CHILDREN'S EQUITY PROJECT

July 3, 2023

Thomas Salow, Branch Chief, Thomas.Salow@azdhs.gov
Margaret Bernal, DHS Child Care Licensing Bureau Chief, Margaret.Bernal@azdhs.gov
Arizona Department of Health Services (DHS) Division of Licensing Services
150 N. 18th Ave., Suite 400, Phoenix, AZ 85007

RE: Recommendations to Amend Arizona Administrative Code Title 9, Chapter 5

Dear Branch Chief Salow, Bureau Chief Bernal, and DHS child care licensing staff,

The Children's Equity Project (CEP) at Arizona State University is grateful to the Department for the opportunity to provide public comment on plans to amend and establish rules for school-age children being cared for in a child care facility and changes to improve consistency with the Child Care and Development Block Grant (CCDBG). We appreciate the solicitation of public input and provide our recommendations developed with research, policy, and practice in mind.

Overall, we urge the Department to prioritize children and use this opportunity to improve the health, safety, and well-being of children in child care facilities. We appreciate the fact that the Department wants to reduce burden, and believe this desire can and must be balanced with the strong priority to ensure that the intent of licensing is, first and foremost, to protect and support children. We provide overarching and specific recommendations in the following 8 areas:

Across each area we provide justification for inclusion substantiated by research and data, as well as specific language edits. We also have one overarching recommendation that is aligned with recommendations across our 8 key domains: **to build upon the state's existing licensing regulations and align to the national standards in *Caring for Our Children (CFOC)*, published by the American Academy of Pediatrics and several other national partners.** The 4th edition released in 2019 contains comprehensive guidelines on the development and evaluation of the health and safety of children in early care and education (ECE) settings informed by research, science, and effective ECE policies and practices across the child care field. When appropriate, we also reference *Caring for Our Children Basics* (*CFOC Basics*), a national resource that outlines basic health and safety standards based on the more comprehensive *CFOC*. *CFOC Basics* published by the U.S. Department of Health and Human Services (HHS) Administration for Children and Families in 2015, and the federal Office of Child Care recommends aligning state child care licensing to it across setting types to ensure healthy and safe environments and interactions for young children.

Arizona can utilize *CFOC Basics* as a stepping stone towards alignment with the more comprehensive *CFOC*. These resources were developed to reflect *minimum* standards, not the highest levels of quality. *CFOC and CFOC Basics* include indicators across several relevant domains, including staffing; program activities for healthy development; health prevention and protection; nutrition and food; facilities, supplies, equipment, and environmental safety; play areas/playgrounds and transportation; and infectious disease.

We make these recommendations based on the fact that there are significant discrepancies between Arizona's rules, national standards, and the minimum threshold in other states that impact the safety and health of Arizona's children. Please reach out if we can provide any additional guidance or clarification. The Children's Equity Project staff and faculty are interested in participating in any upcoming meetings related to the amendment of Arizona Administrative Code Title 9, Chapter 5.

Thank you for your consideration,

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1. Recommendations for Clean Water and Mitigating Lead Exposure			
Section	Current Reading	Proposed Change	Rationale
R9-5-501	General Child Care Program, Equipment, and Health and Safety Standards A. A licensee shall ensure that… 2. Except for an enrolled school-age child, drinking water is provided sufficient for the needs of and accessible to each enrolled child in both indoor and outdoor activity areas	A. A licensee shall ensure that… 2. Except for an enrolled school-age child, drinking water is provided sufficient for the needs of and accessible to each enrolled child in both indoor and outdoor activity areas [add a new sub-section] a. Drinking water, including water in drinking fountains, are tested and evaluated in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.	There is no safe blood lead level for children.[1] Even from low levels of exposure to lead, children can suffer serious and permanent health issues like behavior and learning problems, hyperactivity, slowed developmental growth, hearing problems, and anemia. Lead is especially dangerous to young children, because their brains and nervous systems are more sensitive to lead's damaging effects, and their bodies are able to absorb more lead. Once ingested, lead can be stored in bones, teeth, and organs for decades, making lead poisoning difficult to treat.[2] 11 other states already test water in child care facilities.[3] California, one of the more recent states to implement this requirement as part of child care licensing, recently published data citing that about **one in four** child care centers exceed acceptable lead levels in drinking water for infants, toddlers,

[1] National Scientific Council on the Developing Child. (2023). *Place matters: The environment we create shapes the foundations of healthy development* [working paper 16]. Harvard Center on the Developing Child. https://harvardcenter.wpenginepowered.com/wp-content/uploads/2023/03/HCDC_WP16_R2A.pdf.

[2] American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/CFOC.

[3] Environmental Defense Fund. (2023). Child care lead in water requirements: Tracking states and cities taking action to better protect children. *Requirements for child care facilities.* www.edf.org/health/child-care-lead-water-requirements.

		[add a new sub-section] b. Steps are taken to remediate sources if the water contains lead, including: i. Immediate parent notification ii. Use of a water filtration system or bottled water for enrolled children and staff iii. Immediate notification to DHS in the case of testing returning results indicating unsafe water for children	and preschoolers. A Government Accountability Office (GAO) report published in 2020 found that **over one quarter of Head Start centers had water above the lead threshold.** Most recently, the Environmental Protection Agency, in partnership with HHS, issued guidance on lead mitigation, which included a recommendation to embed lead water testing in state child care licensing. **Two large scale reviews of lead in water in child care and early learning programs indicated a large number of programs with unsafe water impacting thousands of infants, toddlers, and preschoolers in potentially severe and lasting ways.** Considering these data, and countless other local stories of contaminated water in schools and communities, it is imperative to embed water testing and remediation in licensing. Failing to test water is negligent to the health and safety of young children- and protecting the health and safety of young children is the principal purpose of licensing.
R9-5-303	Posting of Notices A. A licensee shall post in a place that can be conspicuously viewed by individuals entering or leaving the facility or activity area, the…	A. A licensee shall post in a place that can be conspicuously viewed by individuals entering or leaving the facility or activity area, the… [leave sub-sections 1-10 as is] [add a new sub-section] 11. Written results of water testing and remediation efforts to address any issues, as applicable.	

Resources to inform the amendment process:

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition.* Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf. (pages 235-237)
- Office of Early Childhood, Administration for Children and Families. (2023). Dear colleague letter on funding to test for and address lead in water in early care and education settings. U.S. Department of Health & Human Services. www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-letter-funding-test-and-address-lead-water-early-care-and
- Administration for Children and Families. (2023). HHS and EPA encourage states to utilize federal resources for lead detection and mitigation in early care and education settings. U.S. Department of Health & Human Services. www.acf.hhs.gov/media/press/2023/hhs-and-epa-encourage-states-utilize-federal-resources-lead-detection-and
- U.S. Government Accountability Office. (2020). Child care facilities: Federal agencies need to enhance monitoring and collaboration to help assure drinking water is safe from lead. www.gao.gov/products/gao-20-597.

2. Recommendations for Air Quality Monitoring

Section	Current Reading	Proposed Change	Rationale
R9-5-601	General Physical Plant Standards A licensee shall comply with the following physical plant requirements…	General Physical Plant Standards A licensee shall comply with the following physical plant requirements… [leave sub-sections 1-6 as is] [add a new sub-section]	The health and well-being of both staff and children can be greatly affected by air quality. Like exposure to most environmental toxins, poor air quality has a particularly strong impact on the youngest children. **The health impacts from exposure to air pollution can include decreased lung function, asthma, bronchitis, emphysema, learning and behavioral**

		7. Ensure appropriate air circulation into each room within the facility occurs at the recommended rates (ranging between 15 to 60 cubic feet per minute per person depending on the activities that normally occur in that room). [add a new sub-section] a. Indoor air is screened regularly and kept as free as possible from unnecessary chemicals, including those emitted from air fresheners and fragrances, cleaning products containing chemicals, aerosol sprays, and some furnishings. [add a new sub-section]	**disabilities, and even some types of cancer.**[4] The air inside a building is contaminated with microbes shared among occupants, chemicals emitted from common consumer products, and migration of polluted outdoor air into the facility .[4] Indoor air pollution is often greater than outdoor levels of air pollution due to a general lack of adequate air filtration and ventilation, and lingering and build up of air contaminants emitted from certain long-term furnishings.[5] The presence of dirt, moisture, and warmth encourages the growth of mold and other contaminants, which can trigger allergic reactions and asthma.[6] Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma.[7]

[4] American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition.* Washington, D.C.: American Public Health Association. https://nrckids.org/CFOC.

[5] U.S. Environmental Protection Agency. (2023). IAQ tools for schools program. www.epa.gov/iaq/schools/.

[6] U.S. Environmental Protection Agency. (2008). *Care for your air: A guide to indoor air quality.* Washington, D.C.: EPA. www.epa.gov/iaq/pdfs/careforyourair.pdf

[7] U.S. Environmental Protection Agency, Consumer Product Safety Commission. (2010). *The inside story: A guide to indoor air quality.* www.epa.gov/iaq/pubs/insidest.html; American Lung Association, American Lung Association, U.S. Consumer Product Safety Commission, & U.S. Environmental Protection Agency. (1994). *Indoor air pollution: An introduction for health professionals.* Cincinnati, OH: EPA National Service Center for Environmental Publications. www.epa.gov/iaq/pdfs/indoor_air_pollution.pdf.

		b. Licensee engages in preventive measures to improve indoor air quality, such as: • Ensuring new furnishings and materials are low formaldehyde products; • Turning on the range hood when using gas stoves • Increasing ventilation with outdoor air, when outdoor air quality is appropriate • Clean frequently to minimize dust • Use "clean" cleaning products that are low in volatile organic compounds (VOCs) • Reduce use of pesticides • Clean out old pesticides, solvents, and cleaning products.	As much fresh outdoor air as possible should be provided in rooms occupied by children.[8] Screened windows should be opened whenever weather and outdoor air quality permits or when children are out of the room.[9] When windows are not kept open, rooms should be well-ventilated with air filtration units.

[8] American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf.

[9] American Society of Heating, Refrigeration and Air-conditioning Engineers (ASHRAE), American Institute of Architects, Illuminating Engineering Society of North America, U.S. Green Building Council, & U.S. Department of Energy. (2008). *Advanced energy design guide for K-12 school buildings*. Atlanta, GA: ASHRAE. www.caba.org/wp-content/uploads/2020/04/IS-2018-52.pdf.

R9-5-603	Outdoor Activity Areas A. Except as provided in subsection (B), a licensee shall not permit an enrolled child to cross a driveway or parking lot to access an outdoor activity area on the facility premises or a school campus unless the licensee obtains written approval from the Department…	Outdoor Activity Areas [leave sub-sections A-H as is] [add a new sub-section] I. A licensee shall monitor outdoor air quality daily to inform the use of outdoor activity areas, including whether children should be kept inside for the day, whether masks should be used outdoors, and whether windows can be kept open.	Children are particularly vulnerable to air pollution because of their developing respiratory and central nervous systems, and they also breathe in more air relative to their weight than adults do. With increased wildfires and pollution, it is critical to monitor and mitigate exposure to poor outdoor air quality as well. The U.S. Air Quality Index (AQI) is a tool that indicates air quality levels. The higher the AQI value, the greater the amount of air pollution and the greater the risk of health concerns. Several free and reliable tools to monitor outdoor air quality exist. All of these are available on a smartphone or tablet and using them can be as simple as checking the weather daily. Mitigation can include keeping children indoors, decreasing outdoor time, or using masks, in alignment with local health department recommendations.

Resources to inform the amendment process:

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf. (pages 224-228)

- Arizona Department of Environmental Quality. (n.d.). *Air now*. Maricopa County Air Quality Department. www.airnow.gov/?city=Phoenix&state=AZ&country=USA.
- Child Care Aware of America. (n.d.). *Air quality.* www.childcareaware.org/our-issues/crisis-and-disaster-resources/tools-publications-and-resources/outdoor-air-quality/
- American Lung Association. (2022). *Who is at risk?* www.lung.org/clean-air/outdoors/who-is-at-risk
- California Air Resources Board. (2012). Air pollution and contaminants at child-care and preschool facilities in California: Fact sheet. ww2.arb.ca.gov/resources/fact-sheets/air-pollution-and-contaminants-child-care-and-preschool-facilities-california.

3. Recommendations for Water Safety

Section	Current Reading	Proposed Change	Rationale
R9-5-604	A. If a licensee uses a public or semi-public swimming pool for an enrolled child, the swimming pool shall meet the requirements of the swimming pool ordinance enacted by local government…	[leave sub-sections A-E as is] [add a new sub-section] F. Licensee shall maintain constant and active supervision when any enrolled child is in or around water. a. During swimming activities with an enrolled infant or toddler, the ratio	**Drowning is the number one cause of death for children ages 1 to 4 in Arizona and the third leading cause of death for children ages 5-9.**[10] Nationally, drowning is the second leading cause of unintentional injury-related death for children ages 1 to 14. **Small children can drown within thirty seconds, in as little as two inches of liquid.**[11] In a comprehensive study of drowning and submersion

[10] Arizona Department of Health Services, Bureau of Assessment and Evaluation. (2022). *Arizona child fatality review program: 29th annual report.* www.azdhs.gov/documents/director/agency-reports/29th-annual-child-fatality-report.pdf; Centers for Disease Control and Prevention (CDC). 2010. *Unintentional drowning: Fact sheet.* www.cdc.gov/healthywater/swimming/swimmers/drowning-injury-sun-protection.html.

[11] American Academy of Pediatrics, Committee on Injury, Violence, and Poison Prevention. 2010. Policy statement-prevention of drowning. Pediatrics 126: 178-85.

		shall be one adult to one infant or toddler. b. During swimming activities with an enrolled 3-, 4-, or 5-year-old, the ratio shall be one adult to two 3- and 4-year-olds and one adult to four 5-year-olds. c. During wading or water play activities, the supervising adult should be within an arm's length.	incidents involving children under five years of age in Arizona, California, and Florida, the U.S. Consumer Product Safety Commission (CPSC) found that submersion incidents involving children usually happen in familiar surroundings and pool submersions involving children happen quickly. 77% of the victims had been missing from sight for 5 minutes or less, child drowning is a silent death, and splashing may not occur to alert someone that the child is in trouble.[12]
R9-5-301	General Licensee Responsibilities …J. Every September, a licensee shall provide to parents of enrolled children information related to recommendations for influenza vaccinations for children…	General Licensee Responsibilities …J. Every September, a licensee shall provide to parents of enrolled children information related to recommendations for influenza vaccinations for children… [add a new sub-section] M. At least once per year before the summer months, a licensee shall provide to parents of enrolled children information related to	

[12] U.S. Consumer Product Safety Commission. 2002. How to plan for the unexpected: Preventing child drownings. Publication #359. Washington, DC: CPSC. http://www.cpsc.gov/CPSCPUB/PUBS/359.pdf.

		water safety.	

Resources to inform the amendment process:

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf. (pages 297-303)
- Bell, B. (2015, January 18). *Make sure parents know child-to-adult ratios*. American Pool. https://americanpool.com/2015/01/18/make-sure-parents-know-child-adult-ratios/

4. Recommendations for Ratios and Group Sizes			
Section	Current Reading	Proposed Change	Rationale
R9-5-404	Staff-to-Children Ratios A. A licensee shall ensure that at least the following staff-to-children ratios are maintained at all times when providing child care services to enrolled children: • Infants 1:5 or 2:11 • 1-year-old children 1:6 or 2:13 • 2-year-old children 1:8 • 3-year-old children 1:13 • 4-year-old children 1:15	Staff-to-Children Ratios A. A licensee shall ensure that at least the following maximum staff-to-children ratios and group sizes are maintained at all times when providing child care services to enrolled children: [amend existing sub-section] • Infants 1:3 or 2:6 with a group size no more than 6 • 1-year-old children 1:4 or 2:8 with a group size no more than 8	**Adult to child ratios and group sizes are among the most important factors in maintaining safe and enriching care environments for children.** Ratios not only affect physical safety and supervision, they also influence the quality and quantity of adult-child interactions, which developmental science and neuroscience have both demonstrated are the foundations for positive child development. A meta-analysis of studies on adult-child ratios worldwide found that smaller adult child ratios were associated with

	• 5-year-old children not school-age 1:20 • School-age children 1:20	• 2-year-old children 1:4 with a group size no more than 8 • 3-year-old children 1:7 with a group size no more than 14 • 4-year-old children 1:8 with a group size no more than 16 • 5-year-old children not school-age 1:8 with a group size no more than 16 • School-age children 1:10 with a group size no more than 20	improved process quality in ECE settings.[13] Finally, it is also important to note that large ratios and group sizes not only affect children, they affect teachers and are an important dimension of working conditions. **Arizona's current ratios do not meet any of the three major national health and safety standards, and fall well below other states' standards.** **Arizona ranks nearly the worst in the nation on adult:child ratios for infants.** Only 4 other states have higher ratios of teachers-to-infants compared to Arizona. The majority of states including D.C. have a ratio of 4:1 for infants which aligns with both National Association for the Education of Young Children (NAEYC) and Head Start standards. Improving ratios and group sizes will bring Arizona up to date with research on child

[13] Dalgaard, N. T., Bondebjerg, A., Klokker, R., Viinholt, B. C., & Dietrichson, J. (2020). Adult/child ratio and group size in early childhood education or care to promote the development of children aged 0–5 years: A systematic review. *Campbell Systematic Reviews, 16*(1), e1079.; Francis, J., & Barnett, W. S. (2019). Relating preschool class size to classroom quality and student achievement. *Early Childhood Research Quarterly, 49*, 49–58.

			development, and with the rest of the country's child care providers. Importantly, it will undoubtedly increase the safety, supervision, and interactions Arizona child care providers are able to provide to young children. Arizona also does not have a group size limit. **43 out of 50 states and D.C., or nearly 90% of states, have group size limits.** Large group sizes can also influence supervision, safety, and the quality of interactions with children. Group sizes that are too large can also be chaotic, which can impact children's behavior and stress levels, as well as that of their providers.

Resources to inform the amendment process:

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf. (pages 3-5)

5. Recommendations for Discipline and Emotional Safety

Overarching suggestions:

1. There should be a single section on discipline and emotional safety.
2. The term "physical restraint" should be used in place of "hold", and secluded in place of "separation". These are the formal terms with clear federal definitions. Add a definition of "physical restraint" and "separation" aligned with the U.S. Department of

Education seclusion and restraint resources and the Civil Rights Data Collection.

3. Definitions for seclusion and physical restraint should be added, aligned with federal definitions that appear in the U.S. Department of Education's Civil Rights Data Collection.
4. The list of prohibited staff behaviors toward children in R9-5-510.B 1-5 should be aligned with the *CFOC Basics* "2.2.0.9 Prohibited Caregiver/Teacher Behaviors" indicators a through k (page 11).

Section	Current Reading	Proposed Change	Rationale
R9-5-510	Discipline and Guidance C. A licensee may allow a staff member to separate an enrolled child from other enrolled children for unacceptable age appropriate behavior…	Discipline and Guidance [amend existing sub-section] C. A licensee may allow a staff member to separate an enrolled child from other enrolled children for behaviors that may require time to calm down or other supports based on children's individual needs and abilities. This separation should never equate to seclusion. The adult should remain responsive to the child's needs and supportive of the child's emotional wellbeing. Temporary separation should be in a warm and responsive manner, rather	**Emotional safety is considered a defining feature of a positive learning environment and is associated with psychological well-being, and positive academic and social outcomes.** In the early childhood environment, emotional safety is developed through supportive relationships and clear boundaries.[14] The adult-child relationship is the essential foundation for the positive impacts of ECE.[15] A strong understanding of developmentally appropriate behavioral, social, and emotional expectations for children are essential in preventing harsh discipline and effectively supporting children's emotional health, development, and learning.[16]

[14] Shean, M., & Mander, D. (2020). Building emotional safety for students in school environments: Challenges and opportunities. *Health and education interdependence: Thriving from birth to adulthood*, 225-248. https://link.springer.com/book/10.1007/978-981-15-3959-6.

[15] Sabol, T. J., & Pianta, R. C. (2012). Recent trends in research on teacher–child relationships. *Attachment & Human Development*, *14*(3), 213-231. https://psycnet.apa.org/doi/10.1111/j.1939-0025.2011.01134.x.

[16] Gregory, A., Skiba, R. J., & Mediratta, K. (2017). Eliminating disparities in school discipline: A framework for intervention. *Review of Research in Education*, *41*(1), 253-278.

		than as "punishment" or "discipline". [remove existing sub-section C1] ~~1. The separation period shall be for no longer than three minutes after the enrolled child has regained control or composure.~~ [remove existing sub-section C2] ~~2. A staff member shall not allow an enrolled child to be separated for longer than 10 minutes without the staff member interacting with the enrolled child.~~ [add a new sub-section] 3. Licensees must prohibit the use of seclusion of children, including and especially of children with disabilities, for any amount of time.	**The use of harsh discipline practices compromises emotional safety and learning.** Harsh discipline can include a range of adult behaviors and policies, including suspension, expulsion, corporal punishment, seclusion, inappropriate use of restraint, belittling, humiliating, withholding play, outdoor time, or snacks, etc. Racial disparities in the use of harsh discipline practices in early childhood including restraint, seclusion, expulsion, and suspension are disproportionately applied to Black children, despite the fact that Black children do not engage in worse or more frequent misbehavior.[17] Robust research points to the role of implicit bias in the perceptions of child behavior and discipline decisions.[18] It is critical that adults be trained on the role of implicit bias in perceptions of behavior and discipline decisions. Seclusion can be especially harmful to the social and emotional development of young children and can put a significant strain on the relationship
R9-5-510	Discipline and Guidance	Discipline and Guidance	

[17] U.S. Department of Education Office for Civil Rights (June, 2021). *An Overview Of Exclusionary Discipline Practices In Public Schools For The 2017-18 School Year*. https://ocrdata.ed.gov/assets/downloads/crdc-exclusionary-school-discipline.pdf; Meek, S., Smith, L., Allen, R., Catherine, E., Edyburn, K., et al. (2020). *Start with equity: From the early years to the early grades.* Tempe, AZ: The Children's Equity Project at Arizona State University. https://childandfamilysuccess.asu.edu/cep/start-with-equity.

[18] Meek, S., Smith, L., Allen, R., Catherine, E., Edyburn, K., et al. (2020). *Start with equity: From the early years to the early grades.* Tempe, AZ: The Children's Equity Project at Arizona State University. https://childandfamilysuccess.asu.edu/cep/start-with-equity.

	A. A licensee shall ensure that a staff member: …4. After determining that an enrolled child's behavior may result in harm to self or others, holds the enrolled child until the enrolled child regains control or composure.	A. A licensee shall ensure that a staff member… [remove existing sub-section A4] ~~…4. After determining that an enrolled child's behavior may result in harm to self or others, holds the enrolled child until the enrolled child regains control or composure…~~ [add a new sub-section] D. A licensee shall ensure: [add a new sub-section] 1. Staff are appropriately trained in developmentally appropriate behavioral guidance and on implicit biases related to discipline. [add a new sub-section] 2. Physical restraint is only used if a child is in imminent danger or poses an imminent threat to the safety of others and in accordance	between the adult who places the child in seclusion and the child, potentially prompting feelings of distrust, betrayal, and neglect.[19] Federally, the HHS and U.S. Department of Education published a policy statement on preventing expulsion and suspension in early childhood programs with several recommendations for states. CCDBG requires ongoing training on social and emotional development and expulsion prevention.[20] The Individuals with Disabilities Education Act also includes limitations on exclusions of children with disabilities from learning settings.[21]

[19] LeBel, J., Nunno, M. A., Mohr, W. K., & O'Halloran, R. (2012). Restraint and seclusion use in US School settings: Recommendations from allied treatment disciplines. *American Journal of Orthopsychiatry*, *82*(1), 75. https://doi.org/10.1111/j.1939-0025.2011.01134.x.

[20] S.1086 - 113th Congress (2013-2014): Child Care and Development Block Grant Act of 2014. (2014, November 19). https://www.congress.gov/bill/113th-congress/senate-bill/1086.

[21] U.S. Department of Education. (2023). About IDEA. https://sites.ed.gov/idea/about-idea/#IDEA-Purpose.

		with the new sub-section 3, below. [add a new sub-section] 3. Written policies on physical restraint to protect children's safety and development, including: a. Tracking and accountability in cases of misuse b. Limits on duration and type of restraint, considering development and child size c. Required training for those restraining children d. Timely incident reporting e. The process for an intervention and support plan and parent notification of restraint	
R9-5-510	Discipline and Guidance C. A licensee may allow a staff member to separate an enrolled child from other enrolled children for unacceptable age appropriate behavior…	Discipline and Guidance [add a new sub-section after C] E. Programs must establish and implement an expulsion and suspension prevention policy that aligns with the state's early childhood expulsion prevention program.	

Resources to inform the amendment process:

- U.S. Department of Health & Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Administration for Children and Families. https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/caring-for-our-children-basics.pdf. (page 11)
- Government Accountability Office. (2009). *Seclusions and restraints: Selected cases of death and abuse at public and private schools and treatment centers*. http://www.gao.gov/new.items/d09719t.pdf.
- Allen, R.A., Catherine, E., Meek, S., McIntosh, K., Alexander, B., Hemmeter, M.L., Palomino, C., Powell, T., Blevins, D., & Soto-Boykin, X. (2022). A holistic approach to ending exclusionary discipline for young learners. The Children's Equity Project, University of Oregon, and Vanderbilt University. https://childandfamilysuccess.asu.edu/cep/exclusionary-discipline.
- Arizona Department of Economic Security. (2021). CCA 1-01-01 suspension and expulsion prevention. Division of Child Care. https://des.az.gov/sites/default/files/dl/CCA-1-01-01-Suspension-and-Expulsion-Prevention.pdf?time=1688398801123.
- U.S. Department of Health & Human Services & U.S. Department of Education. (2020). Policy statement on expulsion and suspension policies in early childhood settings. https://oese.ed.gov/files/2020/07/policy-statement-ece-expulsions-suspensions.pdf.

6. Recommendations for Inclusion, Safety, and Accessibility for Children with Disabilities

Overarching suggestions:

1. Revise the wording of "children with special needs" to "children with disabilities" under R9-5-101: Definitions to align with the definition from the U.S. Department of Education and applicable state and federal law.
2. Add a definition of "inclusion", under R9-5-101: Definitions, that is aligned with the HHS and U.S. Department of Education joint policy statement on inclusion of children with disabilities in early childhood programs and any other applicable federal definition.

Section	Current Reading	Proposed Change	Rationale
R9-5-304	Enrollment of Children	Enrollment of Children	Federal law requires that children with disabilities

	D. When a child is disenrolled from a facility, the licensee shall…	D. When a child is disenrolled from a facility, the licensee shall… [add a new sub-section] E. A licensee shall not deny enrollment of a child with disability or special health care need for toileting issues or any other reasons.	receive their services in the least restrictive environment, including general early childhood programs. HHS and the U.S. Department of Education published a federal policy statement and recommendations to states to support inclusion of children with disabilities in general early childhood programs, including child care programs.[22] Children with disabilities, particularly Autism and developmental delays, tend to achieve potty trained status at different rates than their peers. Child care centers that require children to be potty or toilet trained before enrollment and exclude children with disabilities who are not yet toilet trained, are likely violating the Americans with Disabilities Act (ADA).[23] Under both the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, a child care program must make reasonable accommodations in order to serve a child with disabilities. If facility changes or other major changes are made to accommodate a particular child with physical or other disability, it is likely that the other children and adults are helped by the
R9-5-403	Training Requirements A. Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete, training for new staff members that includes all of the following…	Training Requirements A. Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete training that includes all of the following… [leave sub-sections 1-17 as is] [add a new sub-section] 18. Compliance with the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA)	
R9-5-403	Training Requirements B. Each staff member who	Training Requirements B. Each staff member who	

[22] U.S. Department of Health & Human Services & U.S. Department of Education. (2015). Policy statement: Inclusion of children with disabilities in early childhood programs. https://sites.ed.gov/idea/files/joint-statement-full-text.pdf.

[23] Kroeger, K. A., & Sorensen-Burnworth, R. (2009). Toilet training individuals with autism and other developmental disabilities: A critical review. *Research in Autism Spectrum Disorders, 3*(3), 607-618.

	provides child care services completes 18 or more actual hours of training every 12 months after the effective date of this Chapter or the staff member's starting date of employment or volunteer service in at least two topics listed in this subsection: a. Child growth and development, including…	provides child care services completes 18 or more actual hours of training every 12 months after the effective date of this Chapter or the staff member's starting date of employment or volunteer service in at least two topics listed in this subsection: a. Child growth and development, including… [add a new sub-section] viii. Inclusive environments for children with special health care needs, mental health needs, and disabilities	changes. Reasonableness is a legal standard that looks at cost and other ADA criteria—Section 504 applies to recipients of federal funds, but the ADA extends coverage to private entities that do not receive federal funds.[24] Research suggests that young children with disabilities in high-quality inclusive early childhood programs make larger gains in their cognitive, communication, and social-emotional development compared to their peers in segregated settings.[25] The benefits of inclusion depend on children being included several days per week across social and learning experiences and simultaneously receiving individualized instructional strategies, alongside peers with and without disabilities. Child care providers should fully integrate their care services to the greatest extent given each child's strengths and individual needs, and establish partnerships with early interventionists, special educators, and related services providers, as applicable, via families.
R9-5-505	Supplemental Standards for 3-year-old, 4-year-old, and 5-year-old Children A licensee providing child care services for 3-year-old,	Supplemental Standards for 3-year-old, 4-year-old, and 5-year-old Children A licensee providing child care services for 3-year-old, 4-year-old,	

[24] American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf.

[25] Strain, P. S., Bovey, E. H., Wilson, K., & Roybal, R. (2009). LEAP preschool: Lessons learned over 28 years of inclusive services for young children with autism. *Young Exceptional Children Monograph Series 11*, 49-68; Wolery-Allegheny, M., & Wilbers, J. S. (1994). Including children with special needs in early childhood programs, 6, 1-22, National Association for the Education of Young Children; Strain, P. S. (1983). Generalization of autistic children's social behavior change: Effects of developmentally integrated and segregated settings. *Analysis and intervention in Developmental Disabilities, 3*(1), 23-34. https://doi.org/10.1016/0270-4684(83)90024-1; Holahan, A., & Costenbader, V. (2000). A comparison of developmental gains for preschool children with disabilities in inclusive and self-contained classrooms. *Topics in Early Childhood Special Education, 20*(4), 224-235. https://doi.org/10.1177/027112140002000403.

	4-year-old, and 5-year-old children shall…	and 5-year-old children shall… [add a new sub-section] B. For children still toilet training, licensee shall consult with the enrolled child's parent to develop a plan for individual toilet training support of the enrolled child and ensure that a staff member appropriately implements the plan for toilet training.	There are several resources and tools available to support child care providers in delivering high quality inclusive learning for children with disabilities, such as the Inclusive Classroom Profile (ICP), an observation tool for child care providers designed to assess the quality of supports that foster the developmental needs of children with disabilities in early learning settings.[26] Moreover, the federal CCDBG requires training to support this population of learners under ongoing required training. Specifically, the law requires training to be appropriate, to the extent practicable, for a diverse population of children that includes children with disabilities.[27]
R9-5-507	Supplemental Standards for Children with Special Needs A. A licensee providing child care services for a child with special needs shall…	Supplemental Standards for Children with Special Needs [add a new section before A] A. A licensee providing child care services shall not deny enrollment to a child with disabilities or a child suspected of having a disability. [add a new sub-section] a. Accommodations will be made to enroll a child with disabilities in the child care setting according to the child's individualized plan, consultation with parents and	

[26] Soukakou, E., Winton, P., & West, T. (2012). The Inclusive Classroom Profile (ICP): Report on preliminary findings of demonstration study in North Carolina. Chapel Hill, NC: NPDCI, FPG Child Development Institute. https://fpg.unc.edu/publications/inclusive-classroom-profile-icp-preliminary-findings-demonstration-study-north-carolina.

[27] CCDBG Act of 2014 658(c)(2)(G), (I), (T); Child Care and Development Fund, 45 C.F.R. § 98.44 (2016). www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98.

		applicable community partners, and compliance with state and federal law.	
R9-5-507	Supplemental Standards for Children with Special Needs A. A licensee providing child care services for a child with special needs shall…	Supplemental Standards for Children with Special Needs A. A licensee providing child care services for a child with disabilities shall… [leave sub-sections 1-4 as is] [add a new sub-section] 5. Ensure their facility is fully accessible to children with disabilities; and [add a new sub-section] 6. Conduct and update a written facility accessibility self-assessment every 5 years, developed in consultation with an expert multi-disciplinary team of professionals experienced in the care and education of children with disabilities and special health care needs.	A self-assessment helps the child care provider review their current capacity and attitudes about addressing a range of special health care needs and disabilities. The process supports a facility to become accessible for children with disabilities.[28]
Resources to inform the amendment process:			

[28] American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf.

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/CFOC. (pages 359-367)
- The Children's Equity Project. (2021). Expanding inclusive learning for children with disabilities: What we know, what we don't know, and what we should do about it. Tempe, AZ: The Children's Equity Project at Arizona State University. https://childandfamilysuccess.asu.edu/sites/default/files/2020-07/CEP-disabilities-inclusion-pullout-070620-FINAL.pdf.
- U.S. Department of Health & Human Services & U.S. Department of Education. (2015). Policy statement on inclusion of children with disabilities in early childhood programs. https://sites.ed.gov/idea/files/joint-statement-full-text.pdf.

7. Recommendations for Children who are Dual Language Learners

Overarching suggestions:

1. Add a definition for "dual language learners" in R9-5-101: Definitions to align with the definition in the U.S. Department of Health & Human Services and U.S. Department of Education joint policy statement on supporting children who are dual language learners in early childhood programs.
2. Revise the definition of "Age-appropriate" in R9-5-101: Definitions to read "consistent with a child's age and age-related stage of physical growth, *language development,* and mental development".
3. Throughout the supplemental standards sections (R9-5-501 through R9-5-507), ensure that licensees are required to provide materials, toys, books, and other supplies that are responsive to an enrolled child's culture, language, racial and ethnic identities and other parts of their identity that promote positive learning and growth.

Section	Current Reading	Proposed Change	Rationale
R9-5-507	Supplemental Standards for Children with Special Needs …G. If a child care facility requires a separate diaper changing area to allow privacy	[add a new rule and sub-sections after R9-5-507] Supplemental Standards for Children who are Dual and Multi Language Learners	In Arizona, dual language learners make up nearly half of the young child population (i.e. 42%), equating to approximately 206,000 children. In some communities, the percentage is much higher.

	while providing diapering to an enrolled child with special needs, the licensee shall submit a written request for approval of the intended change to the Department according to R9-5-208 prior to adding a diaper changing area.	A. A licensee providing child care services for a child who is a dual language learner or multi language learner will: 1. Provide age-appropriate materials, books, toys, activities, and pictures responsive to children's home language, culture, and racial and ethnic diversity. 2. To the extent possible, publish and communicate in an enrolled child's parent's native language. 3. Ensure staff participate in ongoing training on supporting the holistic development of dual language learners, including bilingual development. 4. Ensure staff implement activities and experiences in children's home language through books,	For example, in Nogales, AZ, more than 90% of the population speaks Spanish or Spanish and English. A federal policy statement published by HHS and the U.S. Department of Education provides recommendations for states to better support dual language learners in child care programs and other early education settings, including and especially by incorporating their home language in programming. Indeed, research finds that support for dual language learners' emerging bilingualism is associated with a range of cognitive, academic, social, and economic benefits over the life course.[29] **Child care providers must be prepared and able to work with children who are dual language learners and their families, whether or not they share the same home language.** The federal CCDBG requires training to support this population of learners under ongoing required

[29] Williams, C., Soto-Boykin, X., Zabala, J., & Meek, S. (2023). *Why we need to cultivate America's multilingual, multicultural assets.* The Century Foundation and the Children's Equity Project. https://tcf.org/content/report/why-we-need-to-cultivate-americas-multilingual-multicultural-assets.

		songs, and daily routines.	training. Specifically, the law requires training to be appropriate, to the extent practicable, for a diverse population of children that includes English learners.[30] The Office of Head Start has established a wealth of resources for early childhood programs, including child care providers, to provide instruction and support in children's home languages. These resources include support for providers who *do not* share the same home language as children, as well as for those who *do*.

Resources to inform the amendment process:

- U.S. Department of Health & Human Services. (2019). Head Start program performance standards showcase: Dual language learners. Office of Head Start, Administration for Children and Families. https://eclkc.ohs.acf.hhs.gov/policy/head-start-program-performance-standards-showcase/dual-language-learners.
- U.S. Department of Health & Human Services & U.S. Department of Education. (2016). *Policy statement on supporting the development of children who are dual language learners in early childhood programs.* https://www2.ed.gov/about/inits/ed/earlylearning/files/dll-policy-statement-2016.pdf.

8. Recommendations for Workforce Qualifications

Overarching suggestions:

1. The field and early childhood agencies should review and revise the training requirements to align with current research.

[30] CCDBG Act of 2014 658(c)(2)(G), (I), (T); Child Care and Development Fund, 45 C.F.R. § 98.44 (2016). www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98.

Ongoing professional development should include effective practices working with children who are dual language learners, children with disabilities, and marginalized populations including Black, Latine, Indigenous, and other children of color.

2. To clarify and reduce burden on child care providers, establish 5 clear categories under "Staff Qualifications" that are aligned with *CFOC* and the national Unifying Framework for the Early Childhood Profession publication from NAEYC. These 5 categories include: (1) Facility director, (2) Facility director's designee, (3) Teacher-caregiver, (4) Assistant teacher-caregiver (combined with teacher-caregiver aide), and (5) Volunteer (combined with student-aide).

Section	Current Reading	Proposed Change	Rationale
R9-5-401	Staff Qualifications A licensee shall ensure that staff members meet the following qualifications for employment or volunteer service at a facility… 3. A teacher-caregiver is 18 years of age or older and provides the licensee with documentation of one of the following: Six months of child care experience and: i. A high school diploma or high school equivalency diploma; or ii. At least 12 credit hours from an accredited college or	Staff Qualifications …3. A teacher-caregiver is 18 years of age or older and provides the licensee with documentation of: a. Six months of child care experience and: [amend existing sub-sections] i. Associate, bachelor, or advanced degree from an accredited college or university in early childhood, child development, or a closely-related field; or ii. C.D.A., C.C.P., or other comparable early	**Foundational knowledge of child development and effective teaching practices help teachers provide safe, responsive, enriching early learning environments for young children.** A minimum base of knowledge at entry level into the child care field is necessary to maintain consistency across settings that serve children. For example, nearly 1/3 of states and D.C. require a Child Development Associate (CDA) or equivalent certification for teachers in licensed programs.[31] Since the CDA was established, nearly 15,500 CDA credentials have been awarded to the Arizona ECE workforce.[32] Administered by the Council for Professional Recognition, the C.D.A. certification provides

[31] U.S. Department of Health & Human Services. *National database of child care licensing regulations.* Facility requirements, staff qualifications and training requirements, preservice qualifications for center teachers. Office of Child Care, Administration for Children and Families. https://licensingregulations.acf.hhs.gov/.

[32] Council for Professional Recognition. (2023). CDA fact sheet: Arizona. www.cdacouncil.org/wp-content/uploads/2023/04/AZ_CDA-State-Fact-Sheet.pdf.

	university, including at least six credit hours in early childhood, child development, or a closely-related field; b. Associate or bachelor degree from an accredited college or university in early childhood, child development, or a closely-related field; or c. N.A.C., C.D.A., or C.C.P. credential;	childhood certificate or credential; and a. Demonstrated competency, teaching experience, and ongoing professional development in child development and early childhood topics	credentialing for the ECE workforce across settings and age ranges including infant/toddler and preschool endorsements for center-based programs, family child care, and home visiting programs. Teachers working in bilingual early learning settings also can earn a bilingual specialization to promote the development of dual language learners. The C.D.A. incorporates multiple competencies that teachers need to work with young children, birth to age 5, such as health and safety foundations, social and emotional development, relationships with families, and professionalism. In 2015, the National Academies of Science Engineering and Medicine published a consensus report on the early educator workforce. In it, the committee states: "The CDA credential may contribute to some aspects of quality and may be beneficial for child outcomes". Research shows that the C.D.A. increases the positive interactions between children and their teachers with limited formal education and improves self-reported developmentally appropriate practices among participating teachers.[33]
R9-5-401	Staff Qualifications 4. An assistant teacher-caregiver is 16 years of age or older and provides the licensee with documentation of one of the following…	Staff Qualifications [amend existing sub-section] 4. An assistant teacher-caregiver is 16 years of age or older and provides the licensee with documentation of one of the following… a. Demonstrated competency, teaching experience, and ongoing professional development in child development and early childhood related topics; and	

[33] Council for Professional Recognition. (n.d.). *Homepage*. www.cdacouncil.org/en/; Heisner, M. & Lederberg, A. (2011). The impact of Child Development Associate training on the beliefs and practices of preschool teachers. *Early Childhood Research Quarterly*, 26, 227-236. 10.1016/j.ecresq.2010.09.003; National Academies of Science, Medicine and Engineering. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington, D.C.: The National Academies Press. https://doi.org/10.17226/19401.

		i. C.D.A., C.C.P., or other comparable early childhood certificate or credential; or ii. An education plan towards achieving a C.D.A., C.C.P., or other comparable early childhood certificate or credential.	
R9-5-403	Training Requirements A. Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete, training for new staff members that includes all of the following…	Training Requirements Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete, training for new staff members that includes all of the following… [add a new sub-section] 18. Compliance with ADA and IDEA [add a new sub-section after A]	The CCDBG requires states to describe their framework for training, professional development, and education for caregivers, teachers, and directors, and establish a progression of professional development opportunities to improve the knowledge and skills of providers contracted through CCDBG.[34] The following topics are required: • Topics that reflect the CCDBG health and safety standards. • Social-emotional behavior intervention models for children, which may include

[34] CCDBG Act of 2014 658(c)(2)(G), (I), (T); Child Care and Development Fund, 45 C.F.R. § 98.44 (2016). www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98.

		Within 30 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete, training for new staff members that includes all of the following: iii. Supporting inclusive services for children with disabilities iv. Supporting children who are dual language learners v. Social and emotional development, including developmentally appropriate behavioral expectations, and expulsion prevention	positive behavior guidance and preventing and reducing expulsions and suspensions • Serving diverse population of children that includes different age groups; English language learners; children with disabilities; and Native Americans, Alaska Natives, and Native Hawaiians
R9-5-403	Training Requirements	Training Requirements	

	B. A licensee shall ensure that: 1. Each staff member who provides child care services completes 18 or more actual hours of training every 12 months after the effective date of this Chapter or the staff member's starting date of employment or volunteer service in at least two topics listed in this subsection…	a. Child growth and development [leave sub-sections i-vii as is] [add new sub-sections] viii. Inclusive practices and environments for children with disabilities ix. Understanding bias in discipline decisions x. Dual language development and holistically supporting DLLs b. Health and safety issues, including: [leave sub-sections i-vi as is] [add a new sub-section] vii. Water safety c. Program administration, planning, development, or management… [add a new sub-section under c] i. Establishing developmentally appropriate behavior guidance and discipline policies ii. Establishing policies on inclusion and prevention	

		of exclusion of children with disabilities iii. Establishing language policies for enrolled children who are dual language learners and their families iv. Establishing ongoing professional development plans for staff v. Establishing positive working conditions and fair wages for staff	

Resources to inform the amendment process:

- American Academy of Pediatrics. (2019). *Caring for our children: National health and safety performance standards, 4th edition*. Washington, D.C.: American Public Health Association. https://nrckids.org/CFOC. (pages 11-15)
- National Association for the Education of Young Children et. al. (2020). *Unifying framework for the early childhood education profession*. https://powertotheprofession.org/wp-content/uploads/2020/03/Power-to-Profession-Framework-03312020-web.pdf.
- U.S. Department of Health & Human Services. (n.d.). Fundamentals of CCDF administration: Training and professional development requirements. Child Care Technical Assistance Network, Office of Child Care, Administration for Children and Families. https://childcareta.acf.hhs.gov/ccdf-fundamentals/training-and-professional-development-requirements.