

CHILD CARE MINIMUM STANDARDS STAKEHOLDER INPUT

Children's experiences during the rapid brain development of the first few years of life strongly influence their trajectories for years and decades to come. Most Texas young children spend the majority of their awake hours in child care. Chapter 42 of the Texas Human Resources Code directs HHSC to establish statewide minimum standards and regulate child care facilities for the purpose of protecting the health, safety, and well-being of children in out-of-home care. These standards are intended to establish the floor – the minimum safety conditions for children in care.

We appreciate the opportunity to draw from the on-the-ground experiences and expertise from both providers and parents to elevate four prioritized recommendations.

BACKGROUND

Whereas most minimum standards meet their purpose and protect the safety and well-being of children in care, the standards fall short regarding **ratios and group sizes**. We know this from parents, providers, Texas and national researchers and experts, and even from in-depth analyses by the state's licensing division itself.

In 2010, after an extensive review, Child Care Licensing itself reported that they do not “believe that the current ratios adequately protect the health and safety of children in some age ranges.” Providers across the state echo this finding saying that they could not safely manage that many infants and toddlers nor could they keep staff under those conditions. Affirming this, **Child Care Licensing reported that over 75% of providers complied with the recommended modifications**. Further, the Child and Family Research Partnership at the LBJ School of Public Affairs reported in 2017 that lower ratios provided “significantly safer classrooms and that 89% of providers were observed to have ratios better than minimum standards”¹. Despite these findings and considerable research promoting the increased safety of lower teacher-child ratios, 11 years later, Texas standards for ratio and group sizes still rank among the very worst in the nation.

The Administration of Children and Families produced *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* which represents the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes. Similar to minimum standards, *Caring for our Children Basics'* findings are designed “only to prevent harm to children, not to ensure their optimal development and learning and is the result of work from both federal and non-federal experts including the American Academy of Pediatrics, American Public Health Association, the National Resource Center for Health and Safety in Child Care and Early Education, The Office of Child Care, Office of Head Start, Office of the Deputy Assistant Secretary for Early Childhood, and the Maternal and Child Health Bureau. These experts echo the state's findings and recommend lower ratios and group sizes to ensure safety. (Please see appendix). **The ACF states “...that smaller group size is associated with a lower risk of infection in child care, lower rates of disease, and fewer situations involving potential danger.”**²

Further, **research shows that lowering ratios does not reduce the supply of care**. Contrary to predictions, changes in staff-to-child ratios contributed to a modest increase in the number of teaching staff and child care slots. Increased staff education and more rigorous ratio requirements did not have a marked negative impact on the child care marketplace, nor did requirements significantly affect consumer costs.³ **In spite of the current challenging circumstances, providers consistently voice their concern over the current ratios.**

RECOMMENDATIONS

- (1) In a phase-in plan, adopt the ratio and group size standards recommended in 2010 as well as lower ratios and group size for 18–24-month-old toddlers to ensure that children are in safe learning environments.
- (2) Provide minimum standards in Spanish and other languages to ensure standards are accessible and are no longer an excessive burden to providers whose first language is not English.
- (3) Work collaboratively with other entities to cross train, coordinate, and align representatives, inspectors, and mentors to simplify inspections and reporting for providers.
- (4) Continue to provide guidance on strategies for meeting the nutrition, active play, and screen time standards, especially by providing resources and strategies to offer developmentally appropriate play activities and alternatives to screen time.

We appreciate your consideration of these important recommendations and are grateful for your commitment to ensure that our child care minimum standards adequately safeguard our youngest Texans.

APPENDIX: CCR Ratios and Group Sizes in comparison to the CCL 2010 and ACF recommendations

Current Texas Standard			CCL 2010 Licensing Proposal			Administration of Children & Families	
Age of Children	Ratio	Max. group size per 2+ caregivers	Age of Children	Ratio	Max. group size per 2+ caregivers	Age of Children	Ratio
0-11 months	4	10	0-11 months	4	8	0-23 months	4
12-17 months	5	13	12-17 months	5	10		
18-23 months	9	18	18-35 months	9	18		
2 years	11	22	2 years	9	18	2 years	4-6
3 years	15	30	3 years	14	28	3 years	9
4 years	18	35	4 years	18	35	4 years	10
5 years	22	35	5 years	20	35	5 years	10

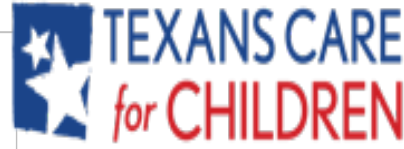
1 <https://childandfamilyresearch.utexas.edu/child-care-ratios-texas-and-childrens-safety>

2 <https://childcareta.acf.hhs.gov/ccdf-fundamentals/child-provider-ratio-standard-and-group-size>

3 The Florida Child Care Quality Improvement Study. Howes, Galinsky, et.al Families & Work Institute 1998



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children at Risk



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