-25g	15-25g	8	8	12	15	20	25	N
SOUTH DAKOTA	5	5	5	8	8	8	10	5	5	5	8	8	8	10
TENNESSEE	4	4	4	9	9	9	18	5	5	8	8	15	25	25
TEXAS	4	4	4	9	9	9	16	6	10	13	17	20	24	26
UTAH	NC	NC	7	15	15	20	25	NC	NC	7	15	15	20	25
VERMONT	4	4	5	10	10	10	12	4	4	5	10	10	10	12
VIRGINIA	4	4	4	15	20	20	25	4	4	10	10	10	10	25
WASHINGTON	5	7	7-10c	10	15	15	15	5	7	7-10c	10	15	15	15
WEST VIRGINIA	4	4	8	10	12	15	16	4	4	8	10	12	15	16
WISCONSIN	3	3	4	8	8	8	14	3	4	6-8c	10	12	16	16
WYOMING	5	5	8	10	15	20	25	5	5	8	10	15	20	25
U.S. MEDIAN	3.7	4.1	5.8	9.6	9.9	10.0	14.7	4.6	5.3	7.9	10.0	11.9	13.9	16.7

N = NO STAFF/CHILD RATIO REQUIREMENT

NC = NO CENTER CARE ALLOWED FOR THIS AGE CHILD

a = STAFF/CHILD RATIO FOR UNDER 6 WEEKS OLD

b = AT LEAST 2 STAFF WITH EACH GROUP; NO RATIO REQUIREMENT

c = DIFFERENT AGE CATEGORY DESIGNATION

d = LICENSING OF CENTERS IS NOT MANDATORY

e = AT LEAST 2 STAFF MUST BE PRESENT IN THE CENTER

f = 1:10 RATIO REQUIREMENT FOR CENTERS WITH LESS THAN 30 CHILDREN

g = RATIO VARIES WITH PERCENTAGE OF TITLE XX CHILDREN

TABLE 27: PRE-SCHOOL CHILD ENROLLMENT IN HOMES DURING MORNING HOURS  
(PERCENTAGE OF TITLE XX HOMES)

STATE	ONE CHILD(%)	TWO TO THREE CHILDREN(%)	FOUR TO FIVE CHILDREN(%)	SIX CHILDREN(%)	SEVEN TO TWELVE CHILDREN(%)
ALABAMA a	21	32	32	2	2
ALASKA	NO	TITLE XX	DAY CARE		
ARIZONA	NA	NA	NA	NA	NA
ARKANSAS	0	9	48	17	26
CALIFORNIA	NA	NA	NA	NA	NA
COLORADO	4	27	48	16	5
CONNECTICUT	NA	NA	NA	NA	NA
DELAWARE b	17	24	40	2	4
D.C.	7	48	45	0	0
FLORIDA	0	1	99	0	0
GEORGIA	0	9	48	35	8
HAWAII	-	-	-	-	-
IDAHO	13	20	20	27	20
ILLINOIS	2	20	42	23	13
INDIANA	0	13	26	9	52
IOWA	8	29	40	17	6
KANSAS	10	22	47	14	7
KENTUCKY	0	0	11	17	72
LOUISIANA	22	53	16	3	6
MAINE	1	27	43	17	12
MARYLAND		REPORT	ATTACHED		
MASSACHUSETTS	18	28	36	16	2
MICHIGAN a	14	38	29	8	5
MINNESOTA	NA	NA	NA	NA	NA
MISSISSIPPI	0	13	87	0	0
MISSOURI		NO	REPORT		
MONTANA	21	26	23	23	7
NEBRASKA	NA	NA	NA	NA	NA
NEVADA	0	0	33	50	17
NEW HAMPSHIRE	0	33	20	25	22
NEW JERSEY	13	34	23	4	26
NEW MEXICO		NO	REPORT		
NEW YORK	NA	NA	NA	NA	NA
NORTH CAROLINA	7	36	52	2	3
NORTH DAKOTA	0	33	50	17	0
OHIO	5	14	53	26	2
OKLAHOMA	5	38	56	0	0
OREGON b	8	33	22	8	11
PENNSYLVANIA	NA	NA	NA	NA	3
RHODE ISLAND a	14	25	20	0	1
SOUTH CAROLINA	0	0	100	0	0
SOUTH DAKOTA	22	20	24	10	24
TENNESSEE b	2	28	43	3	20
TEXAS	1	42	49	7	1
UTAH	1	31	36	19	13
VERMONT	13	23	40	11	13
VIRGINIA	24	53	13	6	4
WASHINGTON	7	26	38	12	17
WEST VIRGINIA	33	51	11	5	0
WISCONSIN	NA	NA	NA	NA	NA
WYOMING	4	30	33	18	15

U.S. MEDIAN %

NA = NOT AVAILABLE

- = DOES NOT APPLY  
(NO CHILDREN SERVED)

a = DOES NOT EQUAL 100% SINCE HOMES SERVING SCHOOL  
AGE CHILDREN ONLY ARE NOT INCLUDED

b = DOES NOT EQUAL 100% SINCE SOME HOMES SERVED NO  
CHILDREN ON THE DAY OF THE SURVEY

APPENDIX F

STAFF-CHILD RATIO REQUIREMENTS

SUMMARY TABLES

FAMILY DAY CARE HOMES

From the Comparative Licensing Study: Profiles of  
State Day Care Licensing Requirements  
Prepared by Lawrence Johnson and Associates, Inc.  
Published November, 1982

# FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Alabama		0 - 6 years	6	1						✓
Alaska		0 - 14 years	8	1	No more than two children may be under age 2, no more than five children may be unrelated to the caregiver, and no more than eight children may be under age 12.					✓
		2 - 14 years	10	1	No more than six children may be unrelated to the caregiver.					
Arizona*										
Arkansas		0+ years	5-6	1	Children must be from five or more families and no more than three children may be under 2½ years.					✓
		0+ years	7	1	No more than two children may be under 2½ years.					
		0+ years	8	1	No more than one child may be under 2½ years.					
		0+ years	9-14	2	No more than four children may be under 2½ years.					
		0+ years	15-16	2	No more than two children may be under 2½ years.					
					The provider's own children are counted in computing staff/child ratio.					

\* Not regulated

# FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
California		0+ years	6	1	There may be no more than two infants. The provider's own children under 12 years old are counted in staff/child ratio.					
Colorado		Birth - 2½ years	4	1	Variable ratio of children under 1 year to children between 1 and 2½ years.					✓
		Birth - 2½ years	6	2	No more than three children shall be between birth and 1 year.					
		2½+ years	6	1	An additional two school age children may be accepted for care, except during summer vacations. Staff/child ratios include the provider's own children.					
Connecticut		0+ years	6	1	No more than two children shall be under age 2. Otherwise, staff/child ratio is 1:5.					✓
Delaware		0+ years	6	1	No more than three infants shall be cared for by one person.  The provider's own children are included in staff/child ratio.					

\* Not regulated



# FAMILY DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Required Spec.	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
District of Columbia		0+ years	5	1	No more than two infants shall be in care. Staff/child ratio includes the provider's own children.					✓
Florida	✓									
Georgia		0+ years	6	1	When there are three or more children under 2½ years in care in addition to older children, there shall be an additional staff person. Staff/child ratio includes the provider's own children.					✓
Guam		Infancy - 6 years	5	1	No more than two children may be under 2 years of age.					✓
		3 - 14 years	6	1	All staff/child ratios include the provider's own children under 14 years old.					
Hawaii		0+ years	5	1	Does not include the provider's own children. However, no more than eight children, including the provider's own may be cared for. Unless a second caregiver is present, no more than two children under age two may be cared for including the provider's own children.					✓

\* Not regulated

# FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Idaho		0+ years	6	1	Does not include the provider's own children. No more than 10 children, including the provider's own children, may be in care.					✓
Illinois		0+ years	8	1	Unless a second caregiver is present, no more than four may be under 5 years old, and no more than two may be under 2 years old.					✓
Indiana		0+ years	6	1	Does not include the provider's own children, No more than 10 children may be in care including the provider's own.					✓
Iowa		0+ years	6	1	Includes the provider's own children except those who regularly attend school. No more than four children under 2 years of age may be in care.					✓

# FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Kansas		0+ years	6	1	The number of children is reduced by one for each infant in care in excess of one infant.  Four additional school age children may be enrolled for care.  Staff/child ratio includes the provider's own children.					✓
Kentucky		Under 1 year	6	1	When only one staff member is present in the facility, the age of the youngest child determines the staff/child ratio.  The provider's own children are included in computing staff/child ratio.					✓
		1 - 2 years	6	1						
		2 - 3 years	8	1						
		3 - 4 years	10	1						
		4+ years	12	1						
Louisiana*										
Maine*										

\* Not regulated

## FAMILY DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Required Spec.	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Maryland	✓	0+ years	6	1	Includes provider's own children. No more than two children under 2 years of age may be in care.					✓
Massachusetts										
Michigan		0+ years	6	1	Includes the provider's own children. No more than two children in care may be under 12 months.					✓
Minnesota		0+ years	5	1	Includes the provider's own children. If more than two infants are in care, staff/child ratio is 1:4. Two additional school-age children may be in care for limited times.					✓
Mississippi	✓									
Missouri		0+ years	6	1	No more than three children the age of 2 may be in care.					✓
Montana		0+ years	6	1	Includes the provider's own children. No more than 2 children under 2 years of age shall be in care.					✓

# FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements				Special Requirements			Methods of Computing	
		Staff/Child Ratio as of March, 1981				Nap Time	Handicapped Children	Other	Enrollment	Attendance
		Ages of Children	No. of Children	No. of Staff	Restrictions					
Nebraska		Infants	4	1	Applies only when care is given only to infants; includes provider's own children under 8 years.					✓
		School-age	10	1	Applies only when care is given only to school-age children; includes caregiver's own children under 8 years.					
		0+ years	8	1	Includes caregiver's own children under 8 years; no more than two children may be under 18 months.					
Nevada		0+ years	6	1						✓
New Hampshire		0+ years	6	1	Ratio applies if: no more than two children are under 2½ years and no more than one child is between 1½ and 3 years.					✓
		0+ years	4	1	no more than two children are under 1½ years and no more than four children are under 3 years.					
		3+ years	6	1						
		0+ years	12	2	no more than three children are under 18 months.					
New Jersey*										
New Mexico*										

\* Not regulated

# FAMILY DAY CARE HOMES

8

States	Required Spec.	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
New York		0+ years	6	1	No more than two children under 2 years of age may be in care. Where one or more of the children is under 3 years, no more than five children may be in care.					✓
North Carolina		0+ years	6	1						✓
North Dakota		0+ years	6	1	No more than three children may be under the age of 2.		✓			✓
		0+ - 2 years	4	1	The provider's own children over the age of 6 years may also be in care.					
		2+ years	7	1	An additional three school age children may also be in care.					
		0+ years	12	2	No more than six children may be under the age of 2.					
		0 - 2 years	8	2	The provider's own children over the age of 6 years may also be in care.  The provider's own children under age 6 are counted in staff/child ratio.					
Ohio*										
Oklahoma		0+ years	5	1	Includes provider's own children.					✓

# FAMILY DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Required Spec.	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Oregon		3+ years	6	1						✓
		0+ years	5	1	No more than two children may be under 2 years old.					
Pennsylvania		0+ years	6	1	No more than four children may be under 36 months.					✓
Puerto Rico	✓									
Rhode Island	✓									
South Carolina		0+ years	6	2	Includes the provider's own children.					✓
South Dakota		0 - 3 years	4	1	Applies only to facilities receiving federal or state funds; not specified for other facilities.					✓
		3 - 14 years	6	1						
Tennessee		0+ years	7	1	Does not include the provider's own children; however, if more than seven children are in care, including the provider's children, a second adult must be present. In addition if there are more than four children under 2 years old in care, another adult must be present.					✓
Texas		Registered : 18+ months	12	1	No more than six children less than 5 years old may be in care.					✓

\* Not regulated

## FAMILY DAY CARE HOMES

States	Required Spec.	Staff/Child Ratio Requirements				Special Requirements			Methods of Computing	
		Staff/Child Ratio as of March, 1981				Nap Time	Handicapped Children	Other	Enrollment	Attendance
		Ages of Children	No. of Children	No. of Staff	Restrictions					
Texas (cont.)		0+ years	10	1	If one infant is in care, no more than five children between 1½ - 5 years may be in care.					
		0+ years	8	1	If two infants are in care no more than four children between 1½ - 5 years may be in care.					
			7	1	If three infants are in care, no more than three children between 1½ - 5 years may be in care.					
			6	1	If four infants are in care, no more than two children 1½ years and older may be in care.					
					When only one caregiver is present, no more than four infants may be in care.					
			12	2						
Utah		Licensed: 0+ years	6	1	No more than three infants may be in care.					
		0 - 18 months	4	1						
		0+ years	6	2						
		0+ years	6	1	No more than two children under the age of 2 years may be in care.					✓
Vermont		0 - 16 months	6	1	No more than two children under 2 years may be in care unless a second adult is present					✓



# FAMILY DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Required Spec.	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Virgin Islands		0 - 3 years	5	1	Includes provider's own children.					✓
		0+ years	6	1	No more than three children may be under 1½ years.					
Virginia		0 - 2 years	4	1	Includes the provider's own children.					✓
		2+ years	6	1						
Washington	✓									
West Virginia		0+ years	6	1	Includes the provider's own children under 14 years. There may be two children under 2 years.					✓
Wisconsin		0+ years	8	1	Ratios apply if: no more than one child is under 30 months of age.					✓
			6	1	no more than two children are under 30 months of age.					
			5	1	no more than three children are under 30 months of age.					
			4	1	all children in care are under 30 months of age.					

# FAMILY DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Wisconsin (cont.)					No more than three children under 1 year of age may be in care at any one time.					
Wyoming		0+ years	6	1	There may be no more than 3 children under age 2 years.		✓			✓

APPENDIX G

STAFF-CHILD RATIO REQUIREMENTS

SUMMARY TABLES

GROUP DAY CARE HOMES

From the Comparative Licensing Study: Profiles of  
State Day Care Licensing Requirements  
Prepared by Lawrence Johnson and Associates, Inc.  
Published November, 1982

# GROUP DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Alabama*	✓	0+ years	12	2	There must always be at least 2 adults involved in the supervision of the children in care.					✓
Alaska*										
Arizona*										
Arkansas*										
California*										
Colorado*										
Connecticut										
Delaware										
District of Columbia*										
Florida*										
Georgia*										
Guam		Under 1 year	5	1	In mixed age groupings, the staff/child ratio shall be that required for the youngest child in the group.					✓
		1 - 2 years	8	1						
		2 - 3 years	10	1						
		3+ years	12	1						
Hawaii*										
Idaho*										

\* Not regulated

# GROUP DAY CARE HOMES

2

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Illinois*										
Indiana*										
Iowa*										
Kansas*										
Kentucky*										
Louisiana*										
Maine*										
Maryland*										
Massachusetts*										
Michigan		0+ years	6	1	Includes the provider's own children and any children of other staff.  No more than two children under 2 years of age may be in care.					✓
Minnesota		31 months - 5 years	10	1						✓
		16 - 30 months	7	1						
			10	2						
		6 weeks - 5 years	5	1	Ratio applies:					
			10	2	providing that no more than two infants are in care.					
		6 weeks - 5 years	4	1	providing that no more than					
			10	2	four infants are in care.					

\* Not regulated

# GROUP DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Minnesota (cont.)		6 weeks - 5 years	9	2	providing that no more than six infants are in care.					
		6 weeks - 5 years	8	2	providing that no more than two school age children are in care for limited periods of time.					
Mississippi*										
Missouri										
Montana*										
Nebraska*										
Nevada		0+ years	4	1	Ratio applies when: more than four of the children are less than two years of age.					✓
		0+ years	2	1	more than two of the children are less than one year of age.					

\* Not regulated

# GROUP DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
New Hampshire		0+ years	12	1	Ratio applies when; no more than three children are under 3 years. four children are under 3 years.					✓
New Jersey*										
New Mexico*										
New York*										
North Carolina *										
North Dakota *										
Ohio*										
Oklahoma*										
Oregon*										

\* Not regulated

# GROUP DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Pennsylvania		0+ years	6	1	No more than four children under 36 months of age may be in care.					✓
		0+ years	11	1	No more than eight children under 36 months may be in care.					
Puerto Rico*										
Rhode Island*										
South Carolina		0+ years	8	1	Ratio applies when: four or more of the children are under 2 years.  three or fewer children are under age 2 years.					✓
South Dakota*										
Tennessee		0+ years	12	1	Ratios do not include the provider's own children; however, if more than 12 children are in care, including the provider's own children, a second adult must be present. If any child is under 3 years of age, another adult must be present.					✓

\* Not regulated



# GROUP DAY CARE HOMES

States	Not Specified	Staff/Child Ratio Requirements								
		Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handcapped Children	Other	Enrollment	Attendance
Texas		18+ months	12	1	No more than four children may be under 4 years.					✓
		0+ years	11	1	If one infant is in care, no more than seven children under 4 years may be in care.					
			10	1	If two infants are in care, no more than seven children under 4 years may be in care.					
		0+ years	6	1	If three infants are in care, no more than five children under 4 years may be in care.					
		0 - 18 months	4	1						
			10	2						
		0+ years	12	2	If nine infants are in care, no more than three other children may be in care.					
Utah*										
Vermont		0+ years	12	1	No more than three children may be under 2 years of age.					
Virgin Islands		0+ years	12	1	Two adults must be present when the number of children exceeds six.					
Virginia*										

\* Not regulated

# GROUP DAY CARE HOMES

States	Staff/Child Ratio Requirements									
	Not Specified	Staff/Child Ratio as of March, 1981				Special Requirements			Methods of Computing	
		Ages of Children	No. of Children	No. of Staff	Restrictions	Nap Time	Handicapped Children	Other	Enrollment	Attendance
Washington		0+ years	6	1	Applies when one or more children are under 2 years.					✓
		2+ years	8	1	Applies when 1 or more children are under 3 years.					
		3+ years	10	1	Whenever more than two infants are in care, a second adult is required.					
West Virginia*										
Wisconsin										
Wyoming		0 -2 years	3	1	The provider's own children are included in staff/child ratio,		✓			✓
		2+ years	11	1						

\* Not regulated