

Licensing 101 – Six Critical Areas of Compliance

Please note that failure to maintain compliance in these six (6) critical areas of compliance may result in a facility being placed on a Corrective Action Plan (CAP) and/or adverse action to the license. See the [Minimum Licensing Requirements \(MLR\)](#) for more information.

Regulatory Checks	All background checks are required for each applicant to own or operate a facility and all staff and applicants PRIOR to employment. This includes volunteers, therapists, student observers who have routine contact with children, admin staff, and board members who have supervisory or disciplinary control over children or routine contact with children. If the owner, operator, lessee, or administrator of the child care center is married to a sex offender, notification in writing or email shall be provided to parents and legal guardians, etc.
Staff/Child Ratios & Supervision	The site shall: <ol style="list-style-type: none"> 1. Not exceed the licensed capacity at any given time. 2. Maintain appropriate ratios. 3. Not mix infants and toddlers with preschool age unless there are eight (8) or less children in care. 4. Not leave children unattended or unsupervised for any amount of time. 5. Prohibit cell phone use except in cases of emergency. 6. Director, Assistant Director or Site Supervisor plus 50% of staff have current First Aid and CPR.
Behavior Guidance	Behavior guidance shall: <ol style="list-style-type: none"> 1. Be individualized and consistent. 2. Be appropriate to the child's level of understanding. 3. Be directed toward teaching acceptable behavior & self-control. 4. Not allow physical punishment; and 5. Limit time-out, if appropriate, to no more than 1 minute per age of child. <p>Be sure to review additional acceptable & unacceptable behavior guidance in the MLR section 500.</p>
Building & Grounds	<ol style="list-style-type: none"> 1. Comply with Fire & Health Department codes and maintain annual inspections on file. 2. Maintain current boiler inspection on file (Dept of Labor). 3. All areas shall be kept clean and free of hazardous or potentially hazardous objects.
Infant/Toddler Care Issues	<ol style="list-style-type: none"> 1. Food, bottles, and formula agreed upon by parent and caregiver(s). 2. Obtain special needs and allergies in writing from parent(s). 3. Document feedings for children up to age 12 months (or older if child still uses a bottle) for parent review. 4. Food/bottles heated in area separate from the diaper change area. Microwaves are not to be used for heating bottles. 5. Label bottles and sippy cups and make sure bottles are not propped. 6. Use proper seats for eating if bottles are no longer held. 7. Do not feed foods that present a choking hazard. 8. Water for formula should not be from a hot water supply. 9. Sleeping Infant/Toddler monitored all times 10. Use proper cribs, cots, and mats and be sure sleeping infants and toddlers are always monitored.
Transportation	Requirements apply to all transportation provided by the licensee, including transportation provided by any person on behalf of the licensee, regardless of whether employed or not by the licensee. <ol style="list-style-type: none"> 1. Emergency contact is always on the vehicle when transporting. 2. Driver meets minimum licensing requirements. 3. At least one adult is certified in CPR & First Aid. 4. The vehicle is properly licensed and in working condition, including air and heating systems. 5. Maintain proper commercial insurance. 6. Maintain proper transportation ratios. 7. Ensure the use of proper restraints for children. 8. Roster information maintained. 9. Safety alarm properly installed, maintained and managed.

Standard Monitoring Procedures

New Provisional License

These programs shall be monitored more frequently during the New Provisional status to coach and assist the new provider with any needs they may have. By providing more services and support in the early stages of licensure, we increase the chances of the program's success.

Regular License

- ★ A full-year operating program with a “regular” type license will routinely be monitored at least three (3) times per year at least once per trimester (January-April, May-August, and September-December).
- ★ A nine (9) or ten (10) month program will be monitored twice each calendar year.
- ★ A summer-only operating program will routinely be monitored once during the open summer program.

If a facility is out of compliance in one of the critical areas during a monitor visit, a follow-up monitor visit will be conducted, and a referral for appropriate training and/or technical assistance will be made. Continued non-compliance in critical areas may result in “**High Priority Monitoring,**” where more frequent monitor visits will be made and/or the implementation of a compliance assistance plan.

High-Quality Monitoring

- ★ A twelve (12) month program with a documented higher level of compliance may be monitored one time less than routinely required.
- ★ A nine (9) or ten (10) month program with high compliance may be monitored once per year.
- ★ To be considered for high-quality monitoring, a facility must:
 - Be a Level 3-6 Better Beginnings participant.
 - Hold a regular status license.
 - Not be on a licensing Corrective Action Plan.
 - Have no founded complaints within the past twelve (12) months.
 - Demonstrate a high level of compliance during the past twelve (12) months.

If a facility is out of compliance in one of the critical areas during a monitor visit or because of a founded complaint, a follow-up monitor visit will be conducted, and a referral for appropriate training and/or technical assistance will be made. Continued non-compliance in critical areas may result in implementing a corrective action plan and/or more frequent monitor visits.

Corrective Action Plan (CAP)

A Corrective Action Plan (CAP) is initiated to address severe or reoccurring issues or deficiencies observed during monitoring or resulting from founded complaint investigations. A CAP is not considered an adverse action and, therefore, cannot be appealed. If a facility is out of compliance in a critical area, the facility’s compliance history will be reviewed, and the need for a CAP will be considered. Some examples of deficiencies where a CAP may be appropriate are:

- ★ Regulatory checks,
- ★ Staff-child ratios/supervision,
- ★ Behavior guidance,
- ★ Health & safety issues,
- ★ Infant/toddler care, and
- ★ Transportation issues.

A training opportunity may be considered/offered upon citation of an initial deficiency in one of the critical areas.

However, the plan of action depends on the nature of the deficiency. If a CAP is implemented, the plan will be signed by the licensee (or designee) and the licensing staff. The plan/agreement will remain in place for a designated period. The

CAP is not adverse in nature and should list the issues leading to the plan and outline expected training or other action to be completed during the period identified in the plan.

The Licensing Staff will make frequent monitor visits during a CAP period to offer assistance and ensure compliance. While the CAP is not adverse in nature, failure to maintain compliance during the CAP period may result in a recommendation for adverse action on the license, including **suspension, probationary provisional license status, or revocation of the license**. Adverse action taken may be appealed. Any requests for capacity or license status changes will be considered upon completion of the CAP. A CAP may impact a provider's participation in other programs and Better Beginnings.