

DO STATES REQUIRE CHILD CARE PROGRAMS TO EDUCATE CHILDREN?

Report #3: Infant/Toddler Rules to Assure Early Education and Strong Relationships

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This report is part of a five brief series that also includes:

Report #1: State Center Licensing Requirements for Child Development and Early Education

Report #2: Preschool and Child Care Center Rules

Report #4: Qualifications and Experience Requirements for Center Teachers and Directors

Report #5: The Role of State Licensing Agencies in Quality Improvement of Centers

INTRODUCTION

In response to questions from Senate staff, the authors undertook a study of the states' child care center licensing rules to determine whether the states require child care centers to provide education for young children in all licensed programs, or whether they intend only to protect the physical health and safety of children. The study examines only the baseline requirements that states require of all center programs that are permitted by the licensing agency to operate. Report #3 examines the baseline requirements that states require of all center programs that are permitted to care for infants and toddlers.

★CENTRAL QUESTION★

To what extent do the states require licensed child care centers to provide an educational program for all children?

REPORT #3 SUB-QUESTION

Do states require programs enrolling infants and toddlers to educate them or only protect their "health and safety?"

Prior to the mid-sixties in the United States, infants and toddlers were prohibited from child care centers in many states in the Northeast, Mid-Atlantic, Midwest, Northwest, and California. The Southern states and some western states permitted infants and toddlers in care.

When states began permitting infants and toddlers to attend centers for the first time, there were no existing infant/toddler programs; they were able to set very stringent requirements to protect these most vulnerable children because there were no existing centers whose stability would be threatened. In the other states that had permitted infants and toddlers in child care, the ratio requirements had been developed out of a concern for costs to parents. In these states, programs operated with high child:staff ratios and large groups, and expressed shock and fear that drastic changes that would affect the price parents would have to pay.

Over time, all the states succeeded in licensing infant/toddler care. States sometimes adopt a separate set of infant/toddler rules, and require a dual license for centers that include preschool children as well as infants and toddlers. It has taken at least 20 years for the states to arrive at a fairly consistent ratio for infants and for children under age two (LeMoine, Morgan & Azer, 2003; Morgan, 1986; Morgan & Azer, 1998, 1999; Morgan, Azer & Collins, 2000; Morgan & LeMoine, 2001). As the ratios have become consistently low, licensed programs' per child expenditure has risen higher than the cost of child care for four-year-olds because of higher labor costs.

For this study, we examined the infant/toddler rules that were part of generic center rules, and also the separate infant/toddler rules, as of January 1, 2004. Ratios and group sizes, as of February 6, 2004, are listed at the end of this report.

WHAT WE FOUND IN STATE REGULATIONS

Infant Ratios and Group Sizes

During the past decade, all states have improved their ratio requirements for infants and toddlers. Some states still permit large groups, but the majority of states require small group sizes. By far the predominant ratio among the states for infants (6-week-olds and 9-month-olds) is four infants to one caregiver. Only 15 states have ratios greater than 4:1 for 9-month-olds, and only 14 states allow ratios greater than 4:1 for 6-week-olds. No state permits a ratio greater than 6 infants (nine months and under) per caregiver. Neither of these statements could have been made five years ago.

FEBRUARY 2004 STATE LICENSING RATIOS FOR INFANTS (6 WKS & 9 MOS)			
3:1	4:1	5:1	6:1
KS MD MA	All other states (NV 6 wks)	AK AZ CO KY LA MS NC OH SD	AK GA ID NV (9 mos) NM SC
3 States	34 States (6 wks) 33 States (9 mos)	9 States	5 States (6 wks) 6 States (9 mos)

Many states require small group sizes for infants. However, some states permit larger groups, and some do not regulate group size at all. Nineteen states require a maximum group size of eight for children under nine-months. Only two states set a group size of 20—New Jersey, which sets a 4:1 ratio; and South Dakota, which requires a 5:1 ratio. However, 13 states do not limit the number of infants in a group, thus allowing a group of any size, even much larger than 20.

Three of the six states that permit 6:1 ratios for infants do not place any limit on the size the group (Idaho, New Mexico, and South Carolina). Of the nine states that permit a 5:1 ratio, only one state does not limit the size of the group (Arizona).

Toddler Ratios and Group Sizes

For toddlers at 18 months, the predominant ratio is 6:1, but there are almost as many states that set ratios of 4:1 or 5:1. The number of different ratios set by the states ranges from 3:1 to 9:1.

FEBRUARY 2004 STATE LICENSING RATIOS FOR 18-MONTH-OLDS						
3:1	4:1	5:1	6:1	7:1	8:1	9:1
MD	CD DC IA MA MI MO MT ND OR UT VT WV WI	AK CO IL IN KS ME NH NY PA SD VA WY	AL AZ CA FL HI ID KY NE NM NC OK RI SC TN	DE LA MN NJ OH WA	GA NV	AR MS TX
1 State	13 States	12 States	14 States	6 States	2 States	3 States

Small groups are usually required for 18-month-olds. However, 13 states do not limit the group size for 18-month-olds—the same states that do not limit group sizes for infants. Of these states, two (Delaware and Minnesota) set a ratio of 7:1, and Nevada sets an 8:1 ratio. The same two states permit groups of 20 that permit it for 9-month-olds (New Jersey and South Dakota). Texas and Arkansas permit 18 toddlers in a group, with a ratio of 9:1; Georgia limits groups to 16 with a ratio of 8:1; Illinois and New Hampshire limit toddler groups to 15 with a 5:1 ratio.

Young two year olds are much more likely to be in a large group with fewer staff than they were at 18 months. Ratios range as high as 12:1, and maximum group sizes are set higher. Six states (Georgia, Kentucky, New Jersey, North Carolina, South Dakota and Texas) permit a group size of 20 or more children at age 27 months; and seven states (Delaware, Florida, Idaho, Nevada, New Mexico, South Carolina, and Virginia) permit ratios of 10:1 or more but place no limit on the size of the group, i.e. the number of ratio cohorts in a room. Arkansas and Wyoming permit up to 18 2-year-olds in a group with ratios of 9:1 and 8:1, respectively. Altogether, two-year-olds may be in large groups (18 or more) in 22 states.

FEBRUARY 2004 STATE LICENSING RATIOS FOR 27-MONTH-OLDS								
4:1	5:1	6:1	7:1	8:1	9:1	10:1	11:1	12:1
CT DC MA	IN ME NY ND OR SD VT	AK CA IA MD NE NH PA RI WI	AL CO KS MN OH TN UT WA	AZ HI IL MI MO MT OK WV WY	AR	DE GA KY NV NJ NM NC SC VA	FL LA TX	ID MS
3 States	7 States	9 States	8 States	9 States	1 State	9 States	3 States	2 States

Since research indicates that small groups have more positive effects on children's learning (Coelen, Glantz & Calore, 1978; NICHD Early Child Care Research Network, 2000a, 2000b), the states' permission for large groups of two-year-olds in licensed care may undermine the educational intentions in some states, or may indicate a lack of public support for educational goals for this age group.

In center ratio and group size requirements, two-year-olds are often treated as if they are almost three-year-olds. However, two-year-olds are at a different stage of development, engaged in different developmental tasks than infants, younger toddlers, or 3- and 4-year-olds. States will need to reconsider their staffing rules for this age group if they expect to meet their own developmental goals for children in licensed programs.

Ratio and Group Size Notes

- * **Colorado** has separate requirements for small and large centers (more than 12 children). Ratios reported are for large centers.
- * **Hawaii** prohibits the children 2 years of age and under from mixed centers; the state has a separate set of regulations for infant/toddler programs. Ratios and group size requirements for 6-week-olds, 9-, and 18-month-olds reported are the maximum allowed in infant/toddler programs.
- * **Kansas's** ratio and group size requirements reported are the maximum allowed for the specific age groups. The state also allows different ratios for mixed age groups.
- * **Louisiana** regulates two types of centers: Class A and Class B. Ratio and group size information is reported for Class A centers. Class B centers do not regulate group sizes. Class B centers that provide care for more than 11 children have the following ratio requirements: 6:1 for children under 12 months, 8:1 for toddlers 12 to 23 months of age, 12:1 for children 24 to 36 months of age.
- * In **Maryland**, for children 6 weeks to 2 years of age, the maximum group size is nine if up to two infants are in the group or six if three or more infants are in the group.
- * **Massachusetts** also allows a ratio of 7:2 for 6-week-olds and 9-month-olds, and a ratio of 9:2 for 18-month-olds.
- * In **Nevada**, center classrooms with children over 2 years of age but less than 3 years of age are required to have a child:staff ratio of 10:1.
- * The listed ratios for **North Carolina** are for medium and large centers, which care for 30 or more children. The state also has separate ratios for children in small centers.
- * In **Virginia**, a ratio of 10:1 is allowed for mixed groups of children ages 24 months to 4 years.
- * In **Washington**, a maximum group size of nine infants is also allowed with a ratio of 3:1.

Relationships

Brain development findings that describe how these youngest children are wiring up their own brains through relationships (Shonkoff, Phillips & the Committee on Integrating the Science of Early Childhood Development, 2000), have influenced the states' infant and toddler rules. However, it has long been known that young children need relationships with mothers and other

caregivers in order to thrive, physically, emotionally, socially, and intellectually.¹ Infant/toddler rules strongly reflect the importance of relationships, and this importance is the reason that states do not license 24-hour institutions as child care centers.

Increasingly, the states' rules stress relationships and interaction between the infants/toddlers and their teachers/caregivers, and are not limited to "just physical health and safety" issues. There are of course lengthy and detailed rules on diapering, feeding, cleanliness, sleep, and safety for these youngest groups. In addition, the states particularly stress relationships in their rules for infants and toddlers. Infant/toddler rules typically cover all aspects of healthy development. The following examples illustrate the emphasis placed on relationships:

- **Iowa** rules call for "an environment that protects the children from physical harm, but is not so restrictive as to inhibit physical, intellectual, emotional and social development." In this state, over-protection of health and safety is perceived as having the potential to undermine children's development.
- **Rhode Island** stipulates that "the program must foster trusting relationships between adults and children. The same staff will be assigned to infant/toddlers with the intent of maintaining warm, reciprocal relationships."
- **Hawaii** requires "frequent but paced personal, verbal, and physical interaction between the caregiver and the infant or toddler."

Research and recommendations stress the importance of primary caregivers and the intimate bonds that can be formed between them and the children in their care (Bergen, Reid & Torelli, 2001; Harms, Cryer & Clifford, 1990; Honig, 1993; Lally, Griffin, Fenichel, Segal, Szanton & Weissbourd, 1995; Schor, 1999). The 22 states listed below require that infants and/or toddlers in center programs be assigned a consistent primary caregiver:

Alaska	Maryland	Nevada
Arizona	Michigan	New Jersey
Hawaii	Minnesota	North Dakota
Iowa	Missouri	Ohio
Illinois	Montana	Oklahoma
Indiana	North Carolina	Rhode Island
Massachusetts	Nebraska	Wisconsin
		West Virginia

One unintended consequence of requiring different ratios and group sizes for different age groups has been that some centers have tended to "promote" infants and toddlers into the next group on their birthdays. Since ratios and group sizes affect costs directly, centers are motivated to maximize the cost benefits of making these changes, and some parents have tended to view "promotion" positively. However, infants and toddlers lose their relationships with their caregiver and other children by such sudden separations. States have not solved this difficulty in

¹ In the founding hospitals of the eighteenth century, most of the children died. It was found that the survival rate depended on human attention. The research on separation in the nineteenth and twentieth century found negative consequences for children who had lost their parents if they were placed in group care, such as in orphanages, without a relationship with a caring adult.

their basic licensing rules, other than assigning a primary caregiver, but some of them may be willing to pay for a higher level of quality in their funding specifications.²

At least nine states' licensing rules now require that a primary caregiver be assigned to each infant and toddler. In the Activities sections, there are also many rules describing the required characteristics of child and caregiver relationships.

Activities

Some states have very general wording in their "activities" section, describing their goals. Other states have very specific rules about how their goals are to be achieved for infants and toddlers. Both these approaches rely very heavily on the relationship between the caregiver and the infant or toddler, as can be seen in the following summary of specific rules.

Social interactions are one of the most critical aspects that influence the healthy development of infants and toddlers. Resilience, which underlies school readiness, is based on relationships and emotional development (The Ewing Marion Kauffman Foundation, 2002; Goleman, 1995; Szanton, 2001). Social and emotional development, though not specifically delineated as stand-alone categories, are intertwined in all of the following summaries detailed below.

Language Development and Communication

It is through spoken language and body language that relationships are formed. At least 26 states require caregivers to talk and listen to the children, play with them, and give them individual attention. At least six of these states specify reading to the children.

Many of the 26 states specify that the caregiver must be talking to the children while attending to their physical needs, and some specify the amount of individual attention that must be given to each child. Frequent communication during feeding, changing, and "cuddle times" is required in six states (Alaska, Maryland, Massachusetts, Nevada, New Mexico, and Oregon). "Care giving routines are important times, offering unique opportunities for one-to-one interactions and for visual and tactile learning" (Bredekamp & Copple, 1997, p. 62). Such intimate times provide an excellent opportunity to provide linguistic mapping (McCathren & Watson, 1999). Three more states require staff to speak frequently to each infant/toddler (Alabama, Tennessee, and Vermont). Vermont adds that the staff must speak clearly and at the child's eye level.

Cultural Support

An essential aspect of quality care includes providing positive models for all children from their own culture as well as from others (Gomez, 1991). Six states specify that infant/toddler caregivers must support each infant's and toddler's culture, language, and family.

Physical and Cognitive Development

Children learn best when they have connected experiences, which allow them to build a framework of understanding. This requires time for infants to explore and experiment with materials, to leave them and return to them later (Gandini & Edwards, 2001; Keenan, 1998; Bredekamp & Copple, 1997). At least thirty states specify in their activity/program sections that infants and toddlers have freedom to explore and learn on their own, on the floor in uncluttered space. They specify that children must be permitted to play, crawl, pull up, and walk. States

² See Report #5: *The Role of State Licensing Agencies in Quality Improvement of Centers.*

limit the amount of time a caregiver can keep a child restricted in a crib or swing when awake. Some of these states require the caregiver to carry or move the infants to new vantage points.

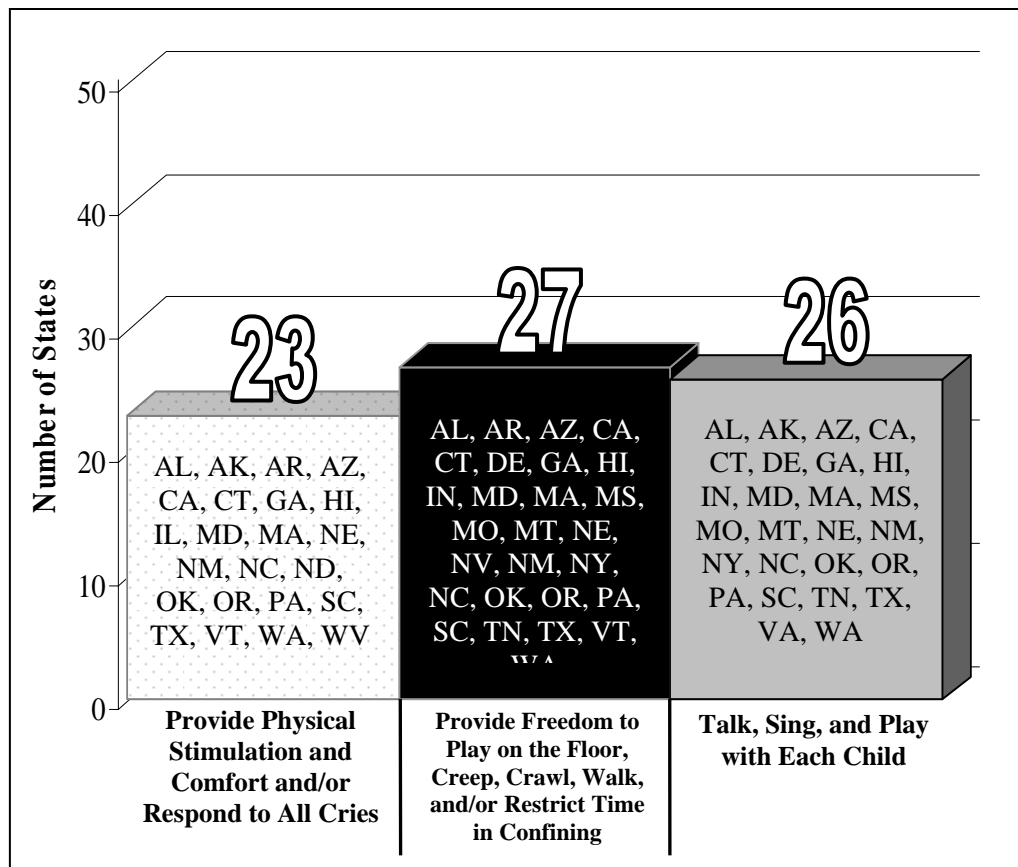
Physical Holding, Cuddling, Rocking, and Comforting

At least 17 states specify physical contact with infants and toddlers, over and above the times spent in feeding, bathing, and diapering. At least 13 states specify that all cries must be investigated immediately.

Altogether, 35 states (listed below) either specify that infants and toddlers are provided with opportunities to creep, crawl, pull-up, or walk; and/or place restrictions on the amount of time infants and toddlers may be in confining equipment; and/or require that staff provide physical stimulation to infants and toddlers in care through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions. All these expectations require knowledge and skills by their caregiver, and a relationship between the child and the caregiver.

Alabama	Illinois	Nevada	Rhode Island
Alaska	Indiana	New York	South Carolina
Arkansas	Maryland	North Carolina	Tennessee
Arizona	Maine	North Dakota	Texas
California	Massachusetts	Ohio	Vermont
Delaware	Missouri	Oklahoma	Virginia
Georgia	Montana	Oregon	Washington
Hawaii	Nebraska	Pennsylvania	West Virginia

The following chart details some of the states’ requirements for individual attention to infants and toddlers.



Beyond Licensing

We found evidence in the licensing rules of six states (Florida, Iowa, Maryland, Oklahoma South Dakota and Vermont) that there are policies of setting standards for a higher level of quality than the licensing level, with financial incentives for centers to improve their quality to higher levels. Our study did not search out the 34 states that have recently adopted tiered policies (Dry & Collins, 2002), but we found the ones in which these policies have been codified in the licensing statutes and rules. These newer developments in policy will be discussed in *Report #5: The Role of State Licensing Agencies in Quality Improvement of Centers*.

Infant/Toddlers Staff Qualifications

Rules for required training and qualifications for staff roles in infant/toddler centers are summarized below, and analyzed in the report *A Snapshot of Trends in Child Care Licensing Regulations* (LeMoine et al., 2003). This section summarizes wording that mentions particular content of training or other rules states devised to assure particular knowledge and skills in working with infants and toddlers. Adults who provide care to infants must be “educated to both the developmental and psychological needs of infants” (Honig, 1993, p. 63). As outlined in the previous section, some states have added wording to their program rules to require specific activities staff must participate in to support the appropriate development of infants and toddlers in their care. However, if states intend licensed programs to educate infants and toddlers, then their caregivers must have the qualifications that they believe will prepare them to be effective educators, and that will equip them with the skills to appropriately perform the required activities—for infants and toddlers, the “caregiver is the environment” (Zeavin, 1997, p. 77).

Eleven states have rules that are designed to assure knowledge of infant/toddler development for those who work with these youngest age groups. Most other states do not have specific infant/toddler qualifications, but apply their general early childhood/child development qualifications to caregivers who work with infants and toddlers. These generic qualifications are appropriate, but not specific to the age group. Some states add additional requirements for infant/toddler teachers, such as infant/toddler coursework, and supervised experience with the particular age group.

The following are some examples of states with specific requirements or wording relating to infant/toddler staff qualifications.

- In **Colorado**, infant group leader preservice qualifications can be met by being or having one of the following:
 - 1) Registered Nurse;
 - 2) Licensed Practical Nurse;
 - 3) Certificate in infant/toddler care with 30 college credits;
 - 4) CDA or other credential, at least 3 credits in the development and care of infants and toddlers in group settings with 12 months of experience in infant/toddler programs; or
 - 5) 5 years’ full-day supervised experience with children under age 3.

Colorado toddler group leaders also have five alternatives to meet preservice qualifications. They can be or have one of the following:

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|---|--|
| 1) Registered Nurse Practitioner; | 3) CDA or other approved credential; |
| 2) Certificate in Infant/toddler care from a college with 30 college credits; | 4) Licensed practical nurse with 12 months of experience with children under age three; or |
| | 5) Group leader qualified to work in a large center. |

- Directors of infant/toddler programs in **Hawaii** have two alternatives to qualify for their role. They must have either:

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| 1) A Bachelor's degree in ECE/child development including 30 hours of course work in infant/toddler development, and 12 months of experience working with children under age three; or | 2) Two years of college in ECE, child development, or a related field that includes 30 hours of course work in infant/toddler development, and two years of experience working with children under age three. |
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- **Georgia** infant/toddler programs have a lead caregiver and a caregiver. There are three qualification alternatives for lead caregivers. They must have one of the following:

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| 1) A Bachelor's degree in ECE, child development or a related field with 12 credits in ECE, of which 30 hours of college coursework must be in infant/toddler development, and 12 months full-time experience with children under the age of three; or | 2) A two-year degree preferably in child development, ECE, or related field, and 24 months of experience with children under five, of which 23 months must be with children under three, and a 30-hour course in working with infants and toddlers; or | 3) A high school diploma, a CDA, and 12 college credits in ECE or child development, and 24 months of experience with children under five, of which 23 months must be with children under age three. |
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Caregivers must have one of the following:

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| 1) A high school and specified credits in infant/toddler coursework, and experience with children under age three; or | 2) 36 months of experience with children under age three and 30 hours of coursework in infant/toddler development. |
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- In **Kansas**, infant/toddler programs must have one staff person per group who has one of the following sets of qualifications:

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| 1) Six months teaching experienced or supervised practicum in a licensed center enrolling infants and toddlers; or | 2) Licensed LPN or RN with three months experience in pediatrics or in licensed centers that enroll infants and toddlers; or | 3) A CDA with infant/toddler endorsement. |
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- **Massachusetts** certifies both infant/toddler teachers and infant/toddler lead teachers. Teachers must meet one of the following sets of requirements:
 - 1) Three credits in child growth and development and nine months of experience, including three months of experience with infants/toddlers; or
 - 2) A CDA; or
 - 3) Have graduated from a two-year high school vocational program in early childhood education, with approval.

An Associate's or Bachelor's degree in ECE may substitute for six-months work experience; a degree in a related field may substitute for three months of experience; and one CEU in infant and toddler development, care and/or program planning may substitute for three months of work experience.

Infant/Toddler Lead Teachers have seven alternatives for qualification, including at a minimum a CDA with infant/toddler endorsement, three credits in child growth and development, and 27 months of experience.

- In **Minnesota**, a Registered Nurse is qualified as a teacher for infants only. Teachers in centers can qualify in nine different ways. In addition, all staff must participate in annual ongoing training hours equal to two-percent of the total hours worked for the past year (excluding first aid/CPR training). Half of this training must be specific to the ages of the children in their care.
- Options for qualifying as an infant/toddler program director in **Nevada** are:
 - 1) Completed training as a nurse or completed training as an LPN and six months of experience in a program with children under age three; or
 - 2) A CDA with infant/toddler endorsement; or
 - 3) 12 semester credits in ECE, with six credits in infant/toddler development and six in child development, and 2 years of experience with children under age three.

Infant/toddler staff must meet four competency standards, rather than preservice qualifications.

- **New Mexico** does not have any preservice requirements in infant/toddler development, but does require staff to complete four of the required 24 annual training hours in infant and toddler-related topics. Four hours of the ongoing requirement must be completed in the first six months after hire.
- **New Hampshire** has both teachers and lead teachers in center programs. Teachers have seven alternatives, and lead teachers have eight alternatives to qualify for their roles. All center staff are required to complete six hours of annual/ongoing training. The state has developed a career ladder and identified the level of training necessary for different certifications and career levels. College courses can count towards the ongoing training, and scholarships are available. Participants are required to take the courses for credit. One key course is a three-credit infant/toddler seminar.

- In addition to the state's other requirements for qualifications, **New York** requires the head of a group of infants and toddlers to have one year of specialized training and/or experience with infants and toddlers.
- **Oregon** has a Professional Development Registry that documents the level of qualifications of staff. Infant/toddler lead teachers must have a minimum of a state or national credential related to infant and toddler care, and 1 year of qualifying experience; or documentation of at least level 2 of the Professional Development Registry.

Infant/toddler "qualifying experience" means 1500 hours of work with a same-age group of children in at least 3-hour blocks, within a 36-month period.

- **Texas** requires eight hours of training in child development prior to employment, and 15 hours of annual training, excluding first aid/CPR. Ongoing training must be specific to the age group the caregiver works with. Teachers who work with children under two years of age must cover three topics: shaken baby syndrome; sudden infant death syndrome; and early childhood brain development.
- **Wisconsin** requires center teachers to have at least 2 credit/non-credit department-approved courses in ECE and 80 days experience as preservice qualifications. The state also requires 25 hours of annual training. Using its T.E.A.C.H.® Early Childhood project scholarship funds, Wisconsin has developed a voluntary infant/toddler credential; training to acquire this credential counts towards the ongoing training requirement.

Infants are born curious and ready to learn (Bergen et al., 2001; Bredekamp & Copple, 1997; Gopnik, Meltzoff & Kuhl, 1999). When caregivers respond to infants' and toddlers' interests and abilities, and monitor the safety of the materials provided, a healthy and challenging environment that will promote physical, cognitive, social, and emotional growth can be created (Gandini & Edwards, 2001).

SUMMARY and CONCLUSIONS

The development of separate rules for infants and toddlers was an important step toward developmentally appropriate rules. Prior to the development of specific infant/toddler regulations, the same staffing rules were often applied to all age groups without differentiation. The development of extensive new rules was essential to quality in states that previously had prohibited infants from centers—there were many necessary rules for feeding, diapering, sleeping, and parent communication for centers that became permitted to include infants and toddlers. Maintaining good practice in these areas has been important not only for the protection of the infants and toddlers in care, but also for the health of the community.

As states added infant/toddler rules, they were not restricted to protecting safety and physical health, but addressed emotional development, cognitive development, communication and language development, and relationships between adults and infants and toddlers. As states began to revise their rules more frequently, they created citizen task forces with knowledge specific to the age group for which they were writing rules.

Despite the importance of the development of infant/toddler rules, the states have not yet succeeded in creating and maintaining an appropriate level of necessary quality for this age

group. Research studies (Cost, Quality, and Outcomes Study Team, 1995, 1999) using rating scales have found the quality of infant/toddler programs to be lower than the quality of programs for other age groups. Licensing has succeeded in moving away from a level of care that could be expected to be physically harmful, but is not yet fully protecting children from harm by developmental impairment.

For infants and toddlers, more than for any other age group of children in care, the key to quality is the ratios and group sizes permitted by licensing. More so than in other age-group program or classroom, these factors are also the key to costs. Licensing is based on the belief that we do not want a plentiful supply of harmful care. Yet, mediocre and even poor quality infant/toddler care is very expensive. To provide quality, affordable care, a precarious balance must be struck—if these structural elements are sacrificed to cost, potential harm to infants and toddlers is permitted; if cost is sacrificed to quality, the child care may be inaccessible to parents.

Licensing rules are limited in their ability to improve quality in a society where most families at the median income need child care, but cannot afford the cost. Licensing can truly begin to influence quality only when quality is feasible for child care centers.³

³ We found some evidence in the licensing rules of innovative new policies in the states, which are reported in *Report #5: The Role of State Licensing Agencies in Quality Improvement of Centers*.

**CENTER LICENSING REGULATIONS:
INFANT AND TODDLER RATIOS AND MAXIMUM GROUP SIZES (FEBRUARY 2004)**

State	Ratio of Children:Teacher (Maximum Group Size)			
	6 weeks	9 months	18 months	27 months
Alabama	4:1 (NR)	4:1 (NR)	6:1 (NR)	7:1 (NR)
Alaska	5:1 (10)	5:1 (10)	5:1 (10)	6:1 (12)
Arizona	5:1/11:2 (NR)	5:1/11:2 (NR)	6:1/13:2 (NR)	8:1 (NR)
Arkansas	6:1 (12)	6:1 (12)	9:1 (18)	9:1 (18)
California*	4:1 (NR)	4:1 (NR)	6:1 (12)	6:1 (12)
Colorado	5:1 (10)	5:1 (10)	5:1 (10)	7:1 (14)
Connecticut	4:1 (8)	4:1 (8)	4:1 (8)	4:1 (8)
Delaware	4:1 (NR)	4:1 (NR)	7:1 (NR)	10:1 (NR)
District of Columbia	4:1 (8)	4:1 (8)	4:1 (8)	4:1 (8)
Florida	4:1 (NR)	4:1 (NR)	6:1 (NR)	11:1 (NR)
Georgia	6:1 (12)	6:1 (12)	8:1 (16)	10:1 (20)
Hawaii*	4:1 (8)	4:1 (8)	6:1 (12)	8:1 (NR)
Idaho	6:1 (NR)	6:1 (NR)	6:1 (NR)	12:1 (NR)
Illinois	4:1 (12)	4:1 (12)	5:1 (15)	8:1 (16)
Indiana	4:1 (8)	4:1 (8)	5:1 (10)	5:1 (15)
Iowa	4:1 (NR)	4:1 (NR)	4:1 (NR)	6:1 (NR)
Kansas*	3:1 (9)	3:1 (9)	5:1 (10)	7:1 (14)
Kentucky	5:1 (10)	5:1 (10)	6:1 (12)	10:1 (20)
Louisiana*	5:1 (10)	5:1 (10)	7:1 (14)	11:1 (11)
Maine	4:1 (8)	4:1 (8)	5:1 (10)	5:1 (10)
Maryland*	3:1 (6)	3:1 (6)	3:1 (9)	6:1 (12)
Massachusetts	3:1/7:2 (7)	3:1/7:2 (7)	4:1/9:2 (9)	4:1/9:2 (9)
Michigan	4:1 (NR)	4:1 (NR)	4:1 (NR)	8:1 (NR)
Minnesota	4:1 (8)	4:1 (8)	7:1 (14)	7:1 (14)
Mississippi	5:1 (10)	5:1 (10)	9:1 (10)	12:1 (14)
Missouri	4:1 (8)	4:1 (8)	4:1 (8)	8:1 (16)
Montana	4:1 (NR)	4:1 (NR)	4:1 (NR)	8:1 (NR)
Nebraska	4:1 (12)	4:1 (12)	6:1 (NR)	6:1 (NR)
Nevada*	4:1 (NR)	6:1 (NR)	8:1 (NR)	10:1 (NR)
New Hampshire	4:1 (12)	4:1 (12)	5:1 (15)	6:1 (18)
New Jersey	4:1 (20)	4:1 (20)	7:1 (20)	10:1 (20)
New Mexico	6:1 (NR)	6:1 (NR)	6:1 (NR)	10:1 (NR)
New York	4:1 (8)	4:1 (8)	5:1 (12)	5:1 (12)
North Carolina*	5:1 (10)	5:1 (10)	6:1 (12)	10:1 (20)
North Dakota	4:1 (8)	4:1 (8)	4:1 (8)	5:1 (10)
Ohio	5:1/2:12 (12)	5:1/2:12 (12)	7:1 (14)	7:1 (14)
Oklahoma	4:1 (8)	4:1 (8)	6:1 (12)	8:1 (16)
Oregon	4:1 (8)	4:1 (8)	4:1 (8)	5:1 (10)
Pennsylvania	4:1 (8)	4:1 (8)	5:1 (10)	6:1 (12)
Rhode Island	4:1 (8)	4:1 (8)	6:1 (12)	6:1 (12)
South Carolina	6:1 (NR)	6:1 (NR)	6:1 (NR)	10:1 (NR)
South Dakota	5:1 (20)	5:1 (20)	5:1 (20)	5:1 (20)
Tennessee	4:1 (8)	4:1 (8)	6:1 (12)	7:1 (14)
Texas	4:1 (10)	4:1 (10)	9:1 (18)	11:1 (22)
Utah	4:1 (8)	4:1 (8)	4:1 (8)	7:1 (14)
Vermont	4:1 (8)	4:1 (8)	4:1 (8)	5:1 (10)
Virginia*	4:1 (NR)	4:1 (NR)	5:1 (NR)	10:1 (NR)
Washington*	4:1 (8)	4:1 (8)	7:1 (14)	7:1 (14)
West Virginia	4:1 (8)	4:1 (8)	4:1 (12)	8:1 (16)
Wisconsin	4:1 (8)	4:1 (8)	4:1 (8)	6:1 (12)
Wyoming	4:1 (10)	4:1 (10)	5:1 (12)	8:1 (18)

NR = Not Regulated; *See ratio and group size notes on page 5

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