Child Care Licensing Assessment

Stakeholder perspectives to support regulatory and systems improvement

April 2022

Author information and acknowledgements

This assessment was written by Kristal Jones (JG Research and Evaluation) and Kirsten Smith (Bloom Consulting) for the Montana Department of Public Health and Human Services (DPHHS), Early Childhood Family Support Division (ECFSD), Early Childhood Services Bureau (ECSB) as a part of the Child Care Licensing Business Process Improvement and Data Analysis Project through a contract with Bloom Consulting, LLC.

Funding for this assessment was provided by DPHHS through the Child Care Development Fund.

Montana's Child Care Licensing Program has been an invaluable partner in this assessment, with an eagerness to analyze and address gaps so licensing can work better for everyone. We would like to thank all the child care providers, staff members, partner program stakeholders, community leaders, business leaders, advocates, families, and policy makers who participated in this assessment and for your willingness to partner in improving child care licensing in Montana.

Table of Contents

Author information and acknowledgements 2

Executive summary 5

- Prioritizing and understanding licensed child care 5
- Facilities and health 5
- Child care staff qualifications and approval processes 6
- Information sharing and data systems 6
- Support and enforcement mechanisms 6
- Next steps 7

Overview 8

Report organization 9

Methodology 10

- Research questions 10
- Assessment participation 10
- Limitations 12

Prioritizing and understanding licensed child care 12

- Prioritizing licensed child care 13
- Understanding child care licensing 19

Facilities and health 22

- Facility requirements 24
- Health requirements 25

Child care staff qualifications and approval processes 27

- Background checks 28
- Training requirements 29

Information sharing and data systems 31

- Ease of information sharing 31
- Consistency in understanding and implementing licensing requirements 32
- Information sharing with providers and partners 33
- Information sharing with families 34
- Data systems 36

Support and enforcement mechanisms 38

- Complaints and investigations 38
- Technical assistance 40

Negative licensing actions 41
Impacts and oversite of unlicensed providers 42
Summary findings and recommendations 43
Appendix: Methodological details 47
Research questions 47
Outreach and data collection 47
Survey 48
Focus groups and interviews 49

Executive summary

The Montana Department of Public Health and Human Services (DPHHS), Early Childhood and Family Support Division (ECFSD), Early Childhood Services Bureau (ECSB) is conducting a broad-ranging project to improve child care licensing for its customers – child care providers, families, partner agencies, businesses, and communities. This child care licensing assessment is a foundational component of the project, which seeks to improve business processes, regulations, policies, data systems, and organizational culture over the next two years. This assessment analyzes stakeholder input about gaps and opportunities related to understanding and prioritizing licensed child care, facility and health requirements, child care staff qualifications, information sharing and data systems, and support and enforcement mechanisms.

Prioritizing and understanding licensed child care

Stakeholders agree that child care licensing is not a primary driver behind the state's child care capacity problems. Assessment participants think the cost of care for families and caregiver pay are significantly more impactful than child care licensing. Child care licensing can be improved, but this alone will not resolve the care gap experienced statewide.

Most parents prioritized safety, health, quality, and licensing when choosing child care. Many did not know where to find information, or used their network of friends, family members, and colleagues to learn about child care options. Parents understand that licensing includes training, inspections, and other requirements that support safety and quality. The reason parents don't choose licensed care is because it's not always an option.

Most child care providers see licensing as a good business decision in addition to complying with a requirement of the state. Providers express a desire for families to understand the level of professionalism required to be a licensed child care provider.

Employers and business interests increasingly support employee access to child care through financial investments and other means, understanding that child care is an essential benefit to recruit and retain parents in the workforce. Some employers express an interest in opening their own child care facilities and requested opportunities to collaborate to streamline the child care licensing process.

Facilities and health

Facility and health requirements for new child care programs, including physical space, environmental health, fire, and emergency preparedness rules and policies are time-consuming, complicated, and often costly to navigate and implement. The complexity is magnified by the fact that multiple, entities – e.g., sanitarians, public health nurses, and fire marshals – have their own safety and health requirements that layer on top of child care licensing regulations.

The large number of partners and associated requirements is further complicated because of inconsistencies in interpretation and implementation of facility safety and health regulations and policies, which are exacerbated by partner and child care licensing staff turnover.

Child care staff qualifications and approval processes

The assessment indicates two primary areas for improvement in licensing requirements and processes associated with staff hiring and retention – FBI background check as well as verification and acceptance of credentialing and training through the workforce registry, managed by the Early Childhood Project at Montana State University.

The current FBI background check process is slow and error prone. The federal requirement that potential staff members have a completed background check before hiring or onsite training is cited as significantly problematic. The process needs to be faster to not lose candidates to other employment opportunities, particularly in the current competitive labor market.

The requirements and processes associated with registering a staff member on the workforce registry, submitting transcripts for approval, and completing training requirements (initial and ongoing) were cited as burdensome and frustrating by providers and staff. Staff and providers uniformly desired more flexibility and nuance in their interactions with the Early Childhood Project and the workforce registry in terms of accepting, validating, and valuing diverse (but still relevant) experience and education. Providers reflected how 16 hours of continued training and education is onerous, particularly because of the limited training offerings. Assessment participants talked about the need to make the training more valuable. Required and available trainings are often not aligned with provider/staff needs, including a focus on infant trainings for preschool and school age providers and a lack of advanced training options.

Information sharing and data systems

Stakeholders expressed high levels of agreement about the time-consuming nature of using the various child care licensing data systems. Providers spend significant time communicating with the child care licensing program to make sure they have submitted the information required to apply for and renew their licenses. Data systems do not allow directors, staff, or the child care licensing program to easily see the status of customer transactions. The online application is seen by many providers as particularly problematic and burdensome, especially because of upload size limitations and issues of submitted documents going missing. Respondents also expressed frustration with the practitioner registry, and the problems caused by using multiple data systems for child care licensing.

Providers and partners reflected on inconsistency in understanding, interpreting, and implementing regulations across the child care licensing program and its partners (e.g., fire, public health, child care subsidy program, etc.). Assessment participants also discussed the challenges of the decentralized nature of communication from the Helena office to the field, with information flowing from Helena through regional licensors and/or child care resource and referral agencies (CCRRs), resulting in inconsistent timing and messaging.

Support and enforcement mechanisms

Providers, licensors, and partners shared information about challenges associated with complaints and associated investigations. Complaints are time-consuming, often complicated, and difficult to conduct consistently across licensors and partner agencies. Joint investigations between child care licensing and the Child and Family Services Division, in particular, were pointed to for process improvement and better coordination.

There has been a shift towards informal technical assistance and away from negative licensing action for licensed child care providers. Assessment participants wanted to see this shift institutionalized using fuller continuum of support and enforcement options.

Stakeholders also wanted to see more enforced consequences for illegally operating providers. Participants discussed how enforcement is hindered by the lack of clear jurisdiction and lack of effective enforcement authority. Understanding these constraints, participants felt that the lack of consequences puts children in danger.

Next steps

Montana is committed to enhancing its child care licensing program as one step towards increasing child care capacity for children, families, businesses, and communities. Assessment findings are informing process, policy, regulatory, data system, and organizational improvements, which are being implemented in a continuous improvement framework.

Overview

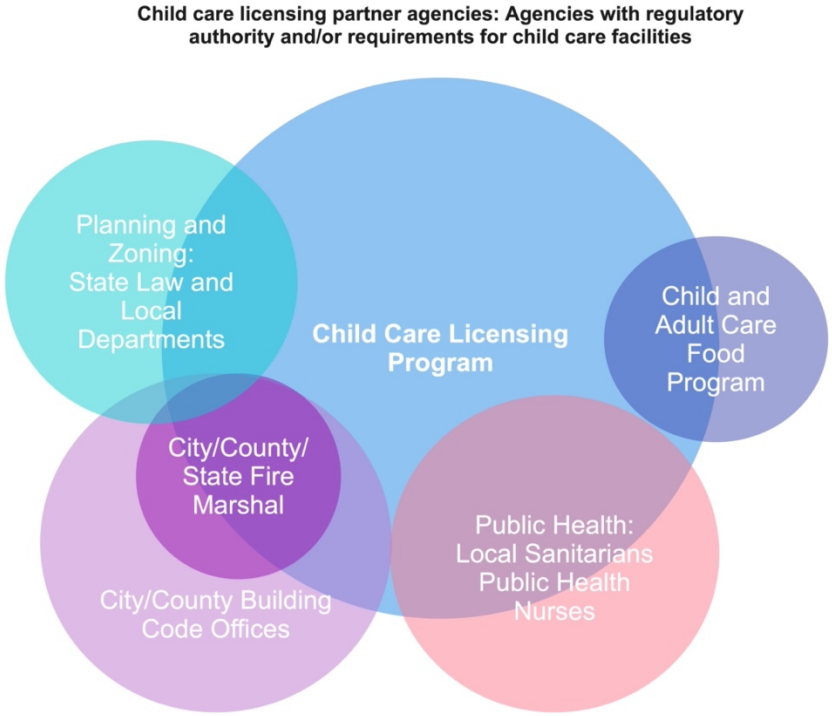
The Early Childhood Services Bureau in the Early Childhood and Family Support Division (ECFSD) of the Montana Department of Public Health and Human Services (DPHHS) is undertaking a process to make child care licensing work better for providers and families. The goal of this work is to increase the capacity of our child care system, so we have high quality and economically accessible care available for Montana's children.

The project is reviewing and reforming child care regulations, policies, and procedures to modernize, streamline, and enhance the experience for child care providers, staff, and families. Part of the review process is to understand how the child care licensing system currently works for its customers and stakeholders, including child care providers and staff, parents and families, partner agencies, the business community, and other community members who care about child care. This report summarizes input from these stakeholders received over three months of data collection using surveys, interviews, and focus groups. The results will inform strategic changes in Montana's child care licensing.

The child care licensing process is supported directly by child care licensors who work across the state, as well as by child care licensing technicians in the state office. Additionally, there are other state and local agencies whose regulations, policies, and processes govern parts of the child care licensing process. Staff of the partner agencies must work with child care licensors and technicians as well as child care providers.

Figure 1 shows the key partner agencies with authority over aspects of child care licensing.

Figure 1. Partner agencies that regulate child care



These and other partners work directly with child care providers throughout the licensing process. A child care provider is defined as the individual who holds the license for a child care program, and is responsible for ensuring that all licensing requirements are met. Before becoming licensed, child care providers work with multiple local and state departments to ensure that their space meets local and state building and fire codes as well as planning and zoning requirements. Many providers work with the child care resource and referral agencies (CCRRs), which are located across the state and provide technical assistance to providers as they work toward receiving a license. Providers work with local public health staff – sanitarians and public health nurses - before licensing and for annual health inspections. Programs have the option to participate in the federally funded Child and Adult Care Food Program, which has its own, more detailed requirements related to nutrition and food schedules. Finally, providers and child care licensing staff work with Child and Family Services agency staff to provide child care to children in the foster care system, as well as if there are concerns about child maltreatment.

Report organization

Assessment findings are organized into five primary categories, including:

1. **Role, use, and value of licensing for families and providers.** This includes reflections from families regarding if and why they prioritize licensed child care, motivations of child care providers and staff to become licensed, and perception of other interested stakeholders about the value of licensed child care.
2. **Facilities and health.** This includes facilities requirements, fire and emergency preparedness, and health requirements related to public and environmental health, which are written and overseen by partner agencies.
3. **Staff qualifications and approval processes.** This includes requirement related to mandatory background checks and verification of training and credentials.
4. **Information sharing and data systems.** This includes vertical and horizontal information sharing between child care licensing stakeholders as well as the use of data systems by providers and staff.
5. **Support and enforcement mechanisms.** This includes support mechanisms for complaints, investigations, and negative licensing actions, as well as technical assistance and impacts of unlicensed providers.

In each section, we present responses and perspectives from across the spectrum of participants, analyzed by the type of stakeholder and when possible, comparing among stakeholder types.

Methodology

This assessment draws completely on primary data collected through surveys, interviews, and focus groups. Details related to research questions, the data collection process, and characteristics of respondents by data type are summarized in this section and provided in full detail in the Appendix.

Research questions

The overarching research questions guiding this assessment and the broader business process improvement project include:

1. How well does Montana's child care licensing program function for providers, staff, and families?
2. What are the gaps in the child care licensing program?
3. How do child care licensing strengths and gaps vary by provider characteristics?
4. How can child care licensing be improved to better support families, providers, and partners?
5. How can the child care licensing program reduce barriers to becoming licensed?

Assessment participation

Data collection targeted multiple types of child care licensing stakeholders and partners:

- Licensed child care providers
- Unlicensed child care providers[1]
- Business owners and business interest representatives interested in child care
- Staff and educations of child care facilities
- Parents, caregivers, and family members
- Child care licensing staff
- Staff of partner agencies[2]
- Other interested parties (health care providers, social service providers, home owners' association members, cities, counties, and legislators)

In total, the assessment includes 627 survey responses as well as information from 126 individuals who participated in 14 focus groups and 27 individuals who participated in one-on-one or small group interviews. More information about the survey, focus group, and interview respondents can be found in the Appendix.

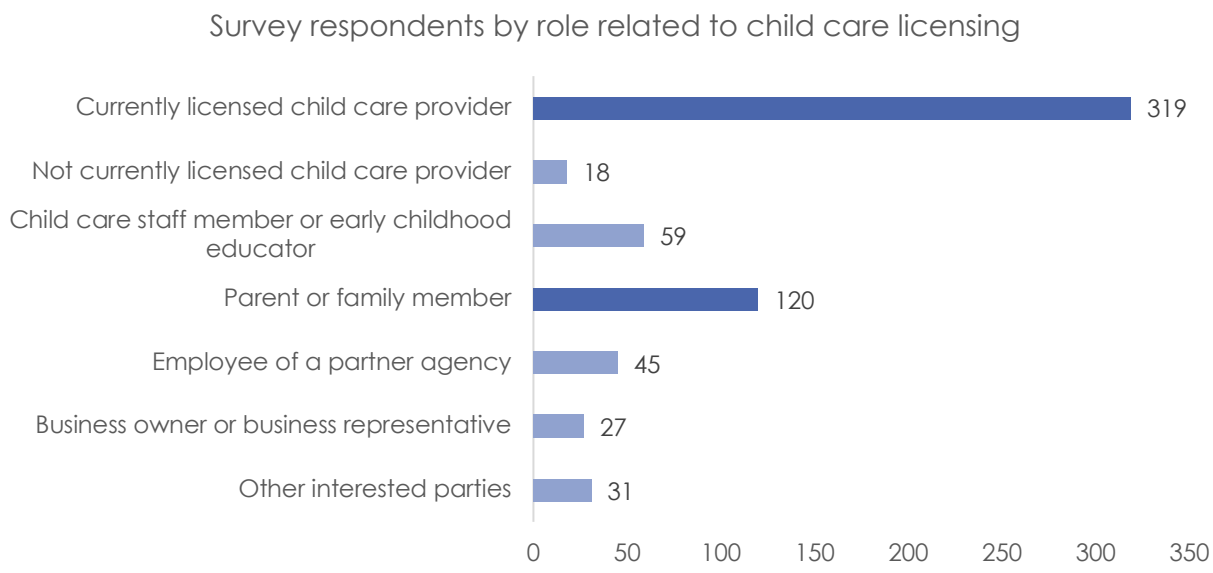
LICENSED PROVIDERS AND FAMILIES PROVIDED SUBSTANTIAL INPUT THROUGH SURVEYS

Half of survey responses came from child care providers who are currently licensed with the state of Montana, which represents about a quarter of all licensed providers in the state. The rest of the responses

[1] Unlicensed providers include those running programs (like Head Start/Early Head Start or preschool programs) and informal providers that are not required by law to hold a child care license, as well as providers operating illegally.
[2] Partner agencies included child and family services, public and environmental health, and fire.

came from families of children who receive or have received child care, staff of child care programs, staff of partner agencies, business representatives, and other interested parties.

Figure 2. Distribution of survey respondents

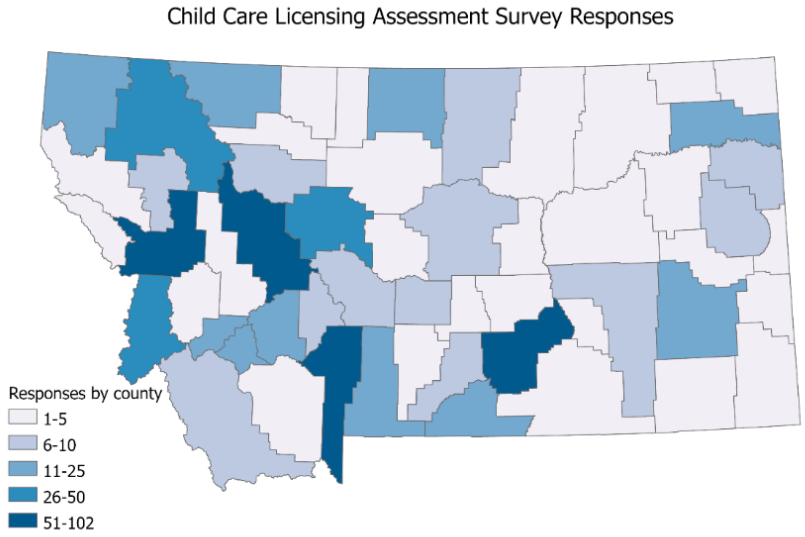


Source: child care licensing survey

SURVEY RESPONDENTS LIVE OR WORK IN ALL 56 COUNTIES IN MONTANA

Survey respondents were asked where they live, work, and/or send their child(ren) to child care. Respondents came from all 56 counties in Montana.

Figure 3. Geographic distribution of survey respondents (where they live or work)



Source: child care licensing survey

Limitations

The main limitations of this assessment are related to skewed or minimal data from two key stakeholder groups: families and unlicensed child care providers. The families who responded to the survey were older, more educated, and higher income than the average household with young children in the state of Montana. Unlicensed providers who participated in the assessment were primarily those who were license exempt or previously licensed, not those who have never been licensed.

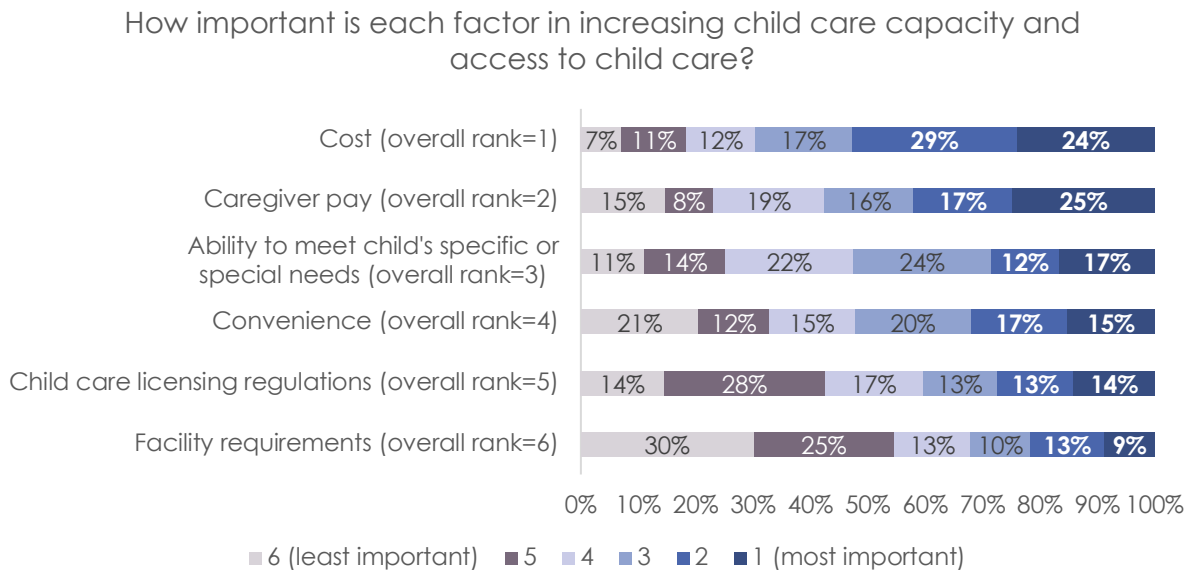
Prioritizing and understanding licensed child care

The assessment looks at the overall role of child care licensing in impacting child care capacity and quality, parent decision-making about child care, and provider decision-making about being licensed. Underlying this prioritization and decision-making is a broader understanding of what a child care license does and should mean. We present results from the view point of each stakeholder in the system to identify common understandings and points of misunderstanding among stakeholders about the role and meaning of a child care license.

CHILD CARE LICENSING RANKS FIFTH AMONG SIX FACTORS IMPACTING CHILD CARE CAPACITY AND ACCESS

Child care licensing is one factor of many in a dynamic environment impacting the capacity of care in the state. All 627 survey respondents were asked to rank six factors that could increase child care capacity and access to child care in Montana from most to least important. Stakeholders agreed that child care licensing is not a primary driver behind the state's child care capacity problems. Just over half (53%) ranked cost as the first or second most important factor in improving access to child care, and 42% ranked caregiver pay as the first or second most important factor in improving child care capacity, compared to 27% ranking licensing regulations in the top two factors.

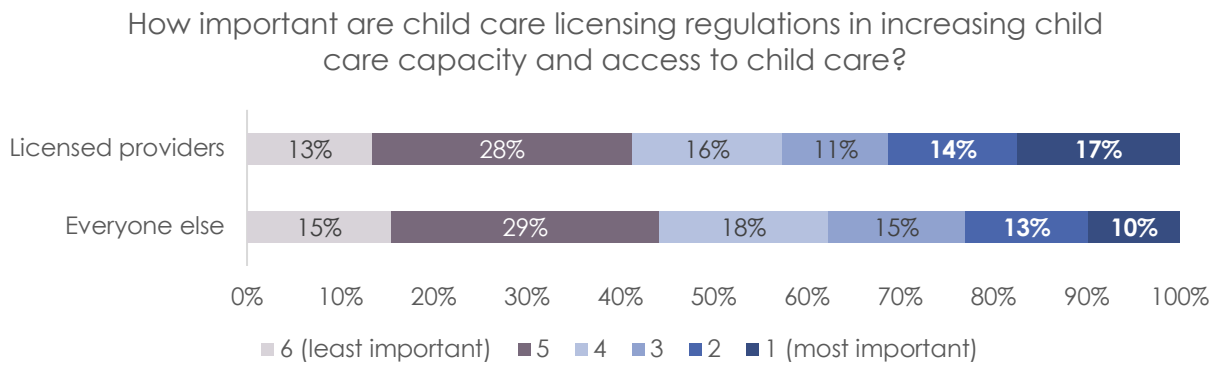
Figure 4. Ranking of factors that limit child care capacity and access to child care in Montana



SOURCE: CHILD CARE LICENSING SURVEY

Figure 5 provides a comparison of how licensed child care providers and all other survey respondents rank the importance of child care licensing as an important factor in improving child care capacity and access to child care. Although the pattern does not vary widely across stakeholder types, licensed providers were more likely than everyone else to rank child care licensing regulations as an important factor to increasing child care capacity.

Figure 5. Comparison between licensed providers and all other survey respondents in ranked importance of child care licensing to improving child care capacity and access to child care in Montana



SOURCE: CHILD CARE LICENSING SURVEY

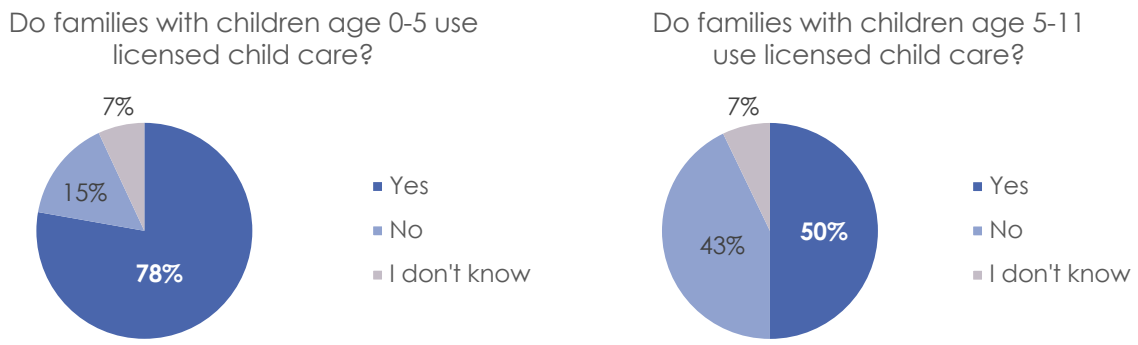
Prioritizing licensed child care

Most of the input received through data collection for this assessment emphasizes that diverse stakeholders prioritize licensed child care and its benefits, including safety, health, and quality.

THE MAJORITY OF FAMILIES USE AND PRIORITIZE LICENSED CHILD CARE

Figure 6 shows that responding families with younger children are more likely than families with older children (78% compared to 50%) to use licensed child care. In comments, families of older children noted that having a licensed provider was more important to them when their children were under 5 than for after school and summer care for older children. This lower usage of licensed care for older children is likely related to the fact that there is less licensed care available for school-age children.[3]

Figure 6. Proportion of families with children aged 0-5 and 5-11 using licensed child care

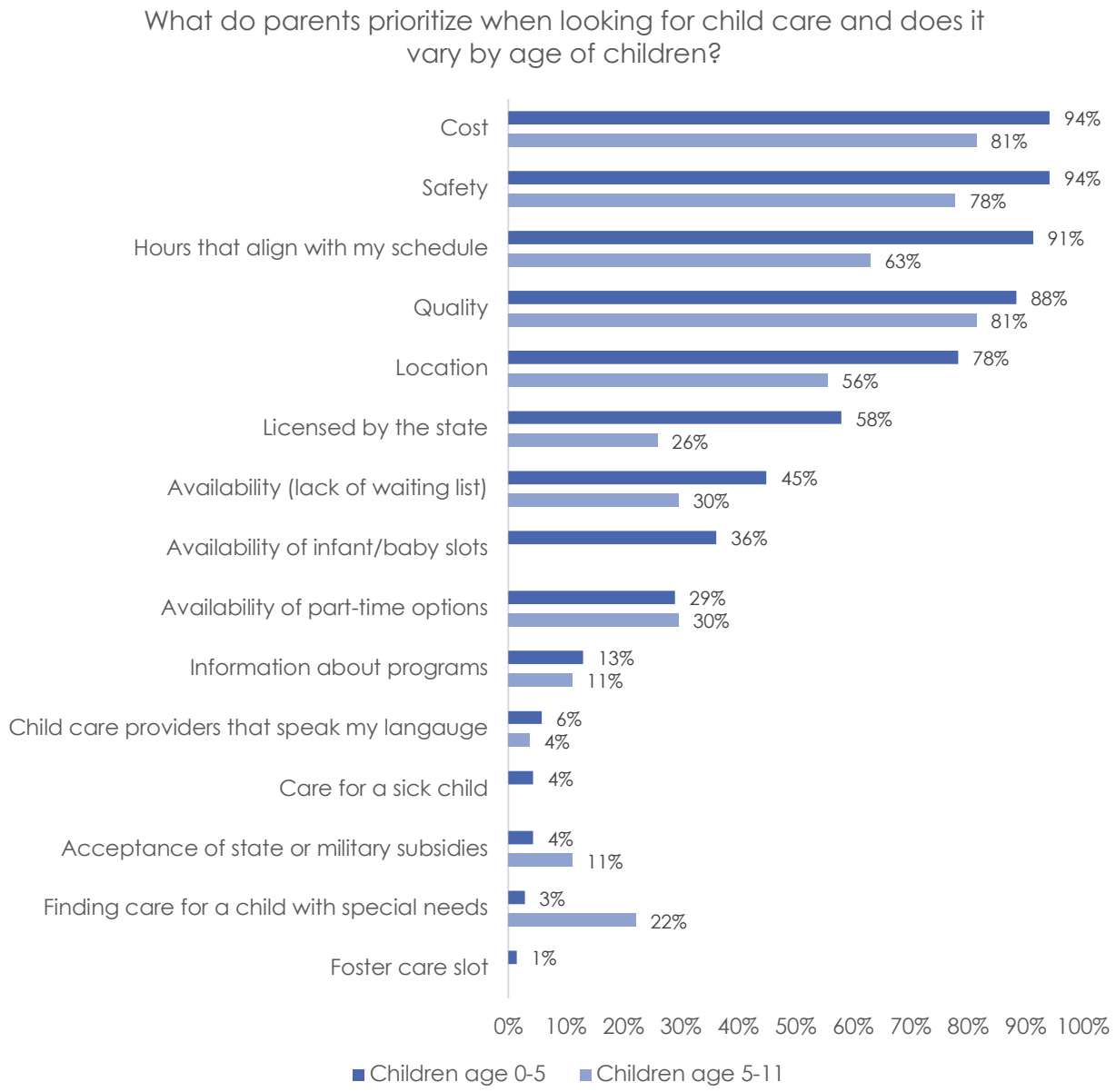


SOURCE: CHILD CARE LICENSING SURVEY

Families' top priorities when choosing care are cost, safety, convenience (time and location), and quality. As shown in Figure 7, just over half of families (58%) looking for care for children age 0-5 include licensing as one of their priorities, while about one-quarter (26%) of families looking for care for children age 5-11 include licensing as a priority. Families understand that licensing includes training, inspections, and other requirements that support safety, health, and quality (see Figure 12). Assessment participants also noted that license exempt care can also be safe and developmentally appropriate.

[3] In SFY2021, 60% of the average number of children receiving care were ages 0-4; 40% were ages 5-14. If you include age 5 in the younger cohort, the percentage of licensed child care received by younger children increases to 72%.

Figure 7. Priorities of families looking for child care for children of different ages



SOURCE: CHILD CARE LICENSING SURVEY

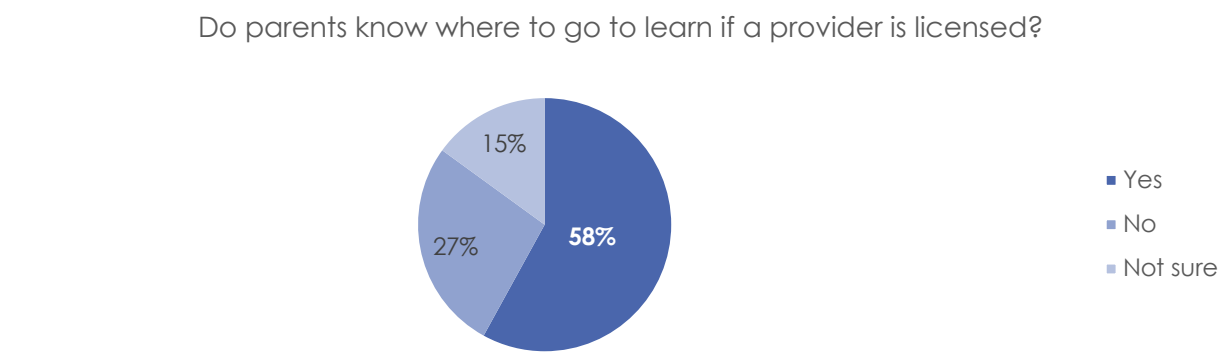
Licensed providers and child care resource and referral (CCRR) staff emphasized that from their perspectives, the main limitation for many families in selecting licensed child care is not a lack of awareness, but a lack of access.

> *Make it possible to choose it. Licensed school-aged care and licensed infant care and licensed non-standard hours care, make it possible to choose it. – CCRR staff*

MANY FAMILIES KNOW WHERE TO GO TO LEARN ABOUT LICENSED CHILD CARE

As Figure 8 illustrates, almost 60% of responding families said that they know where to look for information about a child care provider's license status.

Figure 8. Family knowledge of where to look for licensing information about child care providers



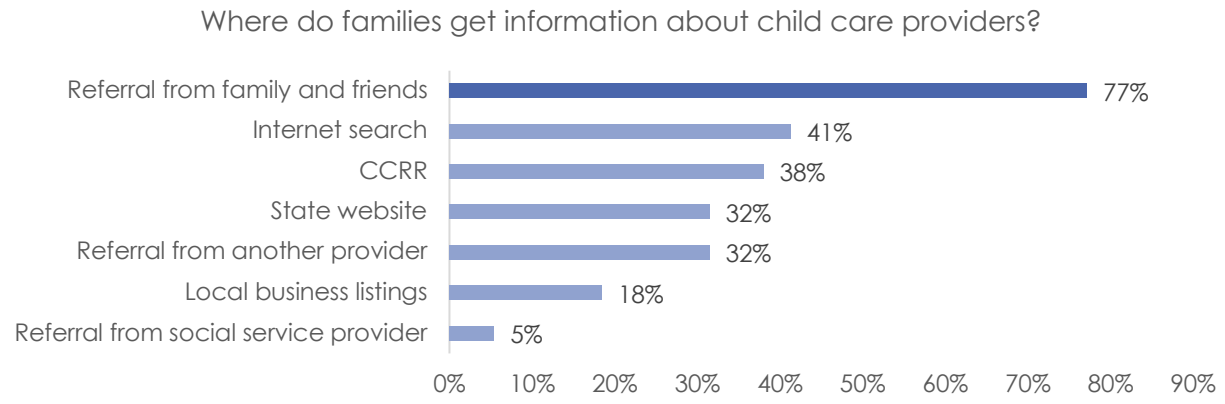
SOURCE: CHILD CARE LICENSING SURVEY

Less than half of families (40%) reported that they have ever looked up information about a provider's past inspections.

FAMILIES ARE MUCH MORE LIKELY TO GET INFORMATION ABOUT CHILD CARE PROVIDERS FROM PERSONAL SOURCES THAN FROM STATE RESOURCES

Families generally locate child care using references from family and friends or broad-based internet searches, compared to receiving information from CCRRs and from the state child care licensing website, as shown in Figure 9.

Figure 9. Sources of information for families about child care providers

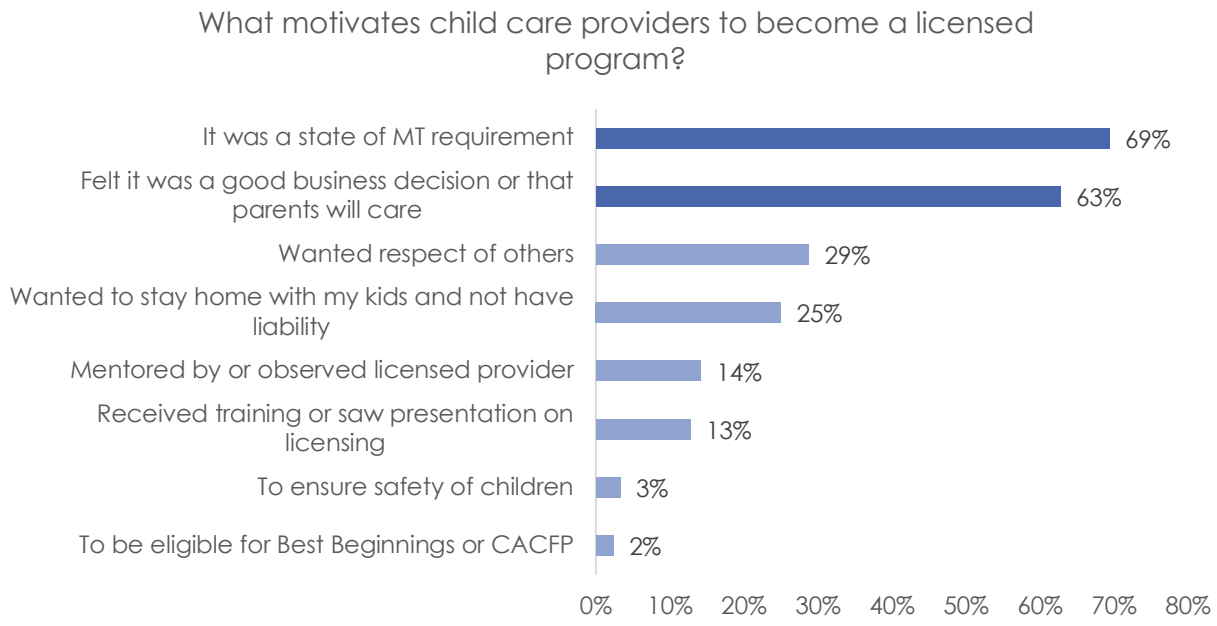


SOURCE: CHILD CARE LICENSING SURVEY

PROVIDERS CHOOSE TO BE LICENSED BECAUSE IT IS REQUIRED AND A GOOD BUSINESS DECISION

Figure 10 demonstrates that most licensed providers are motivated to be licensed because it is a state requirement and because it is a good business decision. Other motivations were shared by a much smaller proportion of licensed providers.

Figure 10. Motivations of licensed providers to be licensed



SOURCE: CHILD CARE LICENSING SURVEY

PROVIDERS CITE DIFFERING REASONS TO NOT BE LICENSED

Unlicensed provider respondents did not provide consistent reasons for choosing not to be licensed. Cited reasons included costs and time associated with meeting child care licensing requirements, difficulty in finding qualified staff and appropriate space, and disagreements with unannounced inspections.

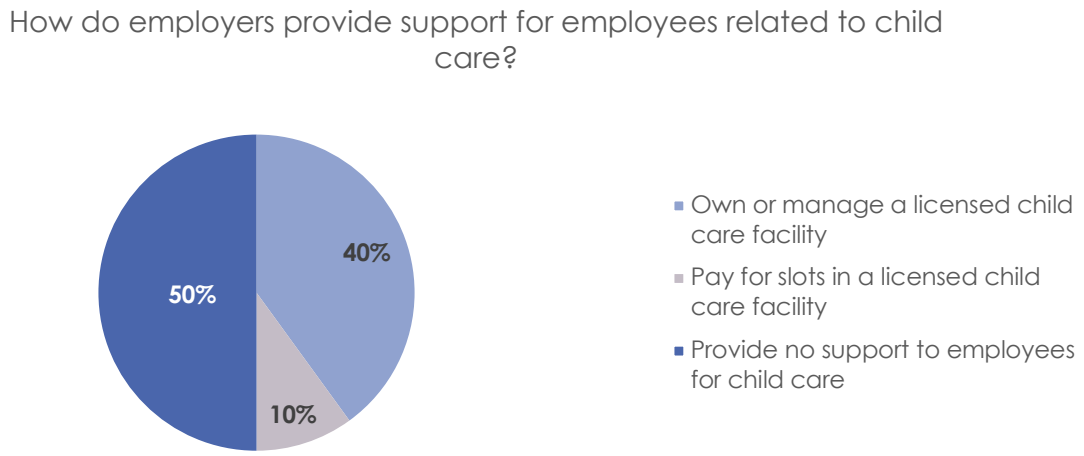
Both licensed and unlicensed providers highlighted the challenges faced by child care programs that use approaches or foundations that do not align with current child care licensing regulations. Similarly, a number of unlicensed preschool providers noted that some educational approaches, like Montessori or Waldorf programs, require training that is not approved by ECP and might emphasize educational elements that do not meet licensing requirements.

> *"The structure of the program is outdoors and would not meet licensing requirements. I believe firmly in the benefits of outdoor education for young children and wish Montana would consider a pathway for licensing outdoor schools like Washington has done." – Licensed provider*

EMPLOYERS THAT PROVIDE SUPPORT FOR CHILD CARE OFFER OR USE LICENSED CHILD CARE

Among the 27 private and public employers who responded to the survey, 40% provide child care to their employees through a facility they own, and 10% pay for slots for their employees at other child care providers. All the child care facilities owned by employers are licensed and those employers that pay for slots elsewhere require the providers to be licensed. Benefits of child care licensing noted by employers that run their own child care facilities include an appreciation for having standards and expectations as a starting point for maintaining a safe and quality setting, and a sense that being a licensed child care provides legitimacy from both a business (in terms of financing, insurance, etc.) and community (in terms of safety and quality) point of view.

Figure 11. Types of support provided by employers to employees related to child care



SOURCE: CHILD CARE LICENSING SURVEY

CHILD CARE AVAILABILITY IMPACTS EMPLOYEE RECRUITMENT AND RETENTION

Over half of the employers who responded to the survey say that child care availability (or lack thereof) limits employee recruitment (63%) and retention (55%). Employers who invest in child care consistently cite a return on that investment, with the main benefits being "loyalty" and lower turnover, which saves employers money in training and new staff.

> *In our minds we're investing…businesses, if we were to step up and say, "Look, we will provide quality child care, which costs money for our employees, how many employees are we going to recruit and retain based on that concept?" And for us, we retain about four or five employees per year out of our 300 based on our calculations in the last four years. So that in my mind pays for it. – Business owner*

When asked what factors in their local community impact child care availability and quality, 43% identified state regulations as well as responsiveness and timeliness of child care licensors as limiting factors.

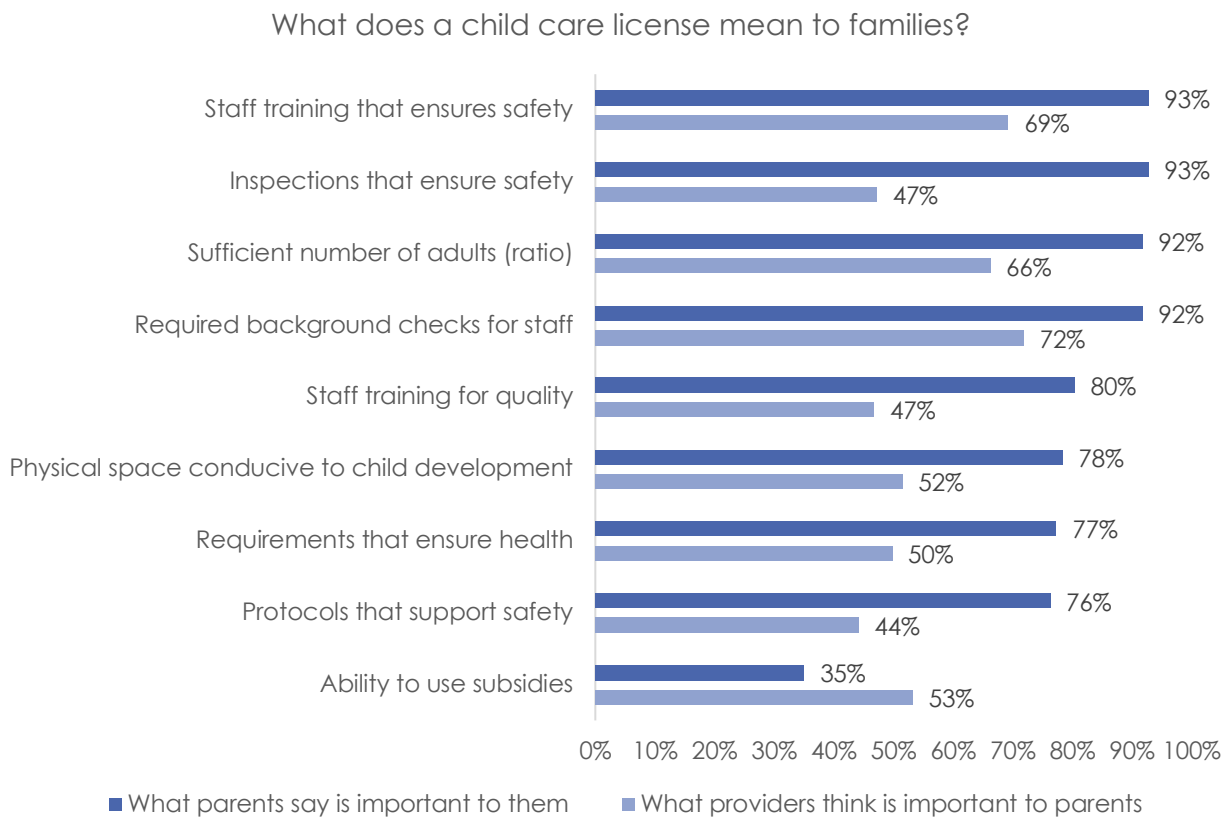
Understanding child care licensing

Families, providers, and other stakeholders all have similar views on what a child care license "means."

FAMILIES SEE A CHILD CARE LICENSE AS ENSURING SAFETY AND QUALITY

Figure 12 compares what parents value about a license with what child care providers think is important to families. In general, families valued safety, health, and quality assurances provided by a license more than providers thought. Over 90% of responding families noted that a child care license helps ensure safety through training, inspections, sufficient staffing, and staff background checks. Most families also see a child care license as ensuring quality through staff training and developmentally appropriate physical spaces.

Figure 12. Meaning of a child care license to families and provider perceptions of what a child care license means to families



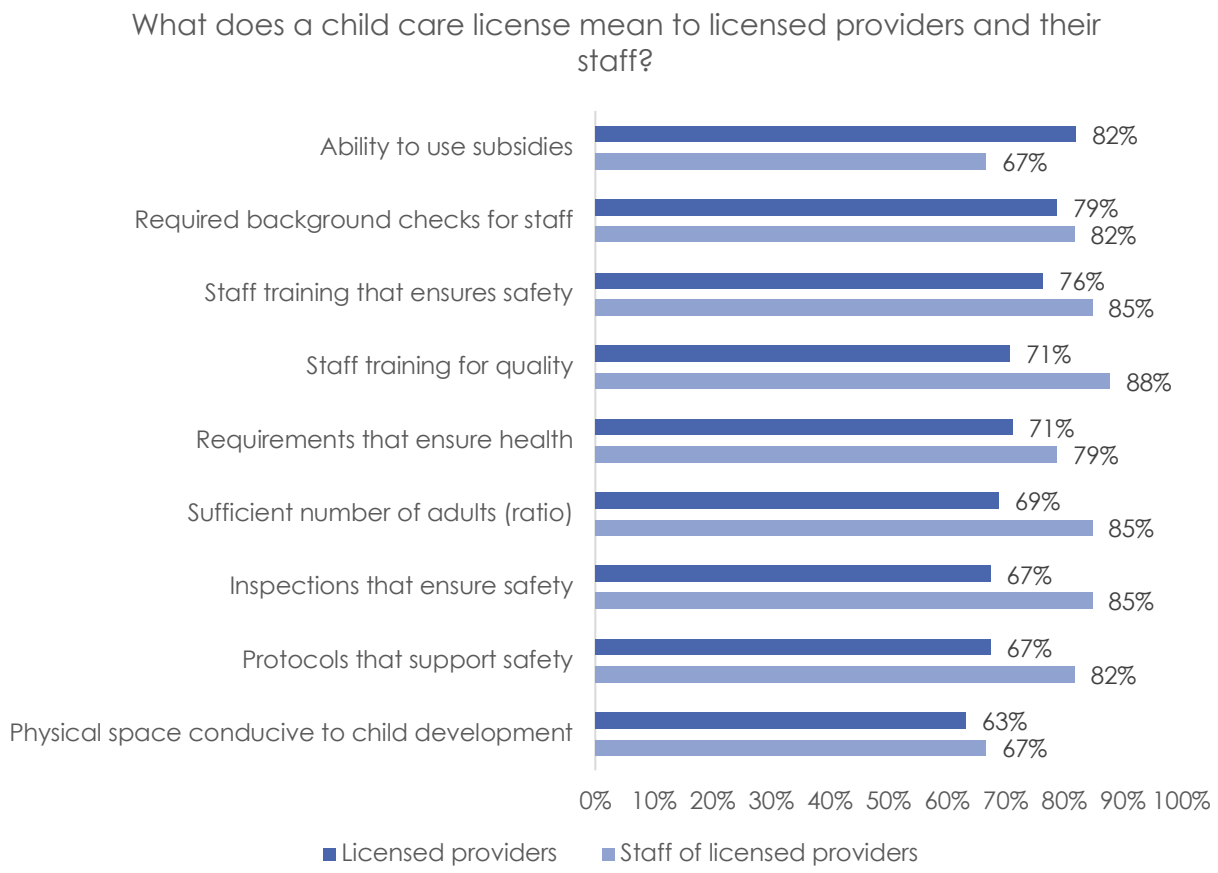
SOURCE: CHILD CARE LICENSING SURVEY

LICENSED CHILD CARE PROVIDERS ARE LESS LIKELY THAN THEIR STAFF OR FAMILIES TO SEE A CHILD CARE LICENSE AS ENSURING SAFETY AND QUALITY

As Figure 12 and Figure 13 demonstrate, licensed child care providers are less likely than their staff or than families to say that a child care license is related to ensuring safety or quality care. This is especially true for aspects of a child care license that relate to requirements outside of staff training. Providers selected inspections, protocols, and health requirements as ensuring safety far less often than families or staff of

licensed providers, though most licensed providers still see these requirements to ensure safety as part of the meaning or benefit of being licensed. The only aspect of a child care license that providers consistently selected more than staff or families is the ability to take subsidies.

Figure 13. Meaning of a child care license to licensed providers and staff of licensed providers



SOURCE: CHILD CARE LICENSING SURVEY

In both survey responses and focus groups, providers noted that a child care license is the "floor," especially in terms of quality. Many licensed and unlicensed providers also emphasized that there are unlicensed providers that provide safe and high quality care. Similarly, providers' perceptions of families' understanding of what a license means, as shown in Figure 12, do not mean that providers think that families don't care about safety or quality. Instead, providers' experience of working with families is that they "*care about all of those things, but they can happen without a license*," and that a license is less important than having "*a good reputation*" and being vetted by "*word of mouth*." CCRR staff also noted the need for parents to better understand the "*minimum of care*" as well as ways to assess that minimum, with licensing being an important starting point.

LICENSED PROVIDERS WISH PARENTS UNDERSTOOD HOW MUCH TIME, COST, AND TRAINING GOES INTO MEETING LICENSING REQUIREMENTS

Licensed providers who responded to the assessment survey were asked what they wish parents knew about child care licensing. As Figure 14 shows, licensed providers emphasized they want parents to understand the time, cost, and energy required to meet licensing requirements, so they will see the value in terms of safety and quality care for their children.

Figure 14. What licensed providers wish parents understood about what a license means

SOURCE: CHILD CARE LICENSING SURVEY

Providers reflected how increased parent understanding of the effort it takes to become and maintain licensure status could lead to further professionalization of the field, which could result in increased pay and respect for providers and their staff.

> *All the hoops and hurdles we have to go through. The extra cost to cover the safety and welfare of their child. – Licensed provider*

> *All the policies and procedures that we need to follow so we wouldn't be given a hard time when they don't agree with something. – Licensed provider*

> *I wish parents understood the amount of education our teachers receive or that we require and how much teaching is involved in the care routines. I wish parents understood how important early education is and helped to advocate for higher pay for our teachers to ensure the teachers we are hiring are quality educators. – Licensed provider*

Facilities and health

Licensing requirements for providers include many domains related to facilities and health. Facilities includes requirements related to the physical infrastructure safety, fire, and emergency preparedness. Health includes requirements related to public and environmental health, including immunizations.

Child care provider requirements related to the physical facility's safety and child and staff health are overseen by multiple entities and their governing code, rules, policies, and procedures, including:

- Local community development and planning departments support the implementation of the International Building Code as well as zoning.
- Fire marshals support the implementation of the International Fire Code, which is a part of International Building Code.
- County public health sanitarians oversee environmental health requirements related to water, sewer, and food safety.
- Public health nurses administer immunization and communicable disease-related requirements.

Figures 15 and 16 emphasize the challenges associated with understanding and aligning child care licensing and overlapping partner agency requirements. As outlined in Figure 15, providers report that understanding partner agency requirements is challenging.

Figure 15. Provider experiences of the licensing requirements related to safety and health[4]

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
New license									
Understanding partner agency laws and processes related to licensing	21%	52%	27%	9%	41%	**51%**	36%	42%	22%

SOURCE: CHILD CARE LICENSING SURVEY

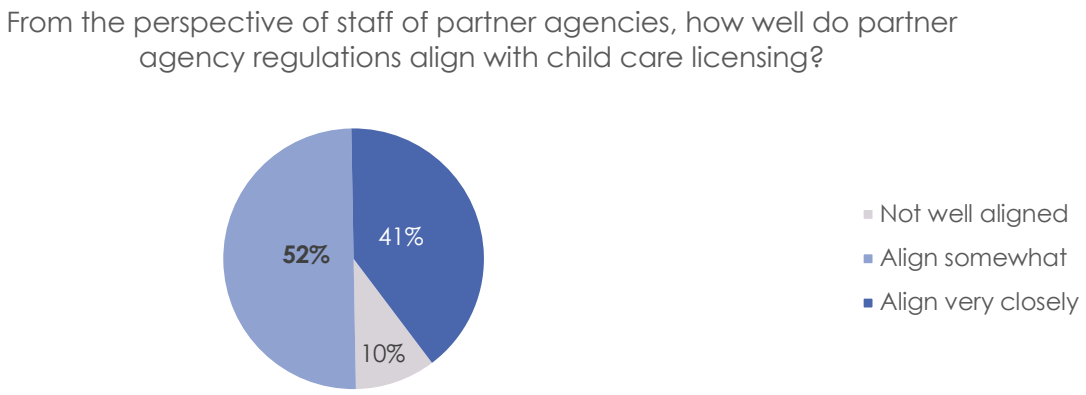
Despite the commonly cited challenges, providers also noted positive and supportive experiences with partner agencies:

> *We've been at this for almost 30 years and as far as having the firemen and sanitarian and all of our immunization records audited and all that, I don't know how all the rest of you feel, but I appreciate them, because we learn something every time they come in and most of them come in with the idea of education. It's a learning opportunity. – Licensed provider*

Staff of partner agencies in general see their regulations as being somewhat or very aligned with state child care licensing regulations (See Figure 16).

[4] In this and subsequent, similar charts, we color squares with a 33% or more of respondents responding in light blue, to highlight responses that were common among a large minority of respondents. We use dark blue to indicate important findings where 40% or more of respondents answered "a lot" in terms of complexity, time-consuming, or cost, to highlight the largest challenges from respondents' point of view.

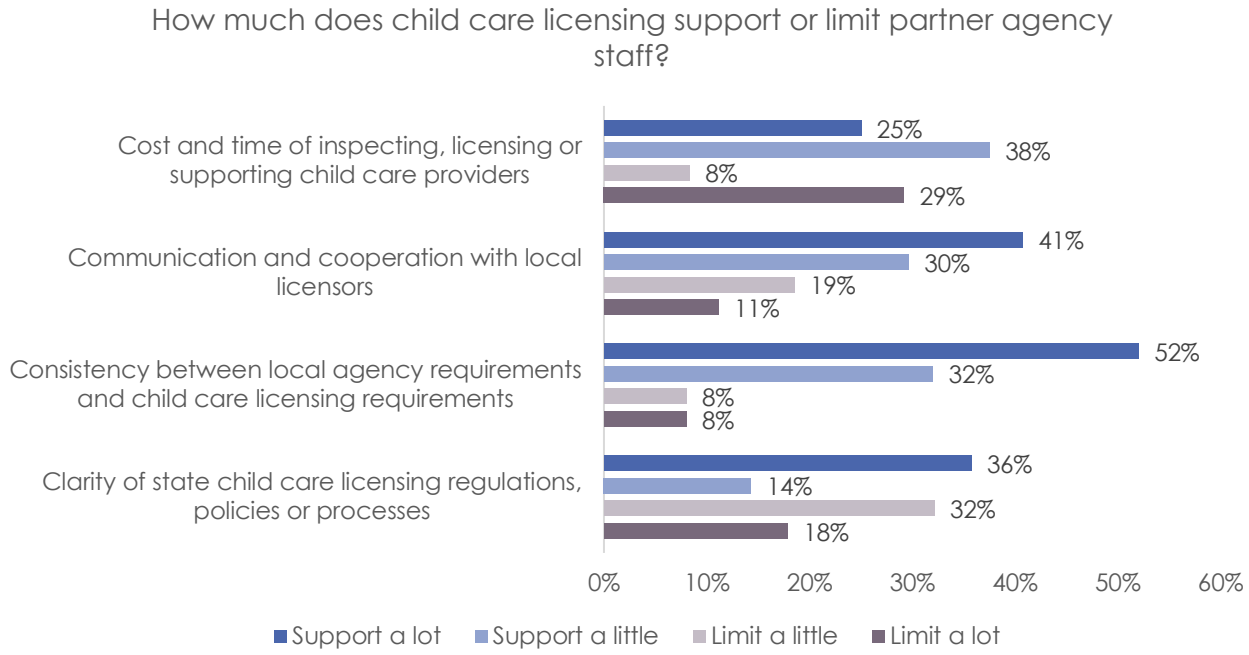
Figure 16. Alignment of partner agency regulations with state child care licensing regulations



SOURCE: CHILD CARE LICENSING SURVEY

Misalignment and/or inconsistencies in interpretation and implementation of facility safety and health requirements, which are exacerbated by partner and child care licensing staff turnover, impact providers, partners, and licensors. As Figure 17 illustrates, most partner agency staff experience regulatory alignment and communication with local child care licensors as positive. Consistency, clarity, time, and cost are cited as limiting partners' abilities to fulfill their role in implementing child care facility and health requirements.

Figure 17. Impact of child care licensing on staff of partner agencies



SOURCE: CHILD CARE LICENSING SURVEY

In focus groups and open-ended survey responses, staff of partner agencies emphasized the need to make efficient use of their and the child care licensors' time.

"There are also a lot of duplicated efforts between environmental health inspections, immunization inspections, and licensor inspections that need to be addressed or better delegated between agencies." – Local sanitarian

Out of school time providers reflected on the inefficiencies of duplicative inspection processes required for programs located in public school buildings. Sanitarians, fire marshals, and school nurses inspect and certify school facilities; duplicative inspections for child care licensing are inefficient and can cause problems when inspections are inconsistent. An example provided in the out of school time provider focus group was a licensing sanitarian inspection finding that the water temperature in the school building was 1 degree too high, which then caused the school to re-plumb to meet the lower temperature requirement. School age providers requested their own licensing track to account for issues like duplicative inspections and others.

Facility requirements

Figure 18 shows the burden placed on providers by two key domains of facility requirements: physical infrastructure and emergency preparedness via policies and procedures. Meeting facility requirements for physical space, both indoor and outdoor, is very challenging for a substantial number of providers seeking a new license, with 84% and 85% citing it as somewhat or very time-consuming and costly respectively. Not surprisingly, these upfront costs make it less time consuming to meet the same requirements for a license renewal. A similar pattern can be seen with emergency preparedness procedures and protocols, with 96% of providers saying that meeting this requirement was somewhat or very time-consuming for a new license.

Figure 18. Burden placed on providers by licensing requirements related to safety

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Provider new license									
Ensuring that the physical space meets requirements	35%	44%	20%	17%	41%	**43%**	15%	45%	**40%**
Ensuring that policies and procedures are in place	29%	53%	18%	5%	32%	**64%**	34%	50%	16%
Provider license renewal									
Ensuring that the physical space meets requirements	41%	39%	19%	17%	48%	35%	37%	44%	19%
Ensuring that policies and procedures are in place	32%	47%	21%	14%	47%	39%	46%	43%	11%

SOURCE: CHILD CARE LICENSING SURVEY

In focus groups, licensed providers and CCRR staff discussed challenges of finding a space and knowing whether the space could meet licensing requirements, as well as understanding which requirements (fire, building, child care licensing) apply.

I have a lot of people lately who have contacted me, and they say, "I'd like to start a center. I think we could use another center in town." And then, I'd say, "Well, the first thing you should do then is look for a space." And they're not able to find a space. Bozeman just has nothing. So then, my next thought to them is…if you have the capacity to do it in your home, start out in your home and get your feet wet. Start bringing some income in and getting your name out in the community. – CCRR staff member

> *It wasn't until I hired somebody and then they're like, "Oh, there's this resource called Childcare Connections." So eventually we brought one of [the CCRR staff] in, because I couldn't get a hold of licensing… I'm about ready to dump $40,000 to $50,000 in a renovation of a space to start child care and I can't even figure out where do I need to put the bloody sink? – Licensed provider*

One solution to some of the uncertainty around finding or creating an acceptable facility is the idea of a plan review by local sanitarians, in addition to building and fire code review, before a space is leased or purchased.

> *We were always called in after everything else was done and now we're ready for a health assessment to determine whether or not we can get licensed. Well, that's too late when you have to install hand sinks or think about the right equipment in your kitchen. That would require a multitude of visits to that facility, in order to get everything ironed out, whereas if you had a plan review requirement, where it was all put on paper for everybody to look at, that we're going to designate this space for napping, and this space for play and this place for the kitchen and diaper changing and whatever else, [that] is a whole lot cheaper than a contractor. And it would, I think really eliminate a lot of the frustration that providers are under when they get a grant to do some remodeling, but they don't talk to us, until well after that. That's too late. – Local sanitarian*

Requirements for emergency plans are another gray area for many stakeholders. Emergency plans related to food and allergic reactions must be reviewed by a sanitarian. Those related to natural hazards are reviewed by licensors. Licensed providers suggested that a simple way to decrease the time required to generate adequate emergency preparedness policies and procedures would be for the child care licensing office to provide templates and clear checklists for what content is required in each type of policy rather than require providers to generate these without guidance.

Health requirements

Most health requirements for child care licensing relate to public and environmental health and are overseen by either local public health office sanitarians or public health nurses (for immunizations). In this section, we separate immunizations from the rest of public and environmental health since they are overseen by distinct requirements and separate partner agencies.

Public and environmental health

The overwhelming feedback from staff of partner agencies who responded to the survey or participated in focus groups was that some key parts of the environmental health rules that apply to child care are out-of-date or do not meet safety standards. Specific topics highlighted by local environmental health staff that are out of alignment with current public health best practice include cold food storage temperatures, what types of sanitizers are acceptable, and the number of sinks and use of three-compartment sinks for sanitizing dishes.

The public health section in the 200 rules is very out of date and does not mesh with NAEYC or AAP guidelines for child care. This makes it difficult for local health departments to be relevant to child care providers. The outdated regulations do not allow health department to act in the best interest of public health. – Local sanitarian

Local sanitarians described their inspection process as aligning closely with state regulations (see Figure 16), since that is their mandate, and many other aspects of child care licensing are not in their expertise. However, licensors also include some health and safety details in their inspections, and CCRR staff and providers reflected that licensors are often inconsistent in how they apply these regulations. Local environmental health staff and licensed providers also noted the challenge of nutrition reviews. One suggestion to address this challenge was for DPHHS to hire a dietician to cover the whole state, who could provide consultation and certify menus largely through virtual interactions.

"Nutrition review is outside the scope of expertise for sanitarians and needs to be reassigned to another agency." – Local sanitarian

Immunizations

Immunization requirements exist for both staff and children in licensed child care settings. The assessment survey asked questions of families, licensed providers, and unlicensed providers about immunization requirements, and in general there was very little emphasis on immunizations being a limiting factor for licensed child care capacity or access. As seen in Figure 19, verification of immunization status for new staff applications places a moderate burden in terms of time on new staff, mostly when their records are old, incomplete, or otherwise not easily accessible.

Figure 19. Burden placed on staff to verify immunization records

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
New staff application									
Verifying immunization status	51%	35%	14%	24%	51%	24%	68%	15%	18%

SOURCE: CHILD CARE LICENSING SURVEY

The few families that mentioned immunizations highlighted the inconsistency between religious exemptions being allowed in public schools but not in child care settings. In a key informant interview, it was noted that the difference between a K-12 public school setting and a child care setting is that all public school-aged children have had the opportunity to be fully immunized and thus their immunization status is a family decision. Children ages 0 to 5, however, have not yet had the opportunity to be fully immunized, and maintaining family choice rights through exemptions for immunizations in child care settings should be balanced with the health rights of young children who cannot yet be immunized.

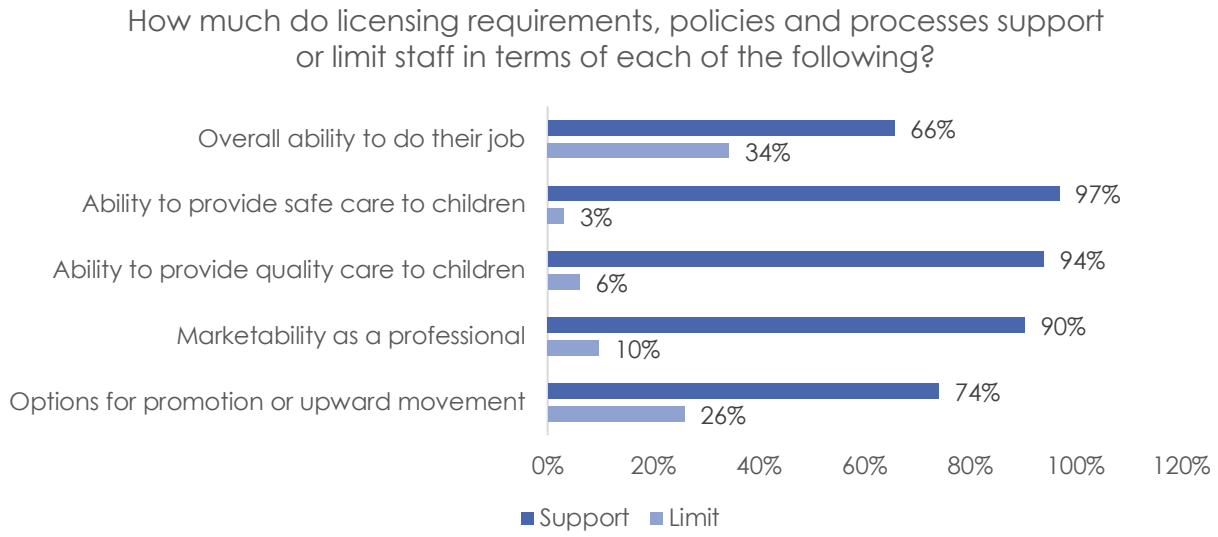
Additional issues related to immunizations come up for out of school time providers, because the requirements and exemptions are not the same for licensed child care as for K-12 public schools – currently immunization requirements are stricter for licensed child care than for public school and that is confusing for families and time-consuming for providers who would like to be licensed.

These kiddos wouldn't be allowed inside the school system if they didn't either have an exemption, or the proper immunizations. But having to go and hunt down the 500 kiddos that we've got to be like, "Hey, I'm so sorry. I need you to go to your primary doctor and get me another copy of those immunization records. I know they're already on file with a school nurse, but she can't give them to me, and she can't show them to our licenser, so I need you to go find me another copy." That's a big one. – Unlicensed out of school time provider

Child care staff qualifications and approval processes

A distinct set of child care licensing requirements relate to child care staff qualifications – educational credentials, training, background checks – and verification of these. Figure 20 shows, in general, staff of licensed child care facilities find child care licensing staff requirements to be supportive of all aspects of their jobs.

Figure 20. Impacts on staff of licensed child care facilities of licensing requirements



SOURCE: CHILD CARE LICENSING SURVEY

Figure 21 demonstrates that for providers, ensuring their staff meet all requirements is fairly burdensome for both new licenses and license renewals. The cost comes from needing to pay staff for the hours they take courses, as well as paying for staff training once staff have run out of free training options. In focus groups, providers noted how it takes significant time to figure out which staff members have not met the training requirements for license renewal, and that it also takes a lot of time to help staff get trainings and other credential information approved by Montana State University's (MSU's) Early Childhood Project (ECP).

Figure 21. Burden placed on providers related to child care staff qualifications

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Provider new license									
Ensuring that staff meet all requirements	37%	46%	17%	10%	57%	33%	19%	47%	34%
Provider license renewal									
Ensuring that staff meet all requirements	36%	40%	25%	8%	32%	**60%**	18%	45%	38%

SOURCE: CHILD CARE LICENSING SURVEY

Background checks

Federal regulations require all staff of licensed child care facilities to complete and pass background checks, including an FBI check, for a new staff application. State background checks are rerun once a year at renewal and FBI checks every five years. Figure 22 shows the primary concern is the time it takes to get fingerprints taken and processed. The time-consuming nature of the process is related to limited Livescan locations as well as the time it takes for the print-based federal background checks to be processed. Focus group participants shared experiences of prints and/or results going missing, which caused staff members to have to be reprinted.

Figure 22. Burden placed on staff related to background checks

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Staff new application									
Getting fingerprints rolled or scanned	57%	30%	14%	22%	33%	35%	70%	30%	0
Completing and passing a background check	62%	24%	14%	32%	37%	32%	76%	12%	12%
Contesting a failed background check*	40%	20%	**40%**	25%	0	**75%**	25%	0	**75%**
Staff renewal application									
Completing and passing a background check	69%	17%	14%	34%	43%	23%	80%	10%	10%
Contesting a failed background check*	43%	43%	14%	0	50%	**50%**	43%	29%	29%

* 5 survey respondents had experience contesting a background check with an initial application and 7 with a renewal application

SOURCE: CHILD CARE LICENSING SURVEY

Licensed providers discussed the time lags associated with background checks and how difficult it is to hire someone and then be forced to wait weeks or longer before the person can start working and receive a paycheck.

> *If they take two weeks, three weeks… if it's out of state, it takes longer, then you could lose employee. Because they're going to go find something else that... Usually in our area, they need the work, and they need a job right now. They don't need a job in three weeks. They*

need a job right now. And then you send all that background stuff in and by then you may lose the employee. – Licensed provider

To address some of these issues, ECSB is working with the Montana Department of Justice to potentially invest in more Livescan machines as well as a centralized Cardscan machine to facilitate more efficient fingerprinting. Similarly, the workflow from a potential staff member being fingerprinted to initiating a background check is often complicated by the fact that prints can be received by the child care licensing office for an individual whose new employee paperwork is not yet in the system. This process is being addressed through new workflows with both CCRRs and the Montana Department of Justice, with the goal of a two-week turnaround time for initiating FBI background checks.

If a staff member's background fails to meet the child care licensing requirements, individuals can contest the results, and the few respondents to the assessment survey who said that they had contested a failed background check reflected that it was a very complicated, time-consuming, and costly process.

Training requirements

Child care licensing regulations specify several training and educational requirements for new staff applications, as well as ongoing annual training requirements. Figure 23 demonstrates that providers perceive orientation and annual training as time-consuming and costly.

Figure 23. Burden placed on staff related to qualification and training requirements

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Staff new application									
Providing evidence of educational credentials	50%	45%	5%	22%	47%	31%	62%	26%	12%
Completing orientation training	47%	42%	11%	5%	49%	**46%**	46%	23%	31%
Completing infant health and safety training	56%	46%	8%	23%	46%	31%	59%	24%	18%
Completing CPR and pediatric first aid	66%	26%	18%	14%	59%	27%	32%	32%	35%
Staff renewal application									
Completing 16 hours of annual training	58%	36%	6%	6%	36%	**58%**	22%	44%	33%

SOURCE: CHILD CARE LICENSING SURVEY

Licensed providers described their and their staff's frustrations with some of the requirements for staff of licensed child care. The structure of advancement and 'levels' within the ECP practitioner registry are challenging for many providers, especially in the context of a workforce shortage. Individuals shared stories of early education degrees not being counted (adequately or at all) towards their professional advancement and certification. Others reflected on the challenges of getting their transcripts accepted, especially individuals with military, international, and tribal transcripts. There was a common sentiment of people feeling undervalued as professionals throughout the process.

A person can't be counted as a lead teacher until they have two years of experience, but they've lost sight of how difficult that is for us to even keep an employee for six months, let alone two years. So, that's where my frustrations lie. – Licensed provider

We want quality people; we want quality care. I have a gal right now who... I mean, she's one of the most phenomenal teachers I've ever seen, but she is a level one. And there's nothing I can do to get her there [faster]. And I just think that's wrong. I think that there has to be something built in to keep these people, to encourage them. – Licensed provider

Receiving credit for varied credentials and training is a consistent frustration for licensed providers and their staff. Trainings that are not a pre-approved by the ECP practitioner registry, including trainings from out of state and those from other sources like NAEYC and Montessori, often are not accepted or approved, which is frustrating for providers and staff. Another challenge are the requirements for new staff training that cannot be waived or considered completed based on past professional experience or other credentials – for example, registered nurses still must take the infant/child CPR and first aid course despite their medical training. Preschool and out of school time programs discussed how infant-focused courses are not applicable to the child populations with which they work.

I've been doing this for almost 10 years, I have multiple degrees from MSU. I also have my Montessori certificate and they put me at a level two on ECP and told me that I had to take college credit in order to be director status when I was opening my facility. And it just makes you feel like you're worthless and all your time and education, it doesn't matter. – Licensed provider

Together We Grow and Early Childhood Essentials is a waste of time and money for the wages that we are offering a bachelor-level person. And so, I think that there just needs to be some modification to the rule, because, like I say, it doesn't say they have to take Together We Grow. And I have argued this, over the course of the last four years, to no avail. – Licensed provider

I have had four nurses work for me…They can hang blood products on these children and monitor all vitals, and they make me have them do the layman CPR even because their BLS doesn't have first aid, but their nursing degree that is active, they won't accept that as first aid. So, it's just jumping through those little hoops that cost money and takes extra man-hours, and so that's frustrating. – Licensed provider

Everything is a fight with the registry – it takes time, it's demoralizing, and it leaves a bitter taste in your mouth. – Licensed provider

Costs in time and money were noted by a few providers as being a challenge. Licensed providers noted that long-time staff members, over three or four years, run out of free classes and then have to start paying for them, which is frustrating. A few unlicensed providers who did respond noted that one barrier for them to become licensed is the cost in time and money of staff training.

"I would like to see more free classes available and the [required] hours reduced or lengthen the amount of time they are acceptable [before needing to be updated updated]." – Licensed provider

Information sharing and data systems

In addition to the requirements of child care licensing laid out in state and local regulations, there are many processes that support licensing. This section of the assessment focuses on information sharing and data systems. Information sharing includes experiences of providers and staff communicating with local child care licensors, the state child care licensing office, and one another, and well as communication to parents by the state child care licensing office and other sources of information about licensed child care. Data systems support child care licensing primarily by facilitating digital application submissions for providers (through the licensing online application) and staff (through the ECP practitioner registry and ECP's child care training website, as well as license and renewal application approval.

Ease of information sharing

As shown in Figure 1, child care providers interact with many stakeholders in the child care licensing system during the new license application and license renewal processes. Figure 24 illustrates that in general, communication is not complicated or costly, but can be time-consuming.

Figure 24. Burden placed on providers related to information sharing

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Provider new license									
Working with CCL to ensure that application was complete	25%	46%	28%	10%	38%	**52%**	63%	29%	8%
Working with CCL to address any application issues	29%	46%	25%	15%	46%	39%	67%	23%	10%
Receiving technical assistance from CCRR	30%	45%	25%	18%	58%	23%	69%	26%	5%
Provider license renewal									
Working with CCL to ensure that application was complete	34%	39%	27%	14%	46%	**40%**	65%	26%	9%
Working with CCL to address any application issues	36%	40%	24%	18%	47%	35%	59%	32%	9%
Receiving technical assistance from CCRR	20%	48%	32%	25%	43%	31%	65%	29%	6%
Working with licensor to address complaints or deficiencies	45%	32%	24%	29%	44%	27%	59%	32%	9%

SOURCE: CHILD CARE LICENSING SURVEY

Ninety percent of licensed child care providers said working with the child care licensing office to submit a new application was somewhat or very time consuming; a similar number (86%) noted the same challenge with license renewal applications. Data systems do not support effective communication or information sharing related to applications. Systems do not confirm submissions or show application status when used, which means these processes occur manually, outside of the data systems.

In general, staff communicate directly with their employer about licensing requirements. However, background checks as well as some other staff requirements can lead staff to communicate directly with a licensor or technician.

Figure 25 shows that 91% of staff say it is somewhat or very time-consuming to communicate with child care licensing about staff application requirements or processes. The time burden comes from trying to get ahold of the technician or licensor, working with the technician or licensor to identify/find missing paperwork, and to understand ECP decisions about accepting or rejecting specific trainings.

Figure 25. Burden placed on staff related to information sharing

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Staff new application									
Engaging with employer about requirements and process	56%	36%	8%	25%	53%	22%	81%	13%	6%
Engaging with licensor about requirements and process	22%	59%	19%	9%	50%	**41%**	76%	17%	7%
Staff renewal application									
Engaging with employer about requirements and process	52%	39%	9%	16%	68%	16%	86%	7%	7%
Engaging with licensor about requirements and process	31%	45%	34%	21%	45%	34%	88%	4%	8%

SOURCE: CHILD CARE LICENSING SURVEY

Consistency in understanding and implementing licensing requirements

Stakeholders reflected on inconsistency in understanding, interpreting, or implementing regulations across the child care licensing program. Assessment participants felt that both CCRR staff and licensors need more consistent training in the regulations and how to interpret them. In addition, some stakeholders felt it is challenging for licensors to have a deep understanding of all the parts of the child care system, including ECP, partner requirements, child care subsidy, quality rating improvement system, food program, etc., especially when some licensors may not have a background or direct experience in child care or early childhood services.

> *I get frustrated when I hear other directors talk about their licensor coming in for inspection and they just get raked over the coals. Other licensors are much more lenient or ambiguous or tend to work more in the gray…it depends on their personality, it depends on their humor for the day, what they want to pick at. I want consistency in each and every single licensor that comes through my door. – Licensed provider*

> *It seems to depend on whatever licensor you get on what they'll allow and what they won't allow. And that is so tricky because you never really know – like we just don't know what we can do or what we can't do. – Licensed provider*

> *I think it would be great to have childcare licensors, have previous experience working in the early childhood field because I can tell you that every single one of the childcare licensors that I've worked with [in 27 years] has never worked in childcare before. – Licensed provider*

Information sharing with providers and partners

Partner agency and CCRR staff emphasized how improved information sharing from the child care licensing program would help them support new and renewing providers more efficiently and effectively. Partners and CCRRs are not consistently included in licensing communication with providers, which creates challenges when child care providers go to partners with questions about the information they received, like new policies. In addition, it is sometimes unclear if communication from child care licensing to CCRRs intended for providers has also separately gone out to providers or if further communication from CCRRs to providers is needed. On the partner agency side, licensors generally do not communicate with sanitarians to let them know about new providers that will need inspections, which could assist the new providers and sanitarians.

As discussed previously in the facility section, providers commonly struggle to navigate the licensing application process. To address some of the time and complexity challenges associated with sharing information about new and renewal license applications, many providers and CCRR staff suggested that updated forms and checklists would be beneficial. Similarly, a few of the partner agency staff reflected how a physical site and public health plan review for new licenses, possibly within a structured pre-licensing process or liaison, could decrease the time and complexity burdens.

> *My new provider inquiry letter is two pages at this point with all of the places that they have to connect with, almost simultaneously to become licensed. So, you need to take your orientation classes at CCT while you're working with CCL, but you have to contact the CCR&R to get your CPR first aid. And don't forget the food program. And then if you're trying to open a center, you need to contact the fire department and county city health. – CCRR staff*

The overall message from providers and CCRR staff related to information sharing is that more consistent expectations about when and how information is shared would improve efficiency and reduce frustration. Stakeholders prefer to have communication automated whenever possible, with alerts, status updates, and contact lists built into the existing data systems. Several CCRR staff members also noted that their relationships with licensors are most positive when there are regularly occurring meetings to share observations and concerns. This kind of consistent communication improves quality and efficiency of technical assistance provided by CCRRs, so they can tailor their support to address challenges that licensors are observing in the field.

> *It's a two-way street. I know that there are times when I hear from a provider something that their licensor has told them, and I need to support them around it, but I haven't even been made aware of it. The information hasn't been shared with the CCRR and our staff…we've worked as two separate entities for a very long time. And so, they've gotten out of that habit of sharing information, but it's something that definitely needs to happen. I had a conversation with one of the licensors the other day when I met with her for our quarterly meeting, and I shared something and she said, "I didn't even know that." And it was a licensing thing. So, I think that definitely, we've got to figure out a better way to communicate across the board. – CCRR staff*

One specific place to ensure consistent communication would be when a prospective child care provider begins to engage licensing (through technicians or licensors) or CCRRs, as well as when new providers are

provisionally approved. CCRRs could provide technical assistance to these providers, and they can also maintain up-to-date lists of licensed providers to support families and other community members. Instead, some CCRR staff noted that their communications staff will often notice new child care being advertised and that is the first awareness that there are new providers in the community.

> *Our social media people stalk Facebook and Instagram, and then they'll like, shoot us this screenshot and say, "Hey, this person is advertising that they're, accepting children for child care". Have they shown up on your radar for new provider support? And I'm like, nope. Then we track them down. – CCRR staff member*

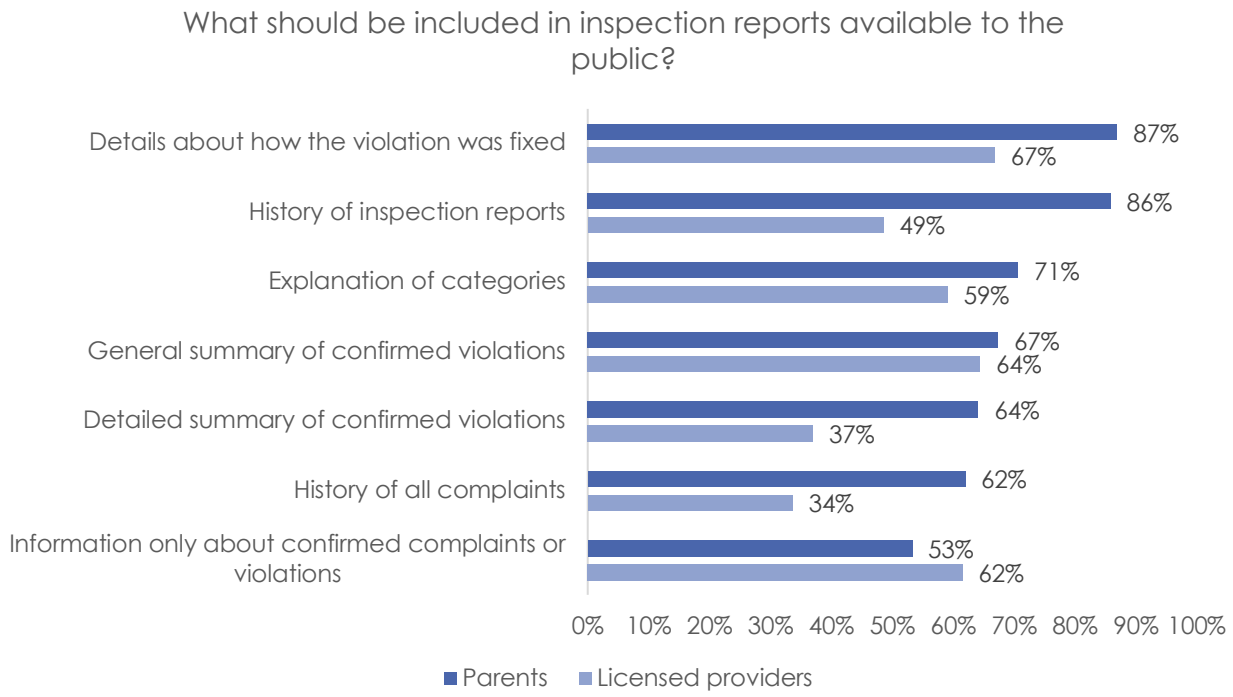
Information sharing with families

Communication with families about child care licensing from the state child care licensing office is primarily about what licensing means (as overviewed early in this assessment), where to find information about licensed child care providers, and information about licensed child care providers' past inspections and deficiencies.

FAMILIES WOULD LIKE TO SEE MORE DETAIL AND MORE HISTORY IN INSPECTION REPORTS THAN LICENSED PROVIDERS

All survey respondents were asked about the types of information they would like to see in inspections reports included in the child care licensed provider website. Families and licensed child care providers are the stakeholders with the most vested interest in what type of information is included in these inspection reports, and Figure 26 compares their preferences in terms of what kinds of information should be included. Parents are more likely than providers to want more information on all fronts. Most parents want to see a history of complaints and investigations, details of confirmed complaints, and information about how the violation was fixed.

Figure 26. Parent and licensed provider preferences on what to include in publicly available inspection reports



SOURCE: CHILD CARE LICENSING SURVEY

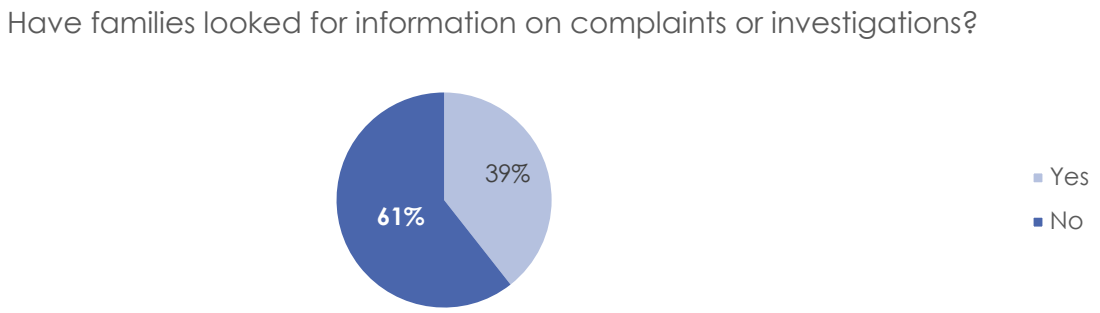
Figure 26 demonstrates how families and providers were split on whether they wanted this information only about confirmed complaints, with the same proportion of families (62%) saying they would like to see a history of all complaints as providers indicate they would like to see information only about confirmed complaints. Child care licensing staff discussed the challenges associated with communicating certain details to families, especially when complaints or ongoing investigations are initiated by CPS. Providers noted how complaints are sometimes made for personal reasons later found to be unsubstantiated, but anything on the provider's public record could negatively impact them.

> *We work our tails off, and all it takes is one disgruntled employee or one angry family that didn't pay their bill or whatever. And they just want to target you. And I don't feel like the licensers understand that. – Licensed provider*

> *More background content on the person making the complaint. Such as a disgruntled employee, or a family that got kicked out, a boyfriend, girlfriend. Make it known that it is unlawful to report a violation that is not real. – Partner agency staff*

In general, providers were less likely than parents to want details included in inspection reports. The largest differences between families and providers include an interest in seeing a history of inspection reports – 86% of families would like to see a history compared to 49% of providers – and an interest in seeing a detailed summary of confirmed violations – 64% of families would like to see these details compared to 37% of providers.

Figure 27. Prevalence of families who have looked for information about complaints or investigations



SOURCE: CHILD CARE LICENSING SURVEY

Even though most families who responded to the assessment survey report using licensed child care and knowing where to find information about licensed providers, only 39% have ever looked for information on inspection reports or complaints. This low utilization may indicate that people don't know where to look for complaint-related information and resources, because it is hard to find. To provide some context, there have been an average of approximately 600 visits per month in the last nine months to state's child care look up website. This includes child care licensing staff as well as external customer use.

Data systems

Providers and staff find the child care licensing and ECP data systems time-consuming to use. Almost all providers said the online application is somewhat or very time-consuming and somewhat or very complicated to use at initial application and renewal. Staff feedback is related to the ECP practitioner registry and child care training website. Most staff respondents rated ECP's data systems as somewhat to very time-consuming to use.

Figure 28. Burden on providers and staff related to child care licensing data systems

	Complicated			Time-consuming			Costly		
	Not at all	*A little*	*A lot*	*Not at all*	*A little*	*A lot*	*Not at all*	*A little*	*A lot*
Provider new license									
Utilizing data systems	20%	43%	37%	10%	37%	**53%**	53%	32%	15%
Provider license renewal									
Utilizing data systems	19%	46%	35%	11%	41%	**48%**	62%	26%	12%
Staff new application									
Utilizing data systems to update records and training	24%	51%	24%	11%	50%	39%	74%	20%	6%
Utilizing the Early Childhood Project Registry	27%	57%	16%	14%	50%	36%	79%	6%	15%
Staff renewal application									
Utilizing technology systems to update records and training	37%	46%	17%	12%	56%	32%	74%	13%	13%

Utilizing the Early Childhood Project Registry	37%	49%	14%	20%	46%	34%	69%	21%	10%

SOURCE: CHILD CARE LICENSING SURVEY

Specific challenges of data systems include the inability of the online provider application tool to upload of larger files for new licenses and license renewals, a lack of confirmation messages and emails throughout the systems to let providers and staff know if their documents have been successfully uploaded and moved along in the licensing process, the inefficiency in how the online application, the practitioner registry, and the child care training website connect to one another, the lack of electronic signatures, and insufficient staff support for users experiencing problems. Some providers have returned to using paper applications to avoid the online application challenges.

> *I like the website. I like the ability. I'm more on the tech end. I like being able to upload forms, but it doesn't work. You will download a PDF that is within that application. From that source, you'll download that form and then attempt to try to upload it, and it fails. And so that's a big issue, especially when you've taken the time and you've used your resources to print those documents, that specific form, and you've taken the time to scan and upload and do all that, and then it fails. – Licensed provider*

> *The technology for uploading forms for licensing should just go away. It should just go away. You can't do it by yourself. What is it saving? So, that's my two cents on the technology for uploading; just go away. – Licensed provider*

> *The training registry has been a tremendous headache for us over the years. Difficult to use, we find the staff there to be extremely uncooperative, nonresponsive to questions. And in fact, we wondered at times if they didn't have a personal vendetta. They were so difficult to deal with and whenever you mention the registry within our center and among our employees, you just get this visible reaction. It could be so much better, and it should be so much better. – Licensed provider*

Licensing and CCRR staff provided additional feedback about data system challenges, reflecting on the lack of alerts, business process flows, real time interfaces, and business analytics/reporting tools within licensing's primary data system, which is called Child Care Under the Big Sky (CCUBS). This limited functionality has created the need for extensive, manual workarounds. Technicians and licensors maintain multiple Excel lists to manage their workloads. Licensors and CCRR staff would like alerts built into CCUBS when a new provider initiates an application, rather than waiting until a provisional license is approved. Technicians, licensors, providers, and staff would like to have alerts about training and certification expiration timelines.

> *[Child care licensing staff] are talking to us a lot more, but it used to be, that I didn't know people were even inquiring about becoming providers until I'd see in CCUBS that they came through with the new provisional and I hadn't even met them yet. So, getting some sort of notification that, "Hey, this person has put an application in". Now, I think that would be extremely beneficial for RRs in the area. – CCRR staff member*

A more general desire for all the data systems is, as one stakeholder put it, "*transparency.*" The ability for all actors involved – the provider, staff members, the licensor, the child care licensing staff and the CCRR – to see an application's status and what next steps are needed – would greatly improve efficiency of approving

new providers and renewal applications and decrease the need for some of the time consuming and inconsistent manual reporting and communication that is done now.

> *I don't know if anybody else feels this, but I don't understand why I have to wait for a letter in the mail to know whether or not a staff has been approved. That seems very archaic and behind the times…that's an added thing that I have to add to my list. "Okay, now I need to call. You don't have it. Why can't I access a database that shows me everything?" Even the five-year background check renewals. The licensor is like, "Well, just give me a call or email me." But it's like why not have a database? A system in place that I can just log in and access all of that information. So that, to me, that's frustrating. – Licensed provider*

Some providers remarked that the provider portal used for child care subsidies should be extended to support the licensing process, allowing provides to see application and renewal status.

Support and enforcement mechanisms

Child care licensing, CCRRs, and partner agencies use varied mechanisms to support providers in meeting and maintaining licensing requirements. This section of the assessment focuses on experiences of providers and parents with making complaints, and of providers and partner agency staff with investigations. Also included here are experiences of providers receiving technical assistance, and the how support and enforcement mechanisms interact with illegally operating child care providers. Stakeholders generally want support and enforcement mechanisms, and the actors that apply them, to be as supportive and non-punitive as possible, as long as the situation is not unsafe for children. However, if safety or health are at risk, stakeholders universally wanted more consistent and effective enforcement.

Complaints and investigations

When a complaint is made against a child care provider, some combination of child care licensing (if it is a licensed provider), child protective services, law enforcement (if it is a complaint of child maltreatment), and/or local health and safety agencies are involved in investigations.

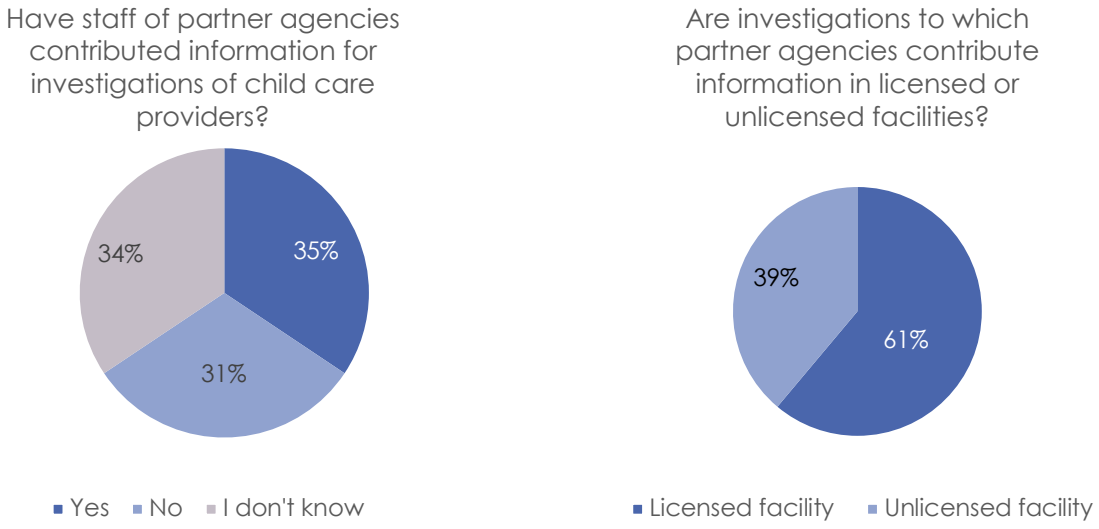
In focus groups, licensors and Child and Family Services Division (CFSD) staff noted the lack of direct access to relevant information on both sides – "*information doesn't always flow both ways*" – even though child care licensing and CFSD often work together to investigate complaints. Communication between child care licensing and CFSD is strengthening, according to licensing and CFSD stakeholders, and as one CFSD staff member summed it up, "*I think if we can develop mutual competence and understanding, that's going to go a long ways*." Specific mutual understanding is needed about what constitutes a violation of child care licensing regulations, so that CFSD staff can know if complaints that do not rise to the level of child neglect should be referred to a licensor. Similarly, child care licensing staff noted ambiguity about the respective roles and jurisdictions of CFSD and licensing in terms of information sharing and the ability to shut down providers.

> *We might be dealing with our investigation for 60 days, sometimes longer, and don't totally know those pivot points where we need to say, "Oh, we absolutely need licensing in here." – CFSD staff*

One suggestion to improve the investigation process would be for CFSD staff and the licensor to consistently communicate, including when to refer cases from CFSD to child care licensing, pre-meetings before an investigation begins, during the investigation, and regarding investigation closures and determinations. CFSD staff suggested a flow chart or decision tree for cases related to child care, which could include broad licensing topics as well as guidance on when to contact a licensor, would be helpful to make the investigation process more standardized and efficient. Child care licensors are also invested in increasing consistency of communications, particularly with CFSD or licensing staff turnover.

Figure 29 illustrates that about one-third of staff of partner agencies who responded to the assessment survey have contributed information to a child care investigation, and most of these were with licensed facilities.

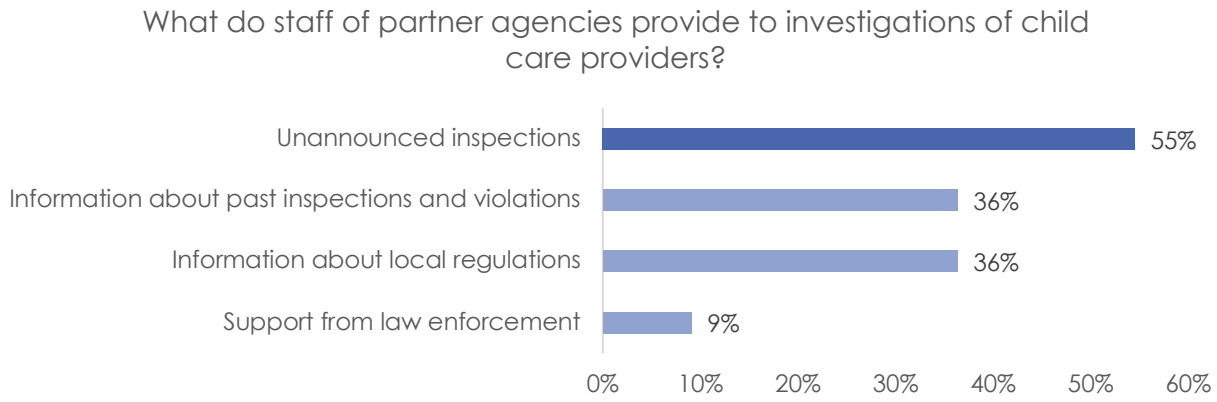
Figure 29. Participation by staff of partner agencies in child care investigations



SOURCE: CHILD CARE LICENSING SURVEY

Figure 30 demonstrates that staff of partner agencies most often contribute unannounced inspections to an investigation process.

Figure 30. Contributions of partner agency staff to child care investigations



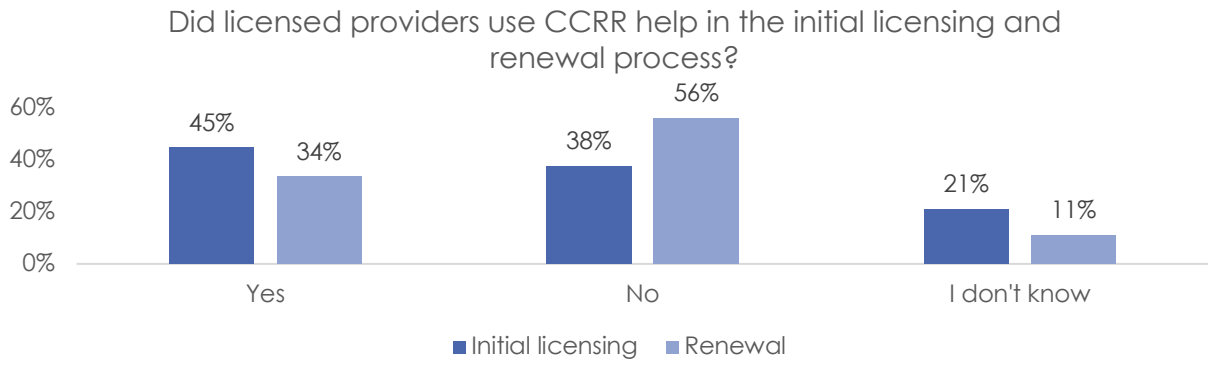
SOURCE: CHILD CARE LICENSING SURVEY

A few survey respondents reflected how it is frustrating to contribute to investigations without having the authority to enforce regulations or fix the problems, which potentially points to the need for more communication between staff of partner agencies and child care licensors in terms of finding solutions to complaints and addressing deficiencies. Child care licensing staff also felt strongly that having a dedicated complaints unit would increase time efficiency and improve the experience for providers. Ideally a complaints unit could also address illegal providers.

Technical assistance

Licensed providers can receive technical assistance from CCRRs to improve their programs and address any problems related to child care licensing regulations. Figure 31 illustrates that licensed providers more often receive technical assistance from CCRRS for their new license application than for renewals.

Figure 31. Use of CCRR support and technical assistance by licensed providers in initial licensing and renewal process



SOURCE: CHILD CARE LICENSING SURVEY

CCRR staff consistently said they explain their role to providers as complementary to licensors, emphasizing that they are there to provide support and guidance, not validate or approve anything. They highlighted the challenges in providing technical assistance when there is not a consistent starting point for providers, especially in terms of up-to-date paperwork and information being available. CCRR staff as well as providers emphasized the need for consistency between technical assistance and expectations, especially in the context of a licensing support plan to address deficiencies. Being more detailed in those plans as well as having a more robust policy manual that clarifies how to interpret and apply child care licensing regulations would provide a foundation for improved consistency and less ambiguity to ultimately decrease negative licensing actions.

CCRR staff talked about a positive shift in the past few years of licensors requesting CCRRs to provide informal technical assistance to providers as a first step in addressing problems before they become true 'deficiencies' on the provider's license. In these cases, licensors mention to CCRR staff that a provider needs "*not an official TA, but this person could use a little bit of help*.".

Creating an approach to address deficiencies with graduated technical assistance, deficiency categories, and negative licensing actions could help address problems and provide solutions without jumping straight to a negative licensing action that could adversely impact the individual provider and the families that rely on them. Providers also liked the idea of a tiered approach to defining deficiency categories and appropriate first steps to addressing them.

> *Level one is like there's some clutter. Let's get this cleaned up. I'm giving you 60 days. I'm going to stop by anytime in those next 60 days unannounced to check it out. Maybe for bigger things, like not appropriate fencing, well, that'd be probably a level two because kiddos could really get hurt. – Licensed provider*

Negative licensing actions

From the perspectives of virtually all stakeholders, negative licensing actions are not taken nearly enough in situations where children are at risk. This happens because of a lack of clear jurisdiction and lack of effective enforcement authority. Some stakeholders expressed a belief that the severe lack of child care capacity causes a hesitation to shut down providers on which families rely.

> *Since a local health department is not the licensor it is difficult to enforce the rules. – Local sanitarian*

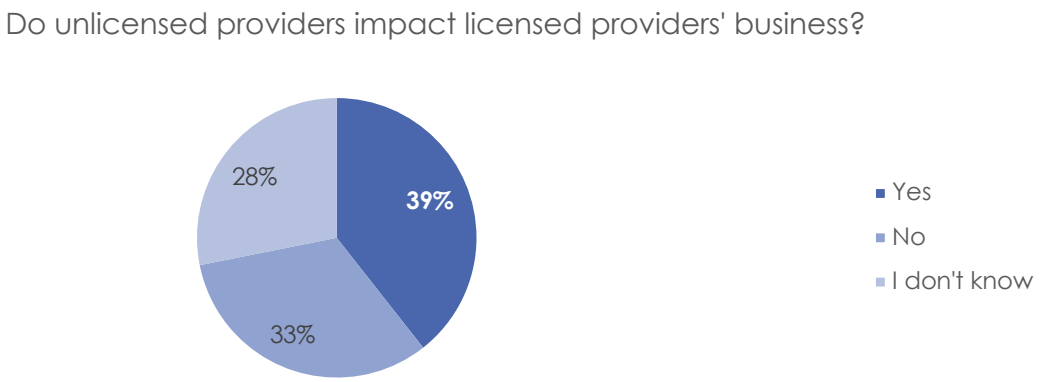
> *That if an issue is found, REAL work is put into place to make a HUGE change, or they are forced to close down. – Licensed provider*

> *Licensing has no teeth. They need a little bit more power. They don't have power for unlicensed care. They don't have power... They really don't even have power for licensed care. They can write them up. They can threaten to close them, but it's hard for them to close a program. – CCRR staff*

Impacts and oversite of unlicensed providers

Licensed providers have varied views on the impact of unlicensed care options on their licensed child care businesses. As shown in Figure 32, approximately 40% of licensed providers see unlicensed providers as having an impact on their business.

Figure 32. Impact of unlicensed providers on licensed providers



SOURCE: CHILD CARE LICENSING SURVEY

Providers shared frustrations in focus groups about illegal care creating an uneven playing field for those trying to abide by the rules. Providers and CCRRs shared stories about illegal child care where one person cared for 30 – 40 children alone in their home, which costs less to operate and results in lower costs to parents.

Most licensed providers and CCRR staff emphasized the negative impacts for children and families that some unlicensed, primarily illegally operating, providers can have, and the difficulty in addressing these impacts.

From the perspective of licensed providers and child care licensing staff, the only way to truly shut down an illegally operating provider is for the county attorney to take up the case. The penalty defined in statute is a $500 fine, which most licensed providers feel is not enough to change behavior. Partner agency and CFSD staff expressed frustration at the fact that there is no jurisdiction for themselves or child care licensing to address complaints against illegally operating providers that should be licensed.

> *The metric should not be a child dying. – Licensed provider*
>
> *I have a huge issue with drop-in care, period. I mean, if the state is going to regulate licensed child care and they're going to get sticklers on that with centers and stuff, why in the h*!& are they not doing something about drop-in care? Like those kids don't matter? – Licensed provider*
>
> *It's this really weird thing this area of what do we do if there's a complaint about a child safety? But if it's a place that's unlicensed that should be licensed, what is their scope of practice? Are they allowed? They're not allowed to go onsite necessarily, but do they have some role? I don't know. – CFSD staff*

Summary findings and recommendations

The child care licensing assessment provides findings which collectively create a roadmap for child care licensing business process, regulation, policy, and organizational improvements.

Prioritizing and understanding licensed child care

Summary findings: While most parents prioritized safety, health, quality, and licensing when choosing child care, many did not know where to find this information, or used their network of friends, family members, and colleagues to find information about child care options. Parents generally wanted to be able to access additional information about child care providers.

Employers and business interests increasingly support employee access to child care through financial investments and other means, understanding that child care is an essential benefit to recruit and retain parents in the workforce. Some employers express an interest in opening their own child care facilities and requested opportunities to collaborate to streamline the child care licensing process.

Summary recommendations: DPHHS can address these gaps in understanding and prioritization of licensed child care by:

1. **Promoting and enhancing information about what it means to be a licensed child care provider.** The state could implement an awareness raising campaign about the benefits of licensed child care for broader understanding and share resources for families to access when looking for licensed, quality care options within this campaign. The campaign could also encourage more providers to become licensed, promoting its benefits.
2. **Increasing partnerships with employers and businesses.** DPHHS is actively engaging with the business community through several initiatives to increase access to and cross-sector investment in early care and education. These efforts should continue and grow, hopefully developing more sustainable funding for licensed child care for all.

Facilities and health

Summary findings: Facilities and health requirements for new child care facilities, including physical space, environmental health, fire, and emergency preparedness requirements are time-consuming, complicated, and often costly to navigate and implement. The complexity is magnified by the fact that multiple, entities have their own safety and health requirements that layer on top of child care licensing regulations:

- Local community development and planning departments support the implementation of the International Building Code as well as zoning.
- Fire marshals support the implementation of the International Fire Code.
- County public health sanitarians oversee environmental health requirements related to water, sewer, and food safety.
- Public health nurses administer immunization and communicable disease-related requirements.

The menagerie of partners and associated requirements is further complicated because of inconsistencies in interpretation and implementation of safety and health requirements, which are exacerbated by partner and child care licensing staff turnover.

Summary recommendations: Montana can streamline the process for new child care providers through:

1. **Reviewing and improving overlapping regulations, policies, and processes within and across partner agencies**. Partners can determine how to collaboratively best support the shared goals of promoting safe and healthy environments in a time and cost-efficient manner that streamlines the process for new child care provider facilities to open. Partner agencies should collectively update regulations, policies, and procedures and provide cross-training to maximize understanding and consistent implementation.
2. **Creating child care provider liaisons or enhanced pre-licensing provider supports.** This could include a clear point of contact for individuals considering opening a new facility, plan reviews and pre-licensing inspections coordinated with partner agencies to ensure alignment of physical space with health and safety requirements, example policies and procedures for new providers to modify versus needing to develop these from scratch, and supportive technical assistance throughout the application process.
3. **Aligning out of school time with public education facilities and health requirements.** Out of school time providers serving school age children have requested that regulations be added that provide them with a feasible path to being licensed. These regulations should hold out of school time providers to a standard that is consistent with public school health and safety standards, and processes should be streamlined to avoid duplicative inspections or records audits.

Staff qualifications and approval processes

Summary findings: The assessment indicates two primary areas for improvement in child care licensing requirements and processes associated with staff hiring and retention – FBI background checks as well as verification and acceptance of credentialing and training. The current FBI background check process is slow and error prone. The requirements and process associated with registering a staff member on the workforce registry, submitting transcripts for approval, and training content and approval (initial and ongoing) were cited as burdensome and frustrating by providers and staff.

Summary recommendations: The Montana Child Care Licensing Program can address these challenges by:

1. **Improving the FBI background check process.** Short-term process improvements can address Livescan user errors resulting in low quality prints or prints with incorrect codes entered by Livescan operators as well as streamlining and clarifying the challenge and appeal process for background check findings. The state can simultaneously pursue longer-term improvements related to enhanced data systems, including an online application for staff members inclusive of the background check process, real-time status updates provided through the system, so staff and facilities know prints were taken and where they are in the review process, and mobile Livescan technology.
2. **Having a more inclusive approach to training content acceptance.** The Early Childhood Services Bureau should work with MSU ECP to improve service and support, to better meet staff needs. Staff

should be able to choose professional development relevant to their career pathways, including NAEYC, Head Start, Montessori, Zero to Three, and other high-quality options. Providers and staff should know in advance whether a training will be accepted, and there should be a transparent approach for providers to pursue when they believe a rejected training should be reconsidered for acceptance.

3. **Reconsidering education and credential acceptance.** There is an opportunity for the state to work with ECP to accept a wider variety of degrees within the practitioner registry, particularly as the state implements a school-age licensing track. The verification process can also be reconsidered, to ensure accessibility for individuals with less common types of transcripts, including from military, international, and tribal institutions.

Information sharing and data systems

Summary findings: Providers spend significant time communicating with the child care licensing program to make sure they have submitted the information required to apply for and renew their licenses. Data systems do not allow providers, staff, or the child care licensing program to easily see the status of customer transactions. The online application is seen by many providers as particularly problematic and burdensome, particularly because of upload size limitations and issues of submitted documents going missing. Respondents also expressed frustration with the practitioner registry, and the need to use multiple systems for child care licensing.

Providers and partners reflected on inconsistency in understanding, interpreting, or implementing regulations across the child care licensing program and its partners (e.g., fire, public health, child care subsidy program, etc.). Assessment participants also discussed the challenges of the decentralized nature of communication from the Helena office to the field, with information flowing from Helena through regional licensors and/or CCRRs.

Summary recommendations: The state could address these information sharing and data system gaps through:

1. **Enhancing the online application.** The online application should support accurate, efficient, and transparent communication and data sharing between providers and the licensing program.
2. **Providing a mechanism for child care staff to directly share information online.** Staff should have the option of directly applying to the child care licensing program. This could support enhanced FBI background check processes.
3. **Analyzing whether CCUBS should be replaced.** The cited challenges and limitations of the child care licensing program's primary data system, CCUBS, coupled with previous assessments of the outdated nature of the system raise the question of whether CCUBS should be replaced rather than further enhanced. The state could look at other child care licensing data systems, including the one built in-house by the state of Utah, to see what alternatives exist as a first step in this analysis.
4. **Having a clear process for providers to get a second opinion or request reconsideration.** Providers and facility owners should have the opportunity to ask for another opinion when they receive inconsistent feedback from a partner agency or child care licensor around requirements that results in a cost (e.g., plumbing or structural change), unnecessary time-burden, or negative licensing finding. This should be set up in a way that supports the provider and licensing staff in getting to the

appropriate answer in a supportive, strengths-based way as part of a continuous improvement process.

5. **Implementing a centralized, consistent communication process.** Child care licensing should develop and implement a consistent process to send information from the Helena office to licensors, CCRR agencies, providers, and partner agencies.

Support and enforcement mechanisms

Summary findings: Providers, licensors, and partners discussed challenges associated with complaints and associated investigations. Complaints are time-consuming, often complicated, and difficult to conduct consistently across licensors and partner agencies. Joint investigations between child care licensing and the Child and Family Services Division, in particular, were pointed to for process improvement and better coordination.

There has been a shift towards informal technical assistance and away from negative licensing action for licensed child care providers. Assessment participants wanted to see this shift institutionalized using fuller continuum of support and enforcement options. Stakeholders also wanted to see more enforced consequences for illegally operating providers. Participants discussed how enforcement is hindered by the lack of clear jurisdiction, lack of effective enforcement authority, and in part because of the severe lack of child care capacity that already exists and associated hesitation to shut down providers on which families rely. Understanding these constraints, participants felt that the lack of consequences puts children in danger.

Summary recommendations: These gaps could be addressed by:

1. **Creating a complaints unit.** A dedicated complaints unit would support a more consistent approach to complaint and investigation communications, processes, and outcomes.
2. **Strengthening shared CCL-CFSD investigation policies and processes.** Child care licensing and the Child and Family Services Division have identified gaps in the shared investigation processes as well as some possible solutions. This work needs to move forward to prioritizing and implementing next steps as a part of the child care improvement project.
3. **Implementing a graduated continuum of support and enforcement options.** Child care licensing can institutionalize its approach to graduated support and enforcement mechanisms, promoting more nuance and discretion in supporting provider compliance with child care licensing requirements.
4. **Increasing enforcement and consequences for illegally operating providers.** Analyze existing enforcement mechanisms for both licensed and unlicensed child care providers and determine whether and how they can be made more effective to keep children safe from harm.

Appendix: Methodological details

Research questions

The overarching research questions guiding this assessment and the broader business process improvement project include:

1. How well does Montana's child care licensing program function for providers, staff, and families?
2. What are the gaps in the child care licensing program?
3. How do child care licensing strengths and gaps vary by provider characteristics?
4. How can child care licensing be improved to better support families, providers, and partners?
5. How can the child care licensing program reduce barriers to becoming licensed?

Outreach and data collection

Bloom Consulting led outreach and implementation of the child care licensing assessment within the Child Care Licensing Business Process Improvement and Data Analysis Project from November 2021 through January 2022. The assessment included primary data gathering through surveys, focus groups, and interviews.

Assessment outreach was done through many channels and networks, with the goal of distributing the survey to as many child care licensing partners and stakeholders as possible. For survey outreach, requests to share the survey were sent to 50 statewide organizations, partners, and networks, as well as to all contacts from the child care licensing lists of current and past licensed providers. Participants for focus groups were identified through a question on the survey that asked if they would be interested in attending a focus group or participating in a one-on-one interview. Focus group and interview participants were also selected through department leadership. The survey received a small number of responses from unlicensed providers and none of these were willing to participate in a focus group. We thus focused on interviewing unlicensed providers to try to increase engagement.[5]

Data collection targeted multiple types of child care licensing stakeholders and partners:

- Licensed child care providers
- Unlicensed child care providers
- Business owners and business interest representatives interested in child care
- Staff and educations of child care facilities
- Parents, caregivers, and family members
- Staff of partner agencies[6]
- Other interested parties (health care providers, social service providers, HOA members, cities, counties)

[5] Unlicensed providers include those running programs that are not required by law to hold a child care license (like Head Start/Early Head Start or preschool programs) as well as informal providers who do not hold a child care license.
[6] Priority partner agencies included child welfare, public and environmental health, and fire

Survey

The Bloom team developed a web-based survey and deployed it through Alchemer, an online survey tool, which was deployed November 2021-January 2022. In addition to surveys, the Bloom team conducted focus groups and one-on-one interviews with a wide range of stakeholders in December 2021 and January 2022.

Just over half of the survey respondents – 319 of the 627 – were currently licensed child care providers. This represents about one-quarter of all licensed providers in the state (not including relative care exempt providers). When separated by provider type, the survey received responses from 27% of child care center providers, 25% of group child care home providers, and 24% of family child care home providers. Only 5% of family, friend, and neighbor providers (2 of 41 in the state) responded to the survey. Additionally:

- Half (50%) of the licensed child care providers who responded to the survey have more than 15 years of experience working in child care. Most of those providers with long-term experience (66%) have been in their current role as an owner or director of a licensed child care facility for more than 15 years.
- Most of these providers serve toddlers (76%) and preschoolers (85%). Two-thirds (67%) also serve infants. Equally important, just over half (52%) serve school-age children, in the summer, before and after school, and on school holidays.
- Almost half of providers who responded to the survey (46%) serve children with special health needs, and just over half (52%) currently serve children who receive Best Beginnings or military scholarships.
- Group child care home providers made up the largest group of respondents (43% of licensed provider respondents), with center (33%) and family child care home (23%) comprising almost all the rest.

A relatively small number of currently unlicensed child care providers responded to the survey (18 in total). 73% of these respondents had previous experience as a licensed provider.

Other key characteristics of survey respondents include the following:

- Most families who responded to the survey have young children (68% of respondents have at least one child aged 5 or younger who is not yet attending kindergarten), and 35% have school-age children.
- Almost all the child care staff who responded to the survey (88%) work in licensed facilities, and half have at least 10 years of experience in the child care sector. Most (76%) work in child care centers.
- Staff of partner agencies who responded to the survey and identified their specific job responsibilities were split between those working in child welfare or family support (43%) and those working in environmental health as sanitarians or public health nurses (43%).
- The majority (57%) of business representatives who responded to the survey were private employers, with a substantial response (38%) from public employers as well.
- Those survey respondents who identified as an 'other interested party' were primarily employed in K-12 public schools (41%) or work in the nonprofit or social services sector with children and families (33%). Local elected officials also made up 19% of these respondents.

Focus groups and interviews

Focus groups and interviews were conducted with 126 individuals. Table 1 shows the numbers of focus groups and interviews and the number of participants, broken down by the type of stakeholder.

Table 1. Focus groups and interviews by stakeholder types

Stakeholder type	Number of groups (number of participants)
Focus groups	
Licensed providers	
Family child care home	2 (4 participants)
Group child care home	4 (23 participants)
Center-based providers	3 (20 participants)
School-aged providers (mix of licensed and not)	1 (4 participants)
Head Start Association (mix of licensed and not)	1 (25 participants)
Parents	2 (7 participants)
Partner agency staff	1 (6 participants)
Business representatives	1 (2 participants)
Child and Family Services Division	1 (5 participants)
Child Care Resource and Referral agency staff	3 (18 participants)
Child Care Licensing Program staff	2 (12 participants)
Interviews	
Unlicensed providers or staff	2
Licensed providers or staff	4
Tribal leaders	1
Department of Labor and Industry	1
Public Health and Safety Division, Environmental Health	2 (4 participants)
Public Health and Safety Division, Immunization Program	4 (2 participants)
Early Childhood Project	1 (2 participants)
Other states	1 (2 participants)
Child Care Development Fund	3 (5 participants)
Fire Marshal	2 (2 individuals)
Family Outreach	1
Legislators	1