
Basic Health and Safety Practices in Georgia's License-Exempt Child Care Programs

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Executive Summary

The reauthorization of the Child Care and Development Block Grant (CCDBG) includes a requirement for states to monitor the basic health and safety practices of legally operating, license-exempt programs that receive child care subsidy funds. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) initiated the Exemption Visit Project (EVP) to collect data about basic health and safety practices from a sample of license-exempt child care programs and examine how they compared to practices in licensed child care programs. DECAL wanted the information to support its development of monitoring tools and processes for license-exempt programs that receive child care subsidies and to inform its support of nonsubsidized license-exempt programs across the state.

DECAL randomly sampled 482 license-exempt programs across 10 types of exemptions (e.g., government-operated, summer camps, etc.) to participate in this study. Data collectors visited each program and completed a checklist on basic health and safety practices. Thirty-eight of the health and safety practices measured were comparable to practices included in Georgia's child care licensing rules. The team analyzed data on a sample of licensed child care programs and examined the extent to which licensed programs met these basic health and safety practices, compared to license-exempt programs.

Key Findings: For all but two indicators, licensed programs were significantly more likely to meet basic health and safety indicators, relative to license-exempt programs. This is not surprising: licensed programs are required to meet these practices, are monitored by DECAL, and are supported in meeting these requirements. Almost all (90% or more) of the license-exempt programs met 12 of the indicators (e.g., group size and ratios). Between 63 and 89 percent of license-exempt programs met the remaining 24 basic health and safety indicators. The data suggest that some areas, such as transporting children, might require special supports to help more license-exempt programs implement recommended practices.

The data gathered from this project will help DECAL staff develop procedures for monitoring health and safety practices among license-exempt programs that receive child care subsidies. The findings will also be useful as DECAL considers how best to support license-exempt programs. We commend DECAL for conducting this exploratory study to guide its plans to support all types of license-exempt programs, and to develop monitoring plans for license-exempt programs eligible to receive child care subsidy funds. With this project, DECAL continues to demonstrate its commitment to making data-informed decisions about its policies and practices.

Introduction

The Child Care Development Fund (CCDF) is a federal and state partnership program authorized under the Child Care and Development Block Grant Act (CCDBG). CCDF includes provisions for services and supports designed to increase access to high-quality child care for low-income families. Georgia's Bright from the Start: Department of Early Care and Learning (DECAL) administers the CCDF in Georgia. Georgia uses the CCDF to offer subsidies to eligible families to pay for their child care. DECAL also uses the CCDF to support quality improvement in licensed programs, increase access to child care, and support child care research.

The reauthorization of the CCDBG in 2014 includes several new provisions to improve child care quality. One provision requires states to develop and monitor minimum health and safety standards in 10 substantive categories for all programs that receive CCDF funds. Examples of categories include the prevention and control of infectious diseases, building and physical premises safety, and transportation safety. To meet the 2014 CCDF requirements, states must monitor basic health and safety practices in all programs that receive subsidies, including both licensed and license-exempt programs. Across the nation, each state develops its own definitions for the types of programs that require licensing versus those that are exempt from licensing but still operate legally. Furthermore, states are responsible for determining which programs are eligible to receive child care subsidies through CCDF.

License-Exempt Child Care in Georgia

As of April and May 2016 (right before this study began), Georgia had 5,002 licensed child care programs and 4,282 legally operating programs exempt from child care licensing rules and regulations. In Georgia, 14 categories of legally operating programs are exempt from licensure rules and regulations. Table 1 shows that these programs vary regarding the age of children served, type of activities offered, location of services, and length of time that services are delivered.

Table 1. Categories of License Exemption—Georgia’s Bright from the Start: Department of Early Care and Learning

Exemption Category	Description
1	Programs that are government-owned and operated; can include programs operated by schools or city/county parks and recreation departments
2	Private education programs with an established curriculum for children ages 5 and older that operate during the school term for the customary school day
3	Before-/after-school program operated by an accredited private school
4	Accredited program with an established curriculum for 4-year-olds operated by accredited private elementary/secondary school
5	Parent’s morning/night out for no more than 4 hours/day; 8 hours/week
6	Nursery school, playschool, kindergarten, or other educational program for children ages 2–6; no more than 4 hours/day
7	Day camp for children ages 5 and older operated between school terms; no more than 12 hours/day
8	Short-term educational/recreational activities or classes
9	Short-term child care operated on premises; parents are readily available, such as at a health club or religious facility
10	Instructional, extracurricular skill-based programs operated after the customary school day
11	Short-term educational program for children ages 5 and older; offers specialized services, such as tutoring
12	Program/facility for children ages 5 and older operated by a national membership nonprofit organization
13	Group care for children for no pay
14	Religious/faith-based exemption for programs currently licensed who wish to give up their license; must be currently licensed and accredited

Source: Bright from the Start: Georgia Department of Early Care and Learning (2017). *Exemption Categories Clarification*. Retrieved from <http://www.dec.al.ga.gov/CCS/Exemptions.aspx>.

Two categories of Georgia’s license-exempt programs—government-owned/operated programs and day camps (Categories 1 and 7)—are eligible to receive child care subsidies from the CCDF. Therefore, these categories must be monitored for their basic health and safety practices as part of the reauthorization. DECAL collects information about health and safety practices for licensed child care programs that receive child care subsidies. DECAL obtains this information from initial licensing studies and from regulatory visits to ensure compliance with rules and regulations. Historically, DECAL has not possessed standardized information about basic health and safety practices for license-exempt programs. In response to the new CCDF requirement, DECAL launched the Exemption Visit Project (EVP) in June 2016 to gather data about basic health and safety practices in license-exempt programs across 10 exemption categories.

Purpose

The purpose of the EVP was to collect data about basic health and safety practices from a sample of license-exempt child care programs and examine how they compare to practices in licensed programs. The information gathered in this study will help DECAL develop monitoring tools and processes for license-exempt programs that receive child care subsidies, which will support DECAL’s efforts to comply

with new CCDBG requirements. It also will inform DECAL’s decisions about how to support nonsubsidized license-exempt programs across the state.

Approach

DECAL and Child Trends worked collaboratively on this project. DECAL created the sampling plan, developed the data collection tool, and collected the data. Child Trends conducted the analyses and summarized findings for this report. DECAL randomly selected approximately 10 percent of license-exempt programs from 10 categories of interest to participate in visits for the study. Four categories of exempt programs were not included because they either offered services free of charge or had the least similarity to licensed programs. A total of 482 programs participated in the study. A description of the types of programs included in the study is shown in Table 2.

Table 2. Description of License-exempt Programs that Participated in the Study

Exemption Category	Description	Number of Programs Observed	Percent of Programs Observed
1	Government-owned/operated (public recreation parks, after-school, or summer camp programs operated by a public school)	72	15%
5	Parent’s morning/night out	64	13%
6	Nursery school, playschool, kindergarten, or other educational program for ages 2–6	64	13%
7	Day camp for children ages 5 and older	113	23%
8	Short-term educational/recreational activities or classes	32	7%
9	Short-term child care operated on premises	42	9%
10	Instructional, extracurricular skill-based programs operated after the customary school day	18	4%
11	Short-term educational program for children ages 5 and older	4	1%
12	Program/facility for children ages 5 and older operated by a national membership nonprofit organization	38	8%
14	Religious/faith-based exemption for programs currently licensed	35	7%
Total		482	100%

DECAL developed a checklist (see Appendix A) of health and safety practices, based on the 10 substantive areas identified in the new CCDBG requirements (e.g., control of infectious diseases). This report uses the term *categories* for these broad areas (e.g., diapering). Within each area, the checklist includes specific practices (e.g., sink with running water near the diapering area). We refer to these as *indicators* or *practices*. DECAL contracted with nine experienced licensing consultants to visit the license-exempt programs and complete the checklist. Because of the exploratory nature of the visits and DECAL’s interest in determining the degree to which license-exempt programs met some of the same health and safety indicators required for licensed programs, it was important that the data collectors for this project be very familiar with the health and safety licensing requirements. DECAL also conducted a

training session with the data collectors and addressed questions through regular communication throughout data collection. Visits occurred between June and December 2016.

Child Trends analyzed the data collected during the on-site visits to compute the percentage of license-exempt programs that met indicators for each category assessed. To obtain a picture of licensed programs' performance on basic health and safety practices required for such programs, Child Trends worked with DECAL to identify licensing regulations that aligned with indicators on the license-exempt program checklist (see Appendix B.) This allowed us to compare the extent to which license-exempt versus licensed programs met the same set of basic health and safety practices. Although the report sometimes uses the phrase *complied with* to denote when license-exempt programs met an indicator, license-exempt programs were not required by DECAL to meet these health and safety indicators.

Next, DECAL provided Child Trends with data from monitoring visits in licensed child care centers that were completed during the same timeframe as the license-exempt visits. Thus, the data for this study included information on a comparable set of basic health and safety practices from licensed and license-exempt programs that received visits during the same time period. We calculated the percentage of licensed and license-exempt programs that met each indicator and analyzed the data to determine whether any differences were statistically significant.

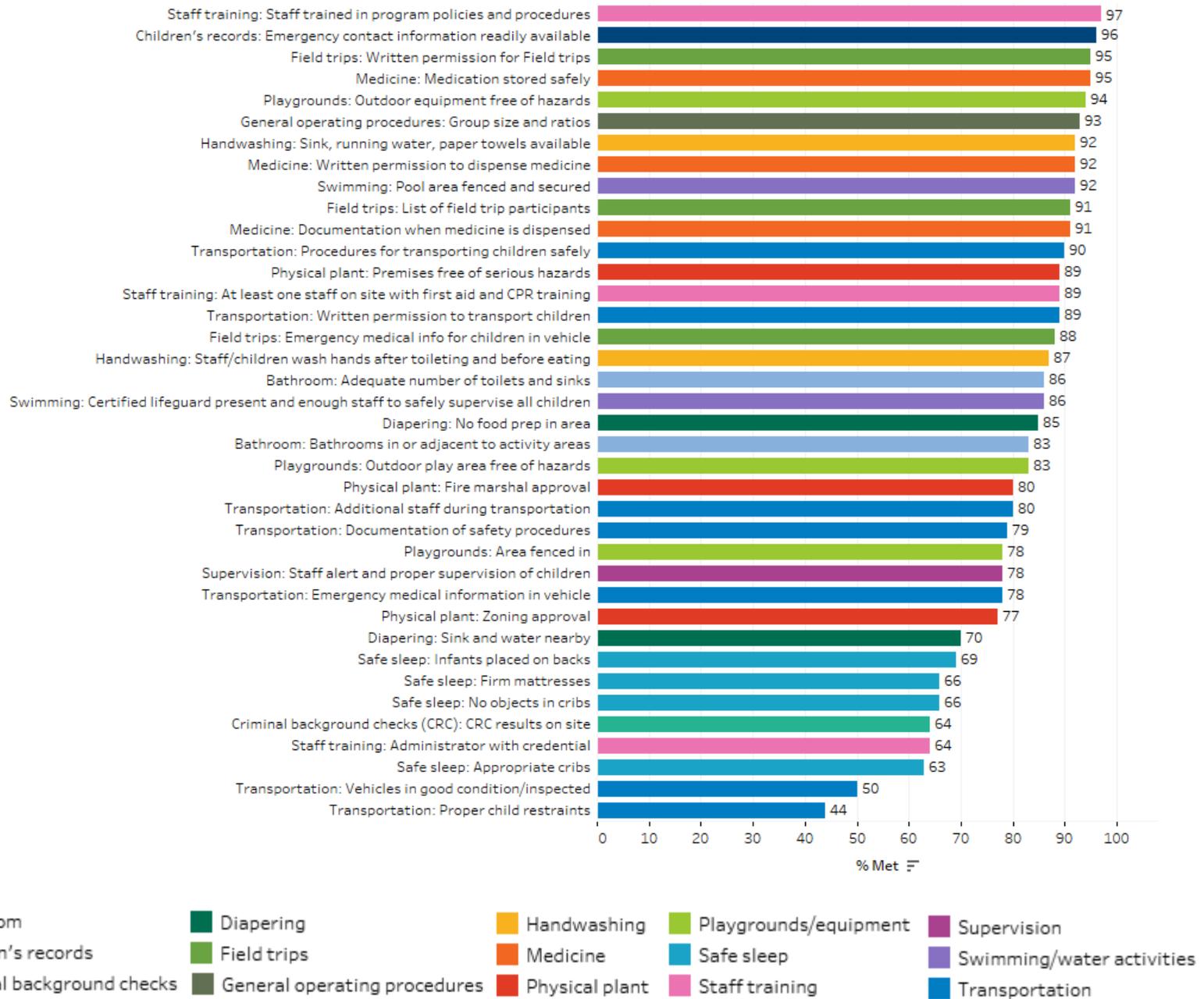
Appendix C provides more detail on our methodological approach, including sampling, analysis, and steps to align items on the checklist for license-exempt programs with licensing rules.

Findings

Almost all (i.e., 90% or more) license-exempt programs in the study met 12 of the basic health and safety practices in Georgia's child care licensing rules. Between 63 and 89 percent of license-exempt programs met the remaining 24 health and safety indicators.

Child Trends first examined the percentage of license-exempt programs that met each of the 38 basic health and safety practices examined in the study; see Appendix B for information on these indicators, organized into 15 categories (e.g., diapering). Almost all (i.e., 90% or more) license-exempt programs in the study met 12 of the indicators. Examples of these indicators include group size and ratios, training staff on program policies and procedures, and storing medication in a place that is inaccessible to children. About half or fewer of the license-exempt programs met two of the seven transportation indicators on the checklist: vehicles in good condition and inspected, and using proper restraints when transporting children. Between 63 and 89 percent of license-exempt programs met the remaining 24 basic health and safety indicators. Figure 1 illustrates license-exempt programs' compliance on each of the 38 indicators, organized from highest percentage met to lowest.

Figure 1. Percentage of License-exempt Programs that met GA Basic Health and Safety Practices



For all but two basic health and safety indicators, licensed programs were more likely to meet the indicators compared to license-exempt programs.

Figure 1 describes the percentage of license-exempt programs that met health and safety practices, but does not provide information on the extent to which these programs were similar to or different from licensed programs on the same indicators. To answer this question, we calculated the percentage of licensed programs that met the equivalent licensing rules for each of the 38 health and safety indicators on the EVP checklist. We then compared these percentages to the percentage of license-exempt programs that met the same indicators. Finally, we conducted analyses to determine whether there were any statistically significant differences between license-exempt and licensed programs. (See Appendix C for more information on methodology, and Appendix D for tables of compliance comparisons between licensed and license-exempt programs.) For all but two indicators, licensed programs were more likely (with statistical significance) to meet the basic health and safety indicators compared to license-exempt programs. For some indicators, the differences were not significant: (1) premises are free of serious health and safety hazards, and (2) outdoor equipment is free of serious health and safety hazards. DECAL requires licensed programs to meet these health and safety practices and monitors such programs to ensure compliance. The Department does not require license-exempt programs to meet these practices, nor do they monitor these programs.

For nearly every indicator, licensed programs performed better than license-exempt programs. Figures 2–16 show the percentage of license-exempt and licensed programs that met each indicator. License-exempt programs are represented in color while licensed programs are shown in light gray. The largest difference between the two types of programs was evident in two transportation practices. All licensed programs met indicators for use of proper restraints when transporting children, compared to 44 percent of license-exempt programs. Ninety-seven percent of licensed programs met indicators for vehicles in good condition and inspected, compared to 50 percent of license-exempt programs. Compared to licensed programs, license-exempt programs were also less likely to have a criminal record check on site for all staff (64% of exempt programs vs. 93% of licensed programs).

Figure 2. General Operating Practices: Percent Met for License-exempt and Licensed Programs

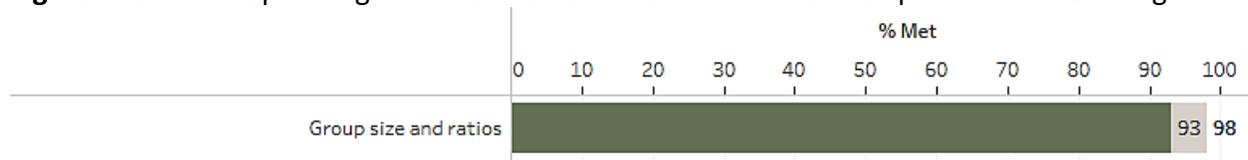


Figure 3. Diapering Practices: Percent Met for License-exempt and Licensed Programs

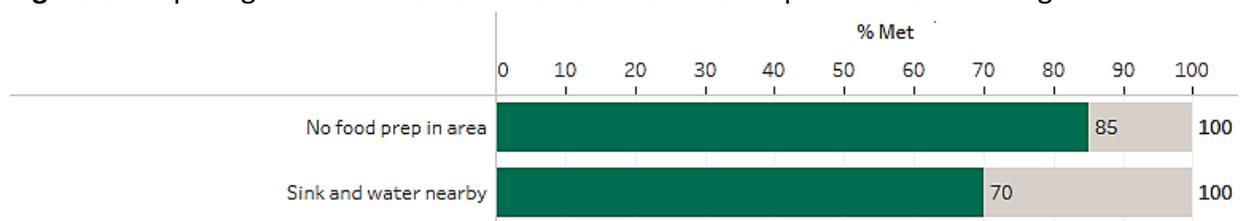


Figure 4. Safe Sleep Practices: Percent Met for License-exempt and Licensed Programs

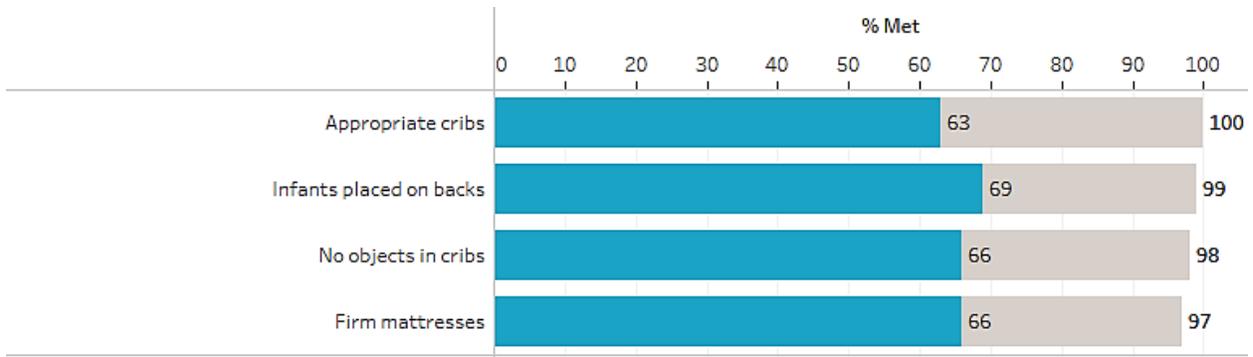


Figure 5. Criminal Background Check (CRC) Practices: Percent Met for License-exempt and Licensed Programs

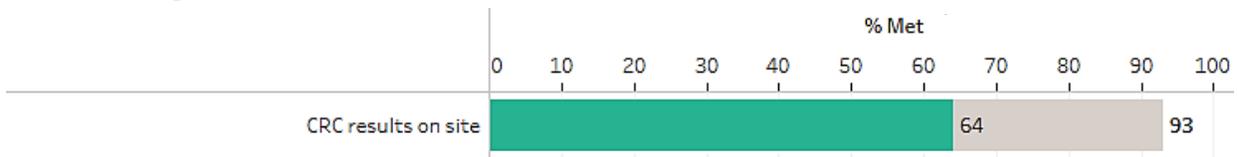


Figure 6. Supervision Practices: Percent Met for License-exempt and Licensed Programs

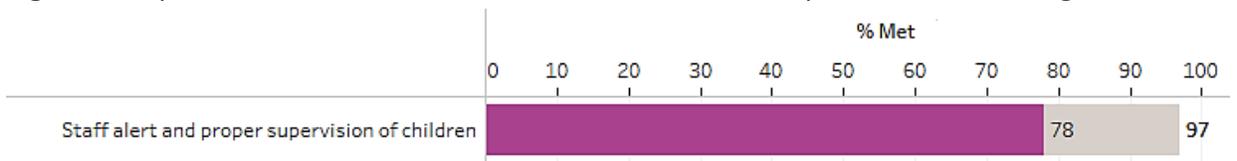


Figure 7. Playgrounds/Equipment Practices: Percent Met for License-exempt and Licensed Programs

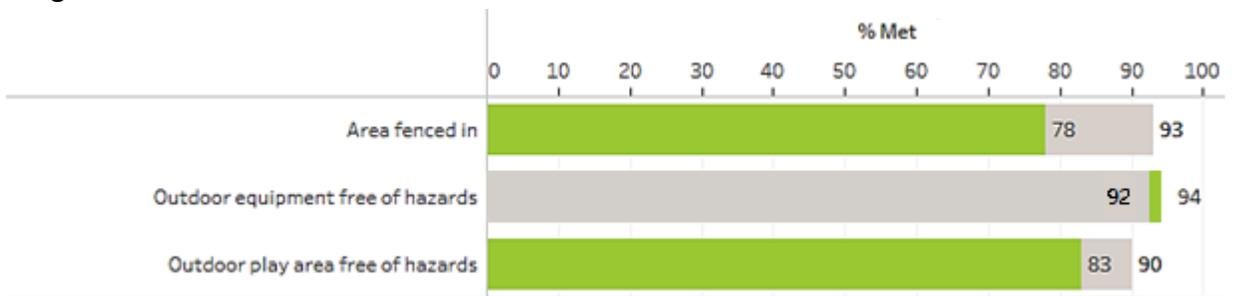


Figure 8. Handwashing Practices: Percent Met for License-exempt and Licensed Programs

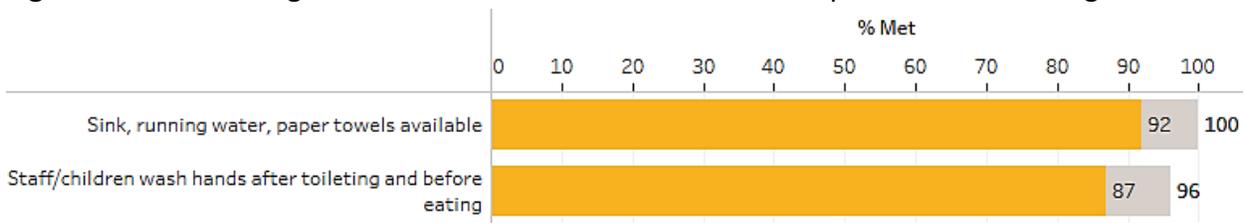


Figure 9. Bathroom Practices: Percent Met for License-exempt and Licensed Programs

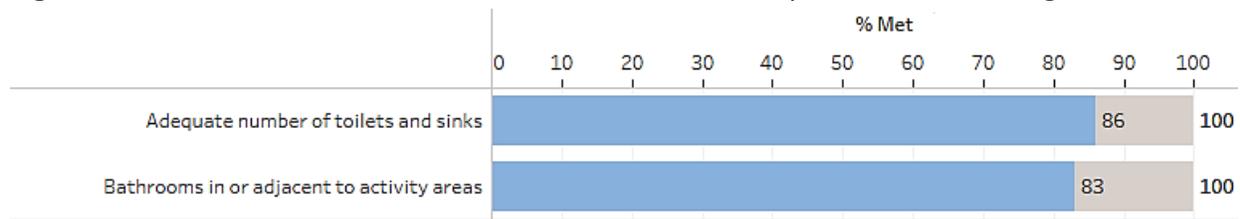


Figure 10. Transportation Practices: Percent Met for License-exempt and Licensed Programs

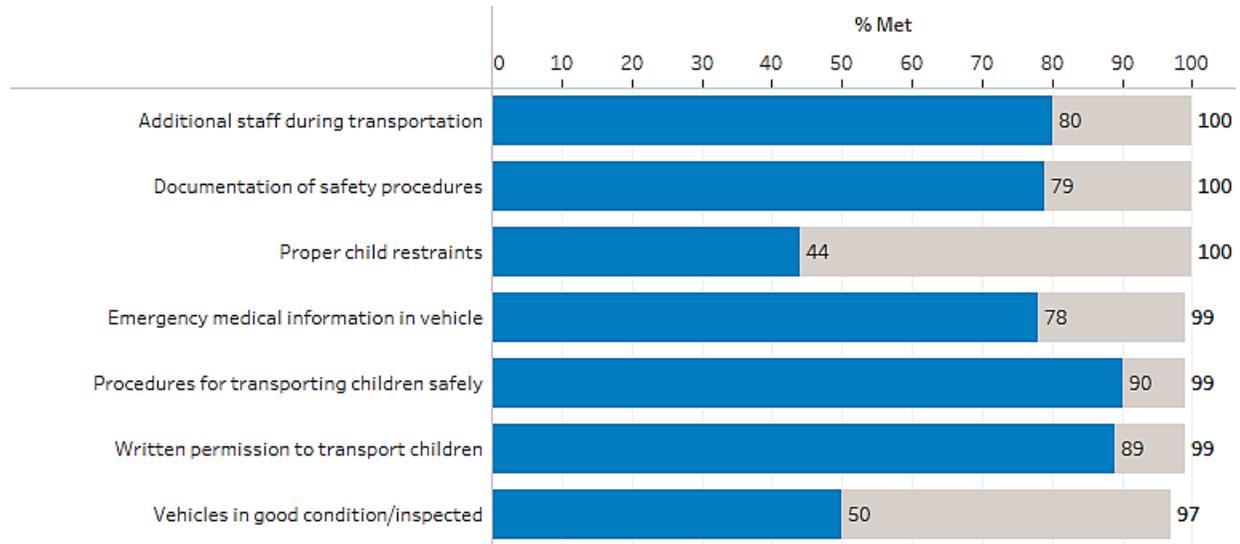


Figure 11. Field Trip Practices: Percent Met for License-exempt and Licensed Programs



Figure 12. Swimming/Water Activities Practices: Percent Met for License-exempt and Licensed Programs

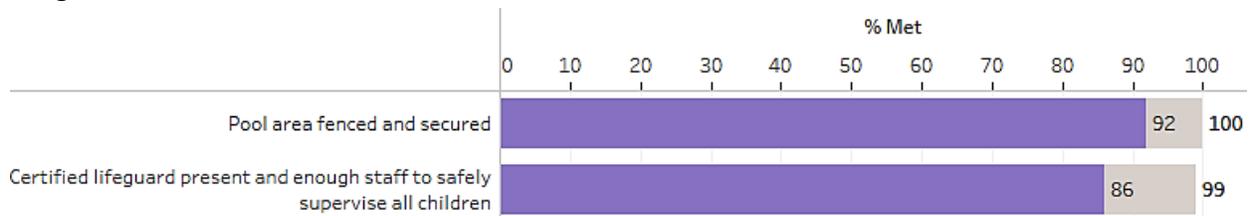


Figure 13. Staff Training Practices: Percent Met for License-exempt and Licensed Programs



Figure 14. Medication Practices: Percent Met for License-exempt and Licensed Programs

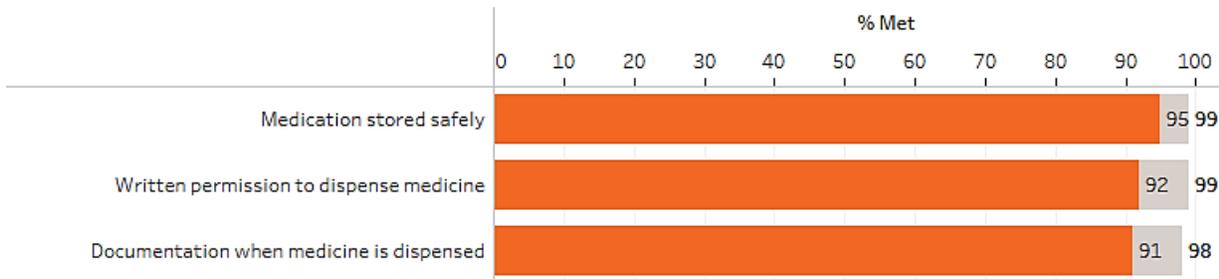


Figure 15. Physical Plant Practices: Percent Met for License-exempt and Licensed Programs

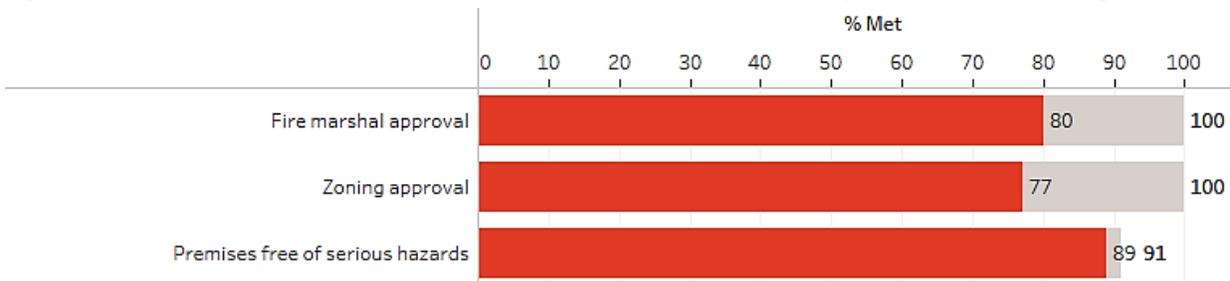
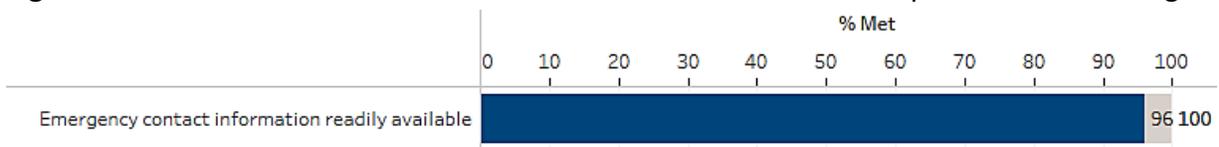


Figure 16. Children's Records Practices: Percent Met for License-exempt and Licensed Programs



Limitations and Conclusions

We commend DECAL for conducting this exploratory study to guide its plans for supporting all types of license-exempt programs, and for developing monitoring plans for license-exempt programs eligible to receive child care subsidy funds. With this project, DECAL continues to demonstrate its commitment to making data-informed decisions about its policies and practices.

There are important limitations to consider when interpreting the findings from this study. First, consultants gathered data on some, but not all, basic health and safety practices. They also did not gather data on other licensing rules beyond health and safety. Information presented in this report does not describe the overall quality of license-exempt programs included in the study.

Second, the study gathered information about whether programs met certain health and safety practices, but it did not gather information about *why* programs did or did not meet those practices. We cannot draw conclusions about why license-exempt programs did not meet certain practices.

Third, the findings describe the health and safety practices of license-exempt programs *overall*; the study was not designed to compare practices between various categories of exemption. The license-exempt programs included in this study varied widely in age of children served, type of activities offered, location of services, and length of time services are delivered. The findings for a particular category of exempt programs may differ from the overall findings presented in this report.

Fourth, it is possible that documentation for some indicators—such as a fire inspection or zoning approval certificate—existed, but was not available for the observation visit.

Finally, the findings cannot be generalized to license-exempt programs in other states; each state determines its own rules about which programs are exempt from licensure.

There are four main conclusions from this study.

1. The project met the overall goal of providing information that DECAL's licensing team can use to develop procedures for monitoring health and safety practices among license-exempt programs that receive child care subsidies. The data suggest that some areas, like transportation, might warrant special supports to help more license-exempt programs implement recommended practice.
2. The DECAL team will need to use its knowledge of the health and safety requirements and license-exempt program characteristics when interpreting findings from this study. The consultants who visited the license-exempt programs may contribute additional observations to inform DECAL's future work. DECAL staff may also want to consider whether aspects of current monitoring practices for licensed programs could be adapted to monitor license-exempt programs.

3. It is not surprising that a greater percentage of licensed programs met the basic health and safety practices, relative to license-exempt programs. Licensed programs are aware of and required to comply with these indicators; they are also regularly monitored by DECAL staff to ensure compliance. We do not know how many license-exempt programs would meet these basic health and safety practices if they were required to do so.
4. A foundation of health and safety practices is evident in license-exempt programs, and DECAL can build on this foundation. More than 75 percent of the license-exempt programs met most (29 of 38) of the indicators. It is encouraging to know that many license-exempt programs met most of the basic health and safety practices.

Appendix A: 2016 Exemption Visit Project Health and Safety Monitoring Checklist for License-Exempt Programs

Arrival time:			Departure time:			Visit date:					
Consultant name:						Phone #:					
Program name:						EX-_____ (insert provider #)					
Exemption Category:						EXMT-_____ (insert category #)					
Street Address:						Phone:					
City, Zip Code, County:						# of CAPS certificates (if applicable):					
Administrator/Person-in-charge: <input type="checkbox"/> Yes <input type="checkbox"/> No						Present during visit:					
						Is this person typically on-site each day? <input type="checkbox"/> Yes <input type="checkbox"/> No					
General Operating Information											
Is program currently operating?:						<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:					
Is program operating within approved guidelines?: <i>(i.e. ages served, hours/days of operation, etc.)</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:					
Is program operating at approved location?:						<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:					
Are signed parent acknowledgement forms on file for each child?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do parents receive a program handbook?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Is the email we have on file current? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving communications from the Department? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Is the program accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list accrediting agency: _____											
Staff: Child Ratios											
Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/ Notes	Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/Notes
TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of non-care staff present (clerical, janitorial, etc.):											
Indicators									Observations/ Comments/ Notes		

<p>Diapering <input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Clean, nonporous diapering surface with safety barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No • Sink with warm, running water adjacent to diapering area? <input type="checkbox"/> Yes <input type="checkbox"/> No • Area not used for food preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Safe Sleep <input type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • CPSC/ASTM Crib in good repair for each infant? <input type="checkbox"/> Yes <input type="checkbox"/> No • Cribs clear of objects? <input type="checkbox"/> Yes <input type="checkbox"/> No • Firm mattresses, tight-fitting sheets? <input type="checkbox"/> Yes <input type="checkbox"/> No • Infants placed on in cribs on backs to sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Criminal Background Checks</p> <ul style="list-style-type: none"> • Criminal record checks (CRC) completed on all staff? <input type="checkbox"/> Yes <input type="checkbox"/> No • What agency are they completed through? (local law enforcement, private party, etc.) _____ • CRC results on file for all staff on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, list location of where they are kept.) • Check Sex Offender Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Supervision</p> <ul style="list-style-type: none"> • Staff members physically present with the children and properly supervising? <input type="checkbox"/> Yes <input type="checkbox"/> No • Staff alert and able to intervene to prevent injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Playgrounds/Equipment <input type="checkbox"/> N/A (no playground) <input type="checkbox"/> N/A (no equipment) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Outdoor equipment free of serious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No • Outdoor play area free of serious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fence/barrier around outdoor play area? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Handwashing <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Sink(s), running water, soap and paper towels available? <input type="checkbox"/> Yes <input type="checkbox"/> No • Staff & children wash hands after toileting & before eating? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Bathrooms</p> <ul style="list-style-type: none"> • Number of Toilets: _____ • Number of Sinks: _____ • Bathrooms in or adjacent to activity areas? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If no, explain-----></p>	
<p>Transportation <input type="checkbox"/> N/A (no transportation provided)</p> <ul style="list-style-type: none"> • Written permission to transport from parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency medical information for each child on vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No • Proper restraints used when transporting children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit • Procedures in place to transport children safely? <input type="checkbox"/> Yes <input type="checkbox"/> No • Vehicle(s) in good condition/inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit <p>Explain-----></p> <ul style="list-style-type: none"> • Documentation maintained of transportation which indicates that safety procedures are in place? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

<ul style="list-style-type: none"> • Additional staff provided to maintain adequate supervision during transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<p>Field Trips <input type="checkbox"/> N/A (no field trips provided)</p> <ul style="list-style-type: none"> • Written permission from parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No • List of participants? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency medical information for each child on vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Swimming and Water-Related Activities <input type="checkbox"/> N/A (no pool/no swimming activities)</p> <ul style="list-style-type: none"> • Pool area adequately fenced & secured? <input type="checkbox"/> Yes <input type="checkbox"/> No • Lifeguard certified and present? (if pool is on site) <input type="checkbox"/> Yes <input type="checkbox"/> No • Enough staff to safely supervise swimmers and non-swimmers? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Staff Training</p> <ul style="list-style-type: none"> • At least one staff person present on site and on field trips with current first aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does administrator/person-in-charge meet licensing requirements for credential? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, list type of credential: _____</p> <ul style="list-style-type: none"> • Staff trained in program policies and procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p> <ul style="list-style-type: none"> • Does staff receive on-going training? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, list type of training:</p>	
<p>Medication <input type="checkbox"/> N/A (No medication dispensed)</p> <ul style="list-style-type: none"> • Stored medication inaccessible to children? <input type="checkbox"/> Yes <input type="checkbox"/> No • Written permission from parent/guardian to dispense? <input type="checkbox"/> Yes <input type="checkbox"/> No • Document in writing when medication is dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Discipline</p> <ul style="list-style-type: none"> • Appropriate disciplinary actions observed? <input type="checkbox"/> None observed <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p> <ul style="list-style-type: none"> • Written discipline policy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Appropriate discipline policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (not physically or emotionally harmful) • Policy communicated to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Physical Plant</p> <ul style="list-style-type: none"> • Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fire Marshal approval? <input type="checkbox"/> Yes <input type="checkbox"/> No • Zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No • Business license? <input type="checkbox"/> Yes <input type="checkbox"/> No • Premises free of serious health & safety hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>	
<p>Children's Records</p> <ul style="list-style-type: none"> • Are children's records maintained on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency contact information available for each child & readily accessible to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Additional Departmental Questions

Is the program participating in CACFP or SFSP (food program)? Yes No

Are you familiar with, or have you heard of, the Quality Rated program? Yes No

Quality Rated is not currently available to exempt programs.

If it was an option for your exempt program, would you be interested in participating? Yes No

NOTES/OBSERVATIONS:

Administrator/Person-in-charge Signature _____

Printed name _____ **Date** _____

Consultant Signature _____ **Date** _____

Appendix B: Licensing Rules that Align with Indicator for the License-Exempt Project

License-Exempt Indicator	Equivalent Licensing Rule	Licensing Rule Language																								
<p>Group Sizes met?</p>	<p>591-1-1-.32(1)</p>	<p align="center">General Operating Information</p> <p>(1) A Center must establish groupings of children for care and maintain Staff:child ratios as follows:</p> <table border="1" data-bbox="993 553 1556 1097"> <thead> <tr> <th data-bbox="993 553 1289 662">Ages of Children</th> <th data-bbox="1293 553 1440 662">Staff:Child Ratio*</th> <th data-bbox="1444 553 1556 662">Max. Group Size **</th> </tr> </thead> <tbody> <tr> <td data-bbox="993 665 1289 841">Infants less than one (1) year old or children under eighteen (18) months who are not walking</td> <td data-bbox="1293 665 1440 841">1:6</td> <td data-bbox="1444 665 1556 841">12</td> </tr> <tr> <td data-bbox="993 844 1289 914">One (1) year olds who are walking</td> <td data-bbox="1293 844 1440 914">1:8</td> <td data-bbox="1444 844 1556 914">16</td> </tr> <tr> <td data-bbox="993 917 1289 951">Two (2) year olds</td> <td data-bbox="1293 917 1440 951">1:10</td> <td data-bbox="1444 917 1556 951">20</td> </tr> <tr> <td data-bbox="993 954 1289 989">Three (3) year olds</td> <td data-bbox="1293 954 1440 989">1:15</td> <td data-bbox="1444 954 1556 989">30</td> </tr> <tr> <td data-bbox="993 992 1289 1026">Four (4) year olds</td> <td data-bbox="1293 992 1440 1026">1:18</td> <td data-bbox="1444 992 1556 1026">36</td> </tr> <tr> <td data-bbox="993 1029 1289 1063">Five (5) year olds</td> <td data-bbox="1293 1029 1440 1063">1:20</td> <td data-bbox="1444 1029 1556 1063">40</td> </tr> <tr> <td data-bbox="993 1066 1289 1101">Six (6) years and older</td> <td data-bbox="1293 1066 1440 1101">1:25</td> <td data-bbox="1444 1066 1556 1101">50</td> </tr> </tbody> </table> <p>* Staff, such as the Director or service workers (food, maintenance and clerical staff, etc.), shall be counted in the Staff:child ratio only during the time that they are giving full attention to the direct supervision of the children. Service staff routinely acting as child care workers shall meet the qualifications of the respective caregivers.</p> <p>** Maximum group size does not apply to outdoor play on the playground routinely used by the Center or for special activities in the Center lasting no</p>	Ages of Children	Staff:Child Ratio*	Max. Group Size **	Infants less than one (1) year old or children under eighteen (18) months who are not walking	1:6	12	One (1) year olds who are walking	1:8	16	Two (2) year olds	1:10	20	Three (3) year olds	1:15	30	Four (4) year olds	1:18	36	Five (5) year olds	1:20	40	Six (6) years and older	1:25	50
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		Five (5) year olds	1:20	40																						
		Six (6) years and older	1:25	50																						

		more than two (2) hours. Maximum group size does not apply to Centers with a licensed capacity of 18 or fewer. However, required Staff:child ratios must be maintained.
Diapering		
Sink with warm, running water adjacent to diapering area?	591-1-1-.10(2)	(2) Lavatory. In Centers first licensed after March 1, 1991, and Centers that renovate existing plumbing facilities, a hand washing lavatory with running heated water shall be located adjacent to the diapering area. Flush sinks shall not be used for hand washing. Cleansing procedures in other facilities shall be approved by the Department.
Area not used for food preparation?	591-1-1-.10(6)	(6) Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.
Safe Sleep		
CPSC/ASTM Crib in good repair for each infant?	591-1-1-.30(1)(a)	(a) Cribs. A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)
Cribs clear of objects?	591-1-1-.30(2)(b)	(b) Center Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
Infants placed on in cribs on backs to sleep?	591-1-1-.30(2)(a)	(a) Center Staff shall place an infant to sleep on the infant's back in a crib unless the Center has been provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
Firm mattresses, tight-fitting sheets?	NEAR ALIGNMENT 591-1-1-.30(1)(a)2 and 591-1-1-.30(1)(a)3	2. Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant. 3. Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

Criminal Background Checks		
CRC results on file for all staff?	591-1-1-.09(1)(a)	(a) Every actual and potential Director, Employee and Provisional Employee of a Child Care Learning Center must have a Satisfactory Records Check Determination before the individual is present at a Center while any child is present for care or before the individual resides in a Center.
Supervision		
Staff members physically present with the children and properly supervising?	591-1-1-.32(7)	(7) Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children, chaperones and Students-in-Training. The persons supervising in the child care area must be alert, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the chaperones and Students-in-Training, and provide timely attention to the children's actions and needs.
Staff alert and able to intervene to prevent injuries?		
Playgrounds/Equipment		
Fence/barrier around outdoor play area?	591-1-1-.26(4)	(4) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by this Department. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.
Outdoor play area free of serious hazards?	591-1-1-.26(8)	(8) Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.
Outdoor equipment free of serious hazards?	NEAR ALIGNMENT 591-1-1-.26(6)	(6) Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. For example, toddlers shall not be permitted to swing in swings designed for School-age Children. The outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.

Handwashing		
Sink(s), running water, soap and paper towels available?	591-1-1-.06(6)	(6) Supplies. Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.
Staff and children wash hands after toileting and before eating?	<p>NEAR ALIGNMENT</p> <p>591-1-1-.17(7)- and 591-1-1-.17(8)-</p>	<p>(7) Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:</p> <ul style="list-style-type: none"> (a) Immediately upon arrival for care, when moving from one child care group to another, and upon re-entering the child care area after outside play; (b) Before and after eating meals and snacks, handling or touching food, or playing in water; (c) After toileting and diapering, playing in sand, touching animals or pets, and contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood; (d) After contamination by any other means; and (e) Washcloth handwashing is permitted for infants when the infant is too heavy to hold for handwashing or cannot stand safely to wash hands at a sink and for children with special needs who are not capable of washing their own hands. An individual washcloth shall be used only once for each child before laundering. <p>(8) Handwashing, Staff. Personnel shall wash their hands with liquid soap and warm running water:</p> <ul style="list-style-type: none"> (a) Immediately upon arrival for the day, when moving from one child care group to another, and upon re-entering the child care area after outside play; (b) Before and after diapering each child, dispensing medication, applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding each child, and assisting children with eating and drinking; and (c) After toileting or assisting children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, and handling bodily fluids, such as, but not limited to, mucus, saliva,

		vomit or blood; and (d) After contamination by any other means.																		
Bathrooms																				
Number of children, toilets/urinals, and sinks	591-1-1-.06(1)	<p>(1) Required Facilities. Flush toilets and lavatories (hand washing sinks) with running water shall be provided in the following minimum ratios for the use of all children:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Number of Children</th> <th>Toilets and Lavatories *</th> </tr> </thead> <tbody> <tr> <td>1-12</td> <td>1</td> </tr> <tr> <td>13-25</td> <td>2</td> </tr> <tr> <td>26-50</td> <td>3</td> </tr> <tr> <td>51-75</td> <td>4</td> </tr> <tr> <td>76-100</td> <td>5</td> </tr> <tr> <td>101-125</td> <td>6</td> </tr> <tr> <td>126-150</td> <td>7</td> </tr> <tr> <td>151-175</td> <td>8</td> </tr> </tbody> </table> <p>Each additional group of twenty-five (25) children shall require one (1) additional toilet and lavatory</p>	Number of Children	Toilets and Lavatories *	1-12	1	13-25	2	26-50	3	51-75	4	76-100	5	101-125	6	126-150	7	151-175	8
Number of Children	Toilets and Lavatories *																			
1-12	1																			
13-25	2																			
26-50	3																			
51-75	4																			
76-100	5																			
101-125	6																			
126-150	7																			
151-175	8																			
Bathrooms in or adjacent to activity areas?	591-1-1-.06(2)	(2) Location of Bathrooms. Bathrooms shall be located on each floor in or adjacent to child care areas and rooms.																		
Transportation																				
Written permission to transport from parent/guardian?	591-1-1-.36(6)	(6) Parental Authorization. For routine transportation provided by the Center or on behalf of the Center, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person authorized to receive the child.																		
Documentation maintained of transportation which indicates that safety procedures are in place?	591-1-1-.36(7)(c)5	5. Passenger transportation checklists shall be maintained as Center records for one (1) year.																		

<p>Transportation Emergency medical information for each child on vehicle?</p>	<p>591-1-1-.36(7)(b)</p>	<p>(b) Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parent(s) can be reached.</p>
<p>Procedures in place to transport children safely?</p>	<p>591-1-1-.36(7)(d)</p>	<p>(d) Checking the Vehicle - To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.</p>
<p>Vehicle(s) in good condition/ inspected?</p>	<p>591-1-1-.36(4)(a) and 591-1-1-.36(4)(b)</p>	<p>(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows: (a) Annual Safety Check. Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept in the Center or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report. (b) Interior. Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.</p>
<p>Proper restraints used when transporting children?</p>	<p>591-1-1-.36(4)(f)1</p>	<p>1. All children transported in a vehicle provided by or used by the Center shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child</p>

		passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.
Additional staff provided to maintain adequate supervision during transportation?	591-1-1-.36(5)(C)	<p>(c) Additional Staff. When the Center transports children for any reason, the following Staff:child ratios shall be maintained:</p> <p>Driver + One (1) Staff Members When transporting three (3) or [The additional Staff must be at least more children under three years of age; eighteen (18) years of age or older]</p> <p>When seven (7) or more children under five (5) years of age occupy vehicle; When eighteen (18) or more children five (5) years of age or older occupy the vehicle.</p> <p>Driver + Two (2) Staff Members When eight (8) or more children under three [One (1) of the additional Staff members (3) years of age occupy the vehicle with must be at least eighteen (18) years of age] other children;</p> <p>When more than twenty (20) children under five years of age occupy the vehicle with other children.</p>
Field Trip		
Written permission from parent/ guardian?	591-1-1-.13(2)	(2) Parental Permission. A Center shall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.
List of participants?	591-1-1-.13(4)	(4) List of Trip Participants. A list of children and adults participating in the trip shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.
Field Trips Emergency medical information for each child on vehicle?	591-1-1-.13(5)	(5) Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the Center uses in the area where the Center is located; and the telephone numbers where the Parent(s) can be

		reached shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.									
Swimming/Water-Related Activities											
Pool area adequately fenced & secured?	591-1-1-.35(2)	(2) Accessibility of Pools. All swimming and wading pools shall be inaccessible to children except during supervised activities.									
Lifeguard certified and present? (if pool is on site)	591-1-1-.35(3)	(3) Supervision of Children in Water Over Two (2) Feet Deep. For water-related activity (such as swimming, fishing, boating or wading) in water over two (2) feet deep, continuous supervision of children must be provided as follows:									
Enough staff to safely supervise swimmers and non		<table border="1"> <thead> <tr> <th>Ages of Children</th> <th>Staff:Child Ratio*</th> </tr> </thead> <tbody> <tr> <td>Under two and one-half (2 1/2) yrs.</td> <td>1:2</td> </tr> <tr> <td>Two and one-half (2 1/2) to four (4) yrs.</td> <td>1:5</td> </tr> <tr> <td>Four (4) yrs. and older who cannot swim a distance of fifteen (15) yards unassisted **</td> <td>1:6</td> </tr> <tr> <td>Four (4) yrs. and older who can swim a distance of fifteen (15) yards unassisted**</td> <td>1:15</td> </tr> </tbody> </table>	Ages of Children	Staff:Child Ratio*	Under two and one-half (2 1/2) yrs.	1:2	Two and one-half (2 1/2) to four (4) yrs.	1:5	Four (4) yrs. and older who cannot swim a distance of fifteen (15) yards unassisted **	1:6	Four (4) yrs. and older who can swim a distance of fifteen (15) yards unassisted**
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Under two and one-half (2 1/2) yrs.	1:2										
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Four (4) yrs. and older who cannot swim a distance of fifteen (15) yards unassisted **	1:6										
Four (4) yrs. and older who can swim a distance of fifteen (15) yards unassisted**	1:15										
		* At least one person must have current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction. Such person may be a Center Staff member or an employee of a water facility (e.g., local swimming pool).									

Staff Training		
At least one staff person present on site and on field trips with current first aid and CPR?	591-1-1-.14 (2) (for facility premises)	(2) Staffing Requirement. Whenever any child is present, there must always be a Staff member on the Center premises who is trained in CPR and first aid.
Does administrator/person-in-charge meet licensing requirements for credential?	591-1-1-.33 (1)(b)	<p>(b) The Director must meet the minimum qualifications listed below.</p> <p>2. Possess at least one of the following sets of minimum academic requirements and qualifying child care experience:</p> <ul style="list-style-type: none"> (i) Child Development Associate (CDA) credential issued by the Council for Professional Recognition; Child Development and Related Care diploma from a vocational institute accredited by the Commission on Colleges of the Southern Association of Colleges and Schools; or similar credential where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Department; and six (6) months of qualifying child care experience; (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development and six (6) months of qualifying child care experience; (iii) Technical Certificate of Credit (TCC) in Infant and Toddler and six (6) months of qualifying child care experience; (iv) Technical Certificate of Credit (TCC) in Program Administration and six (6) months of qualifying child care experience; (v) Technical Certificate of Credit (TCC) in School Age and Youth Care and six (6) months of qualifying child care experience; (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development and six (6) months of qualifying child care experience; (vii) Forty-hour (40) director training course approved by the Department and has been employed for a minimum of five (5) years as an on-site Child Care Learning Center Director or as an on-site Group Day Care Home Director; (viii) Associate's degree in Early Childhood Education or Child Development and six (6) months of qualifying child care experience; (ix) Paraprofessional Certificate issued by the Georgia Professional Standards Commission and six (6) months of qualifying child care experience;

		<p>(x) Twenty-five (25) quarter hours or fifteen (15) semester hours from an accredited college or university in Early Childhood Education or Child Development and six (6) months of qualifying child care experience;</p> <p>(xi) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three (3) months of qualifying child care experience;</p> <p>(xii) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development;</p> <p>(xiii) Master's degree from an accredited college or university in Early Childhood Education or Child Development;</p>
Staff trained in program policies and procedures?	591-1-1-.33 (1)(a)	<p>(1) Center Orientation. Prior to assignment to children or task, all Employees and Provisional Employees must receive initial Center orientation on the following subjects:</p> <p>(a) The Center's policies and procedures;</p>
Medicine		
Written permission from parent/guardian to dispense?	591-1-1-.20 (1)	<p>(1) Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.</p>
Document in writing when medication is dispensed?	591-1-1-.20 (3)	<p>(3) Dispensing Records. The Center shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.</p>
Stored medication inaccessible to children?	591-1-1-.20 (4)	<p>(4) Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.</p>

Physical Plant		
Fire Marshal approval?	591-1-1-.25(10)	(10) Fire Safety. A Center must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.
Zoning approval?	591-1-1-.25(5)	(5) Construction and Renovation. A person planning the construction of a new Center or planning any structural changes to an existing Center shall obtain approval from the Department local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children.
Premises free of serious health & safety hazards?	591-1-1-.25(13)	(13) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.
Children's Records		
Emergency contact information available for each child & readily accessible to staff?	591-1-1-.08(d)	(d) Identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s).

Appendix C: Sampling Methodology and Analysis Protocol

To select license-exempt programs for the project, DECAL focused on the 10 exemption categories (see Table 2) most similar to licensed programs, excluding “no pay” exemption categories 2, 3, 4, and 13. DECAL’s Child Care Services (CCS) division provided the research team with recommendations on the percentage of each exemption category they wanted represented in the project. The research team slightly adjusted these targets to create a sampling plan to observe 10 percent of all license-exempt programs. After setting targets within each category, the DECAL Research & Policy team used a random number generator to choose facilities for observation at random, with a list of 15 alternatives for each category to account for programs that declined, were closed, or had other difficulties that prohibited the data from being collected.

Out of 3,249 potential sites, DECAL’s random number generation method identified 514 license-exempt programs. In total, data collectors observed 482 license-exempt programs (94% response rate) between June 7 and December 1, 2016.

Step 1: Calculate compliance for license-exempt programs

During site visits, consultants observed license-exempt programs’ performance on health and safety indicators using the Health and Safety Monitoring Checklist (see Appendix A). In addition to general operation information, the checklist included practices in 15 categories: diapering, safe sleep, criminal background checks, supervision, playgrounds/equipment, handwashing, bathrooms, transportation, field trips, swimming and water-related activities, staff training, medication, discipline, physical plant, and children’s records. Under each category, the checklist listed practices or indicators posed as a question. For example, related to the staff training category, the checklist read, “At least one staff person present on site and on field trips with current first aid and CPR?” Consultants selected “Yes” or “No” to answer each question. DECAL provided Child Trends with a dataset that included all items on the checklist coded as “Yes” or “No.” Although the report uses the phrases “complied with” or “met” to denote when license-exempt programs met an indicator, license-exempt programs were not required by DECAL to meet these health and safety indicators.

Child Trends marked a program as meeting an indicator each time it received a “Yes” for an observed practice. Each time a program received a “No,” Child Trends recorded that program as not meeting the indicator. Child Trends divided the number of compliant programs by the total number of programs observed on each indicator. For example, if 387 out of 482 programs met a particular indicator, the compliance rate would be 80 percent.

Not applicable indicators for license-exempt programs

Occasionally, the monitoring checklist had a “N/A” checkbox to denote that some indicators—such as diapering or infant sleep safety practices—were not applicable to the observed program because of the ages of children served or the type of services provided by the program. We excluded from the analysis programs for which “N/A” was selected. For example, the transportation category was N/A for 335 license-exempt programs, presumably because those programs do not transport children. Only the 147

programs where that category was scored were included in the analysis. Table C-1 lists, for each indicator, the number of programs denoted as not applicable out of the total 482 license-exempt programs.

Not observed indicators for license-exempt programs

During some visits, consultants were unable to observe a program on an applicable indicator. For example, consultants reported instances where inclement weather prevented them from observing playground practices for a program with outdoor play equipment. Consultants also reported situations where they may have been unable to observe a program’s handwashing practices because they only saw children and staff using hand sanitizer. For both scenarios, the consultant would have marked the category as “Not Observed,” but still scored the program on related indicators as best as possible without observation. Due to the variety of circumstances in which an applicable indicator may not have been observed, Child Trends decided to exclude from the analysis programs for which the category was not observed. For each category, Table C-2 lists the number of programs excluded from the analysis for this reason.

Excluding indicators that were not applicable or not observed

Excluding programs with not applicable and/or unobserved indicators reduced the total number of programs included in the final analysis for those indicators. Table C-1 lists, by observation category, the final number of programs included in the analysis.

Table C-1. Count of License-exempt Programs with Applicable and Observed Indicators

Observation Category	All Programs	Excluded Programs			Analysis Sample
		Indicators not applicable	Indicators applicable but <u>not</u> observed	No child count or toilet count	
Group size/ratio	482	0	0	152	330
Bathrooms		0	0	157	325
Diapering		336	100	--	46
Safe sleep		392	55	--	35
Playgrounds/equipment		174	15	--	293
Handwashing		0	323	--	159
Transportation		335	0	--	147
Field trips		266	0	--	216
Medication		290	0	--	191
Swimming/water activities		408	0	--	74

Note: ‘--’ denotes that the exclusion criteria was not applicable for the listed indicator.

Calculating child-to-adult ratios for license-exempt programs

As a part of the visits, consultants counted the number of children present to identify whether the program met the group size and classroom child-to-adult ratio rules applied in licensing. Consultants scored the group size indicator at the program level and the ratio indicator at the classroom level. Child Trends collapsed the classroom ratio indicators into one variable indicating whether a program met the

licensing ratio for all observed classrooms, or if the program did not meet the licensing ratio for one or more observed classrooms. Child Trends then combined the group size and collapsed classroom ratio indicators into one variable that indicated whether a program met the licensing group size and ratio rules for all observed classrooms. Thus, a “Yes” on this indicator means that the program met all group size and ratio rules, whereas a “No” indicates that they missed one or more.

In addition to using the child count to establish performance on group size and ratio indicators, Child Trends used the number of children present to calculate performance on bathroom ratios. The checklist included a count of toilets/urinals and sinks provided at the program. Using the state licensing guidance regarding number of toilets and sinks required for the number of children in the program, Child Trends calculated whether a program met the licensed requirement regarding toilets and sinks. If the program did not, the program was coded as not meeting the bathroom ratio indicator.

Table C-1 shows that 152 visits did not include a child count. These programs were not included in the group size, classroom ratio, or bathroom ratio practices. Additionally, five programs did not have a toilet count conducted during their visit, so that indicator only included 325 programs.

Step 2: Align license-exempt indicators to licensing rules

Child Trends worked with DECAL to align each indicator to an equivalent licensing rule. In total, we identified 34 equivalent health and safety indicators across licensed and license-exempt care. Additionally, four indicators on the license-exempt checklist were found to be closely aligned, but not equivalent, to a current licensing rule. For comparison purposes, these four indicators were included in our analysis. See Appendix B for a list of license-exempt indicators aligned to licensing rules. We then requested data detailing licensed programs’ performance on the 38 aligned rules during the same time as the exemption visitation project.

Step 3: Calculate compliance for licensed programs

DECAL provided Child Trends with a dataset that included health and safety licensing rule citations observed from 1,110 licensed centers that received monitoring visits from June to December 2016 (the same time period for the license-exempt visits). The dataset only included citations, so centers that were not listed as having a citation met the rule. In situations where licensed centers had more than one visit during that time, we included only data from the first visit. We used this dataset to calculate the compliance rate for licensed programs on each of the 38 aligned licensing rules. We will refer to this data as dataset 1.

Not applicable indicators for licensed programs

As Child Trends prepared to compare performances for licensed and license-exempt programs, we saw the need for comparable data on any item that had the option to be rated as not applicable for license-exempt programs. Dataset 1 did not include an “N/A” variable for licensed centers. DECAL then provided Child Trends with another dataset that noted when licensed programs were not scored on a rule. In these cases, a rule did not apply to that program, the program deferred having a rule scored during the

visit, or they were not evaluated for a rule during the visit. The centers and dates of observation in this second dataset (dataset 2) match the 1,110 centers present in dataset 1.

In cases where a licensed program had a “N/A” rating for an item in dataset 2, we excluded the program from the analysis for that item in dataset 1. In other words, we used dataset 2 to identify “N/A” cases, which were then excluded from performance calculations in dataset 1. Table C-2 lists the number of licensed programs excluded from the compliance rate calculation due to a nonapplicable indicator. Note that the safe sleep category had varying levels of rule applicability, so the count of excluded programs is listed by licensing rule rather than by observation category. For all indicators not listed on table C-2, the number of programs included in the compliance rate was 1,100.

Table C-2. Count of Licensed Programs with Not Applicable Indicators

Observation Category	Observed Programs	Excluded programs	
		Rule not applicable	Analysis Sample
Diapering	1,110	52	1,058
Safe sleep			
<i>Crib in good repair</i>		46	1,064
<i>Crib clear of objects</i>		41	1,069
<i>Infants placed on backs</i>		40	1,070
<i>Tight sheets</i>		41	1,069
Playgrounds/equipment		2	1,108
Transportation		178	932
Field trips		223	887
Swimming/water activities		373	737

Calculating compliance for licensed programs

To calculate the compliance rate for licensed centers, Child Trends divided the total number of programs not cited for a violation on a licensing rule by the total number of programs where an applicable rule was observed. An example of such calculations includes the diapering indicator, which was only applicable to 1,058 programs. If 1,058 programs met that indicator, the compliance rate would be 100 percent.

Calculating compliance for multiple rule alignments

Occasionally, a single licensing rule covered two license-exempt indicators. To be rated as having met the indicator, the license-exempt program had to meet both rules. For example, the monitoring checklist had two separate items for “Pool area adequately fenced and secured?” and “Lifeguard certified and present?” An equivalent licensing rule for swimming safety combined these two indicators. Child Trends compared licensed centers’ performance on the one licensing rule to license-exempt programs’ compliance on both checklist indicators. License-exempt programs that met both indicators were marked as compliant; programs that met one or neither indicator were marked as noncompliant.

Likewise, a license-exempt indicator occasionally covered two licensing rules. For example, “Vehicle in good condition/inspected?” is equivalent to two separate licensing rules. We compared license-exempt

programs' performance on the single indicator to licensed centers' combined performance on the two licensing rules. Licensed centers that met both rules were coded as compliant; centers that met one or neither rule were considered noncompliant for the vehicle condition and inspection indicator.

Step 4: Compare compliance between license-exempt and licensed programs

After calculating the compliance rates for both license-exempt and licensed programs on the 38 health and safety indicators and their equivalent licensing rules, Child Trends compared the performance of the two groups. Specifically, the percentage of license-exempt programs that met a license-exempt indicator was compared to the percentage of licensed programs that complied with an aligned licensing rule. To determine the significance of these differences, Child Trends conducted a series of Fisher's Exact Tests, which are designed to compare nominal values with small sample sizes.¹ The sample sizes of indicators with not applicable and not observed options were small enough to necessitate Fisher's Exact Tests rather than Chi-Square tests. (See Appendix D for results from these tests.)

¹ Vogt, W. P. (1998). *Dictionary of statistics and methodology. 2nd Edition*. Thousand Oaks, CA: Sage.

Appendix D: Comparison of Compliance between License-Exempt and Licensed Programs

We report below the compliance rates of license-exempt programs on license-exempt indicators and of licensed programs on equivalent licensing rules. The tables are organized by observation category. Under each category is the indicator present on the license-exempt monitoring checklist. The licensing rule DECAL and Child Trends deemed equivalent to the license-exempt indicator is listed in brackets next to the license-exempt indicator. For example, license-exempt programs’ performance on the indicator of “Sink with warm, running water adjacent to diapering area?” is compared to licensed programs’ performances on the licensing rule 591-1-1-.10(2).

Child Trends performed Fisher’s Exact Tests on each comparison. The differences in performance between license-exempt and licensed programs were statistically significant for every indicator except for (1) outdoor equipment free of serious hazards and (2) premises free of serious health & safety hazard (denoted with an asterisk in Table D-1)).

Table D-1. Comparison of compliance between license-exempt and licensed programs

	License Exempt		Licensed	
	n	% Met	n	% met
General Operating	<i>Total applicable = 330</i>		<i>Total applicable=1,110</i>	
Group sizes AND ratios met? [591-1-1-.32(1)]	306	93%	1,092	98%
Diapering	<i>Total applicable=46</i>		<i>Total applicable=1,058</i>	
Sink with warm, running water adjacent to diapering area? [591-1-1-.10(2)]	32	70%	1,056	100%
Area not used for food preparation? [91-1-1-.10(6)]	39	85%	1,056	100%
Safe Sleep	<i>Total applicable= 35</i>		<i>Total applicable=1,069</i>	
CPSC/ASTM Crib in good repair for each infant? [591-1-1-.30(1)(a)]	22	63%	1,059 (n=1,064)	100%
Cribs clear of objects? [591-1-1-.30(2)(b)]	23	66%	1,049	98%
Infants placed on in cribs on backs to sleep? [591-1-1-.30(2)(a)]	24	69%	1,061 (n=1,070)	99%
Firm mattresses, tight-fitting sheets? [SIMILAR to 591-1-1-.30(1)(a)2 AND 591-1-1-.30(1)(a)3]	23	66%	1,040	97%
Criminal Background Checks	<i>Total applicable= 482</i>		<i>Total applicable= 1,110</i>	
CRC results on file for all staff? [591-1-1-.09(1)(a)]	310	64%	1,036	93%
Supervision	<i>Total applicable= 482</i>		<i>Total applicable= 1,110</i>	
Staff members physically present with the children and properly	376	78%	1,078	97%

supervising? AND Staff alert and able to intervene to prevent injuries? [591-1-1-.32(7)]				
Playgrounds/Equipment	<i>Total applicable= 293</i>		<i>Total applicable= 1,108</i>	
Outdoor play area free of serious hazards? [591-1-1-.26(8)]	242	83%	992	90%
Fence/barrier around outdoor play area? [591-1-1-.26(4)]	228	78%	1,031	93%
Outdoor equipment free of serious hazards? [SIMILAR to 591-1-1-.26(6)] *	274	94%	1,017	92%
Handwashing	<i>Total applicable= 159</i>		<i>Total applicable= 1,110</i>	
Sink, running water, and paper towels available? [591-1-1-.06(6)]	146	92%	1,106	100%
Staff and children wash hands after toileting and before eating? [SIMILAR to 591-1-1-.17(7)(a-d) AND 591-1-1-.17(8)(a-d)]	139	87%	1,063	96%
Bathrooms	<i>Total applicable= 325</i>		<i>Total applicable= 1,110</i>	
Meets toilet AND sink requirement [591-1-1-.06(1)]	278	86%	1,110	100%
Bathrooms in or adjacent to activity areas? [591-1-1-.06(2)]	402 (n=482)	83%	1,110	100%
Transportation	<i>Total applicable= 147</i>		<i>Total applicable= 932</i>	
Written permission to transport from parent/guardian? [591-1-1-.36(6)]	131	89%	922	99%
Transportation Emergency information for each child on vehicle? [591-1-1-.36(7)(b)]	115	78%	919	99%
Proper restraints used when transporting children? [591-1-1-.36(4)(f)1]	64	44%	932	100%
Procedures in place to transport children safely? [591-1-1-.36(7)(d)]	132	90%	923	99%
Vehicle(s) in good condition/inspected? [591-1-1-.36(4)(a) AND 591-1-1-.36(4)(b)]	74	50%	902	97%
Additional staff provided to maintain adequate supervision during transportation? [591-1-1-.36(5)(c)]	117	80%	932	100%
Documentation maintained of transportation which indicates that safety procedures are in place?	116	79%	932	100%

Field Trip	<i>Total applicable= 216</i>		<i>Total applicable= 887</i>	
Written permission from parent/guardian? [591-1-1-.13(2)]	205	95%	880	99%
List of participants? [591-1-1-.13(4)]	197	91%	885	100%
Field Trips Emergency medical information for each child on the vehicle? [591-1-1-.13(5)]	190	88%	885	100%
Swimming/Water Activities	<i>Total applicable= 74</i>		<i>Total applicable= 737</i>	
Pool area adequately fenced & secured? [591-1-1-.35(2)]	68	92%	737	100%
Lifeguard certified and present? AND Enough staff to safely supervise swimmers and non-swimmers? [591-1-1-.35(3)]	64	86%	731	99%
Staff Training	<i>Total applicable= 482</i>		<i>Total applicable= 1,110</i>	
At least one staff person present on site and on field trips with current first aid and CPR? [591-1-1-.14(2)]	429	89%	1,109	100%
Does administrator/person-in-charge meet licensing requirements for credential? [591-1-1-.31(1)(b)]	309	64%	1,108	100%
Staff trained in program policies and procedures? [591-1-1-.33(1)(a)]	469	97%	1,110	100%
Medicine	<i>Total applicable= 191</i>		<i>Total applicable= 1,110</i>	
Written permission from parent/guardian to dispense? [591-1-1-.20(1)]	175	92%	1,104	99%
Document in writing when medication is dispensed? [591-1-1-.20(3)]	173	91%	1,091	98%
Stored medication inaccessible to children? [SIMILAR to 591-1-1-.20(4)]	182	95%	1,097	99%
Physical Plant	<i>Total applicable= 482</i>		<i>Total applicable= 1,110</i>	
Fire Marshal approval? [591-1-1-.25(10)]	387	80%	1,110	100%
Zoning approval? [591-1-1-.25(5)]	373	77%	1,110	100%
Premises free of serious health & safety hazards? [591-1-1-.25(13)] *	427	89%	1,007	91%
Children's Records	<i>Total applicable= 482</i>		<i>Total applicable= 1,110</i>	
Emergency contact information available for each child & readily	462	96%	1,110	100%

accessible to staff? [591-1-1-.08(d)]				
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