

CHILD CARE 101

Everything You Didn't Know That You Didn't Know
about Child Care

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Welcome to Child Care 101!

I'm Joyce O'Meara, the Early Childhood Specialist for OSHII. If you haven't worked in child care settings before you may not know me so I will tell you a little about myself before we start.

My educational background is in elementary and early childhood education. I was a child care provider for almost 20 years, in several different child care centers. I also raised 2 children, which was almost as educational as my formal education!

I then worked for 8 years in Child Care Resource & Referral, mostly helping parents locate and choose child care and helping child care providers keep their information up-to-date for referrals. After several years with the National Institute on Media and the Family, I came to MDH in 2009 to help implement the child care strategies in the state Obesity Plan and in SHIP. Over the years I have worked with and cared for children, their parents and their caregivers, and now I am using my knowledge of the early care and education field to work with local public health grantees. This is exciting work for me and I hope to be able to make your lives easier.

What Will This Webinar Cover?

- Types of care
- Licensing information
- Training requirements
- The child care professional development system
- Parent Aware – Minnesota's QRIS (Quality Rating & Improvement System)
- Child & Adult Care Food Program (CACFP)
- Child Care Assistance (CCAP)
- Standards & Best Practices
 - Healthy eating
 - Physical activity
 - Supporting breastfeeding
- Organizations/Resources for grantees



You can see that there is a lot of ground to cover. Here are the main topics.

- Types of care
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I can't tell you everything in a one-hour webinar, but I hope to give you some background that can serve as a framework for your plans. And enough information that you will know what you don't know and what questions to ask!

Types of Early Care and Education

- Child Care Centers
- Head Start / Early Head Start programs
- School Readiness programs (school-based)
- Early Childhood Special Education programs
- Part-time Preschools
- Licensed Family Child Care programs/providers
- Family, Friend & Neighbor caregivers (legally not-licensed)



The main types of child care programs are listed on this slide. I'll give you a brief description of each, although there are many variations. You may actually be working with any of these types of care.

Child Care Centers are what most people think of when they hear the words "child care". Centers group children by age with a teacher or caregiver for each group.

Head Start / Early Head Start is a federally-regulated system of programs which care for low-income children to help them be ready for school entrance. Head Start is for preschool-aged children and Early Head Start is for infants and toddlers.

School Readiness programs are usually part-time and usually school-based. Their goal is also to prepare children who may need an extra boost for school entry.

Early Childhood Special Education programs - school-based, early intervention for children with special needs

Part-time Preschools – privately owned, independent or part of a chain; what we used to call nursery schools

Licensed Family Child Care Homes – a child care provider or two caring for a small group of children in a home setting. The most common license is for 1 adult with up to 10 children.

Family, Friend & Neighbor caregivers (legally not-licensed) – not required to be licensed if they care for only their own children and children from one other family.

Child Care Licensing

- Who is required to be licensed?
- Minimum requirements
- How does the licensing process work?
- Types of licenses
- Ratios and group sizes

Who is required to be licensed? There are many kinds of group care situations for young children, in homes and commercial buildings. Most require a license.

Some types are **legally non-licensed**:

FFN or Family Friend & Neighbor caregivers, as mentioned before

Some types are **exempt from licensing**:

---Head Start/Early Head Start

---school-based programs – school readiness, Early Childhood Special Education (ECSE), Early Childhood Family Education (ECFE)

---church-based programs, during church services, meetings

---babysitters, nannies for one family

None of these require a license.

Minimum requirements for caregivers:

Centers – various combinations of education and experience for lead teachers, less for assistants and aides

Family home child care – minimum age of 18; no education requirements

Both – criminal background checks; medical exam; training while providing care

FFN – no requirements until recently; now if they register with the county to receive Child Care Assistance funds, they must have a criminal background check and a small amount of training

The licensing process involves submitting an application; Family Child Care providers also must attend an orientation in their county. Then there are site inspections by a licensor and by a fire marshal.

Child care licenses are granted for a specific number of years and must be renewed when they expire.

Child Care Licensing

- Who is required to be licensed?
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There are different types of child care licenses. The license which is granted to each child care program specifies the following:

- which ages of children can be cared for (infants, toddlers, preschoolers, school-agers)
- how ages are defined (which is different for homes and centers)
For example: infants are 6 weeks to 1 year in homes, 6 weeks to 16 months in centers
- how many total children can be cared for and the maximum group size for each age
For example, a center license could allow it to care for up to 12 infants, 14 toddlers, 20 preschoolers each in 2 groups, and 30 school-agers for a total of 96 children
- ratios of adults to children for each age group
For example, **in a center**, there must be 1 adult to:
every 4 infants, every 7 toddlers, every 10 preschoolers and every 15 school-agers
There are many types of FCC licenses, but the most common entry level license **for family child care providers** is for 1 adult with:
up to 2 infants, up to 3 total infants and toddlers, up to 6 children under 6 years old (before kindergarten entry), for a total of 10 children or less

As you can see, depending on the caregiver's preferences, many different combinations are possible in family child care homes.

Child Care Licensing Regulations

- Separate rules for centers and homes
- Who is responsible for creating regulations?
- Who is responsible for monitoring for compliance?

Separate Rules govern child care centers (Rule 3) and family child care homes (Rule 2); they are different with some overlap.

Few regulations concerning nutrition or physical activity exist; there are no rules governing breastfeeding or screen time.

FFN – no licensing regulations; a few requirements to be eligible to accept Child Care Assistance (CCAP)

The MN Legislature passed the current child care regulations in the 1980's and have passed some additional statutes since, most in reaction to a specific tragic situation (i.e. no wading pools allowed in FCC homes after a child drowned in one).

The Legislature charged the Minnesota Department of Human Services (DHS) with interpreting the rules and monitoring for compliance.

DHS no longer issues a written guidance document for the regulations.

DHS directly monitors centers with its own staff of licensors

DHS delegates the responsibility for monitoring FCC homes to counties which maintain their own staff of licensors. Counties must follow the regulations set forth by the Legislature and DHS, but they must interpret the regs without official DHS guidance, so there is much variation from county to county.

FFN – no one monitors or even knows who these caregivers are. The exception are those FFN caregivers who are registered with their county to receive CCAP, with minimal requirements and monitoring.



Training Requirements

- For Child Care Center staff
- For Family Child Care providers
- For FFN caregivers
 - Registered
 - Not registered



For CCC staff: 2% of their work hours annually, on their own time and their own dime. For a full-time worker, that equals about 40 hours of training per year.

Some centers, especially those that are part of a corporate chain, bring in speakers and trainers for their staff, during naptime or after-work hours.

For FCC: Increased by last year's Legislature from 8 to 16 hours/year. FCC providers have to pursue training outside of the long hours they do child care – in the evening and during weekends.

A few trainings are required:

First Aid & Safety; CPR; Shaken Baby/Head Trauma/SUIDs if they care for infants; seat belt safety if they transport children.

Some of these must be taken just once and some periodically, every 2 or 3 years.

FFN caregivers: those unregistered aren't required to take any training; they are difficult to even identify. Registered FFN caregivers must take the newly developed SUIDs training, which is a new requirement passed by the Legislature last session.

Child Care Professional Development

- Child Care Aware - Child Care Resource and Referral
- National, state, local levels
 - Primary charges
- MN Center for Professional Development
 - Its history and purpose
 - Approval of trainers and trainings
 - Sponsor organizations
 - The Registry



Child Care Aware is a national organization with affiliates in all 50 states. It used to be known as Child Care Resource & Referral, which describes its 3 primary charges:

- Provide referrals to child care for parents
- Provide training to child care providers
- Award grants from other sources, primarily the federal or state governments, and monitor compliance with these grants.

CCA/CCR&Rs are still the main source of training for child care providers.

In an effort to make training more accessible statewide and to control the quality of the trainings being offered, DHS contracted with Metro State about 7 or 8 years ago to establish the MN Center for Professional Development (MNCPD). The Center sets standards for and approves both trainers and trainings.

Sponsoring organizations, of which MDH is one, can also certify trainers to offer specific trainings within their areas of specialty.

The Registry is the database that keeps track of approved trainers, approved trainings, and the learning records of child care providers who join.

In order to become approved as a trainer, a person must “join the Registry” by setting up a personal profile, choose a trainer category, submit the documentation required for that trainer category, along with proof that she/he has taken Trainings of Trainers in the curricula that she/he is qualified to train. All trainings offered through SHIP must be approved and must be delivered by approved trainers.

Quality Rating & Improvement Systems

- Parent Aware in Minnesota
- What is it?
- How does it work?
- Training requirements



Parent Aware is the name of Minnesota's Quality Rating & Improvement System.

QRISs, as they are called, are developed independently by states to help child care providers improve the quality of their programs and indicate that level of quality for parents and families, usually by using a star rating system. About half of the states have an operating QRIS and others are in development.

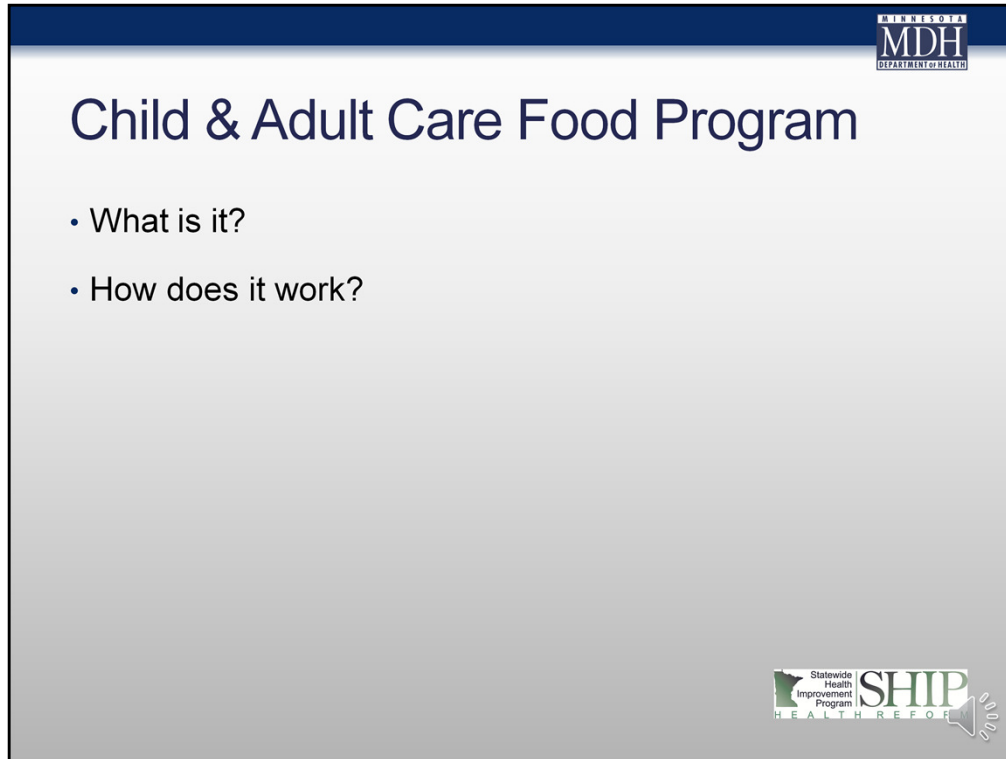
Minnesota's system is voluntary and rates programs as 1 to 4 stars.

Child care programs that choose to participate in Parent Aware, with support from a Quality Coach, document how they meet the indicators set for each category determined by the state. In Minnesota, these categories are:

- Physical Health and Well-being
- Teaching and Relationships
- Assessment of Child Progress
- Teacher Training and Education

When all documentation has been reviewed, DHS awards a star rating to the program, which can be used to market its services to parents. This rating expires and must be renewed after 3 years.

Training is required at each star level. Providers earn points toward earning a 3 or 4 star rating by taking 3 hours of training in nutrition (including breastfeeding support) and 3 hours of training in obesity prevention and physical activity. Trainings must be approved as meeting the higher Parent Aware standard to count toward ratings.



The Child and Adult Care Food Program is a federal nutrition assistance entitlement program that provides reimbursement for meals and snacks served to children in a child care program. Think “school lunch program for child care.” CACFP regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards. In Minnesota, only licensed child care programs, or those that are exempt from licensing, are eligible to participate in CACFP.

In order to claim reimbursement, child care providers must provide each month:

- written menus of what was actually served for each meal and snack
- recipes for any foods that aren’t prepackaged and labelled for CACFP crediting, showing compliance
- children’s attendance and who has eaten which meals and snacks
- purchasing records proving that they have bought the foods listed on their menus

CACFP staff at MDE work directly with independent child care centers (and adult care programs) to provide nutrition education and compliance monitoring. Because there are more than 11,000 licensed FCC programs in Minnesota, MDE contracts with 8 Sponsors which provide these services for FCC.

Studies show that children in programs that participate in CACFP eat healthier foods.

CACFP Regulations

- Who is responsible for creating regulations?
- Who is responsible for monitoring for compliance?
- Can local entities/states create stricter rules?
- Training requirements
- Upcoming changes to meal patterns

CACFP is a USDA program, so the regulations are set by the federal government. The USDA is informed by other federal agencies such as the Institutes of Medicine.

States are responsible for administration of the CACFP, offering nutrition training to child care providers and monitoring for compliance, either directly or indirectly as explained on the previous slide. In Minnesota, the CACFP is housed at the Minnesota Department of Education.

States or local entities, such as cities or county health departments, can provide guidelines or standards that are stricter than the federal regulations, but they can't enforce them or withhold reimbursement if child care programs don't meet the state's guidelines.

Child care providers or programs that participate in the CACFP are required to take one training per year offered by MDE or one of the sponsoring organization. At this time, trainings are heavily focused on compliance with CACFP regulations, but there is interest in shifting the focus to nutrition topics.

The Institutes of Medicine has issued recommendations for updating the meal patterns and other requirements. School lunch regulations have been updated and new beverage rules for CACFP have already gone into effect. New proposed rules for the CACFP should be out soon and are expected to be similar to the new school lunch requirements. There will be a public comment period before the new rules go into effect.

Who Pays for Child Care?

- Parents
- Head Start / Early Head Start
- Child Care Assistance Program (CCAP)
 - What is CCAP?
 - Who is eligible for CCAP?
- Scholarships

In general, in the United States parents are responsible for paying for early care and education. There is no direct public support for child care programs like there is for elementary, high school and college education.

However, there are several programs that assist low-income parents pay for child care. Head Start and Early Head Start are federally-funded programs for children in low-income families. Currently, appropriations only fund spaces for a fraction of the children who are eligible.

The Child Care Assistance Program (CCAP) is funded by the state and supplemented by several federal funding streams. Families on MFIP (the Minnesota Family Investment Program) are eligible for CCAP as long as they meet work or training requirements. Other low-income families may also qualify. Each family pays a monthly co-pay based on family income and the state pays the rest directly to the child care provider. CCAP is not fully funded so there is usually a long waiting list for families not on MFIP.

Recently you may have heard publicity about early childhood scholarships. Some are funded by state legislature appropriations and some by federal funds. The two sources have different qualifications for eligibility and for which child care programs qualify, but basically they are targeted to low income preschool-age children with the intent of making high quality child care programs available to them.



Standards and Best Practices – Healthy Eating

- Primary Source: <http://cfoc.nrckids.org/>



Caring for Our Children
National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs
3rd Edition
National Resource Center For Health and Safety
in Child Care and Early Education



Preventing Childhood Obesity
in Early Care and Education Programs

- Other resources
 - CACFP
 - Nemours
 - Let's Move Child Care
 - American Academy of Pediatrics (AAP)



The primary source for child care best practices is *Caring for Our Children*, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. This collection of standards is a joint collaborative project of the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care. Support for the project is provided by the Maternal and Child Health Bureau of the Health Resources and Services administration (HRSA), which is part of the federal Department of Health and Human Services. So, these standards have credibility!

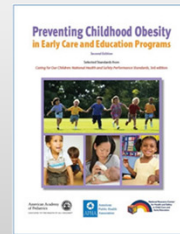
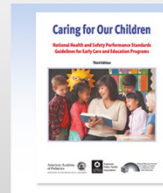
The 3rd edition of *Caring for Our Children (CFOC)* contains ten chapters of 686 Standards and thirty-nine Appendices. Selected standards have been pulled from CFOC and compiled into a much shorter booklet called *Preventing Childhood Obesity in Early Care and Education Programs*. This contains the standards concerning physical activity, screen time and nutrition for all ages, including breastfeeding.

Other sources of nutrition standards and best practices include:

- CACFP, which focuses on meal patterns and portion sizes
- Nemours, which has published a very comprehensive guide containing nutrition best practices and policies
- Let's Move Child Care, whose website contains extensive training modules and resources
- The American Academy of Pediatrics, which has published position papers on nutrition for young children

Standards and Best Practices – Supporting Breastfeeding

- Primary Source: <http://cfoc.nrckids.org/>



- Other resources
 - WIC
 - Minnesota Breastfeeding Coalition
 - United States Breastfeeding Committee
 - Let's Move Child Care



Again, the primary source is Caring for Our Children.

Other sources of standards and best practices for supporting breastfeeding include:

- WIC, which encourages breastfeeding through education and through the contents of its food packages
- Minnesota Breastfeeding Coalition, with tipsheets and information about local sources of breastfeeding support
- United States Breastfeeding Committee, whose website contains many resources
- Let's Move Child Care, whose website contains extensive training modules and resources, including information on infant feeding



Standards and Best Practices – Physical Activity

- Primary Source: <http://cfoc.nrckids.org/>



Caring for Our Children

National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs
3rd Edition

National Resource Center For Health and Safety
in Child Care and Early Education



- Other resources
 - National Association for Sport and Physical Activity (NASPE)
 - Nemours
 - Let's Move Child Care
 - AAP



Again, the primary source is Caring for Our Children.

Other sources of physical activity standards and best practices include:

- NASPE, which has formulated standards for appropriate quantities and types of physical activity for various age groups
- Nemours, which has published a very comprehensive guide containing physical activity best practices and policies
- Let's Move Child Care, whose website contains extensive training modules and resources on movement for children
- The American Academy of Pediatrics, which has published position papers on many related topics

Early Care and Education – Professional Organizations/Potential Partners

- Child Care Aware/Child Care Resource & Referral (CCR&R) www.childcareawaremn.org
- MN Association for the Education of Young Children (MnAEYC-MnSACA) www.mnaeyc-mnsaca.org/
- Minnesota Licensed Family Child Care Association (MLFCCA) www.mlfcca.org/
- CACFP Sponsors
<http://education.state.mn.us/MDE/SchSup/FNS/CACFPCenter/index.html>



The professional organizations listed can be sources of information and resources.
They can help you identify child care programs caring for the highest need children.
They can introduce you as a credible partner to child care programs and providers.
They can help you locate approved trainers if you choose to contract with someone else to deliver trainings to child care providers.
They can help you interpret local child care culture and practices.
They can assist you in understanding child care regulations and how they are actually put into practice.

Questions & Technical Assistance

- Child Care Guide for Implementation 2014-2015
www.health.state.mn.us/healthreform/ship/2013rfp/docs/child-care-guide_SHIP3.pdf
- Online Technical Assistance Request form
<https://survey.vovici.com/se.ashx?s=56206EE3054AB8D2>
- Making it Better Log – current and past issues
www.health.state.mn.us/divs/oshii/log/
- Basecamp – Online peer-to-peer sharing for SHIP/CTG/TFC grantees
<https://basecamp.org>
- Contact your Community Specialist
- Contact Joyce O'Meara, OSHII Early Childhood Specialist
joyce.omeara@state.mn.us or 651-201-3546



Here are sources of information and resources if you have questions about SHIP.

The Guide will be updated periodically, but the Log and Basecamp are where you will find the most up-to-date information and tools.

And, of course, you can always contact your Community Specialist or the Early Childhood Specialist directly or ask that Joyce be present on a monthly call.

In closing, I want to say thank you for all the good work you are planning or are already engaged in, to improve the health of young children in Minnesota by helping their caregivers improve their health-promoting practices.