Child Care Regulation and Cost
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In the past three years, DHS has worked with an advisory board of providers from across the state through three rule revision processes. The Early Childhood Services Advisory board is made up of 6 providers from various types of child care programs and 1 past provider who also served as the President of the North Dakota Child Care Providers, Inc. group. The membership represents varying geographic areas of the state, as well as both home and center based child care and preschool. Through this process, the rules for child care licensing have actually become less stringent, not more stringent, in most cases.

2010 Administrative Rules process (effective January 1, 2011):

- Change in ratio for child care groups and centers. The highest ratio of 1:4 previously was for children age 0-24 months. We changed it to be the ratio for children 0-18 months and moved the 18-24 month children into the 1:5 ratio group.
- Removal of a requirement for providers to be tested for Tuberculosis every two years as part of licensing requirements.

2012 Administrative Rules process (effective January 1, 2013):

- Change which allows group providers to choose to staff according to the regular ratio or to follow the numbers allowed for family providers, affording group programs greater flexibility.
- Removal of the "maximum number of children per age per staff member" from the group rules, with the exception of children 0-18 months.
- Authority given to the Department to issue a waiver of ratio to eligible group and center providers for up to .25 points per group. To date, we have issued 194 waivers, creating a total of 210 additional emergency slots for children who would not have other access to care.
- Added multiple new options for individuals to qualify for Director or Supervisor positions.

2013 Administrative Rules process (proposed effective date of April 1, 2014):

- Will update the rules based on 2013 Legislative changes.
    - Family providers were previously allowed to care for two additional school age children before and after school and all day when school is not in session during the regular school year. SB 2085 removed the restriction on when family child care providers may care for the two school age children, allowing the family provider to continue caring for them throughout the summer months.
    - Allows for a license capacity of 30 for group child care programs.
    - Increases the maximum group size in child care centers to allow center operators to utilize the "mixed-age group" ratio, and allows more flexibility in staffing.
    - Removes the outdoor play space requirement if programs have sufficient indoor recreation space.

DHS continually seeks provider feedback through surveys, trainings, and through the Early Childhood Services Advisory Board. The overwhelming response from providers when questioned about ratios, is that providers believe that the ratios should not be increased. In general, providers say that the children they are working with have higher needs than ever before, and that their staff simply cannot adequately care for more children than they already do. Our greatest needs are in the area of infant-toddler care

and care for children with special needs. These are groups of children which require a high level of supervision and care.

When seeking feedback on regulations that are barriers, DHS receives responses that often reflect requirements which are not state regulations. For example:

- Most of the cities in N.D. limit home providers to caring for 12 or fewer children, even though they might have the square footage and staff available to increase their capacity, and even though state regulations allow for a license capacity of 30 for group child care programs.
    - Devils Lake recently issued special use permits to two home providers to allow them to care for more than 20 children.
- Many cities place additional requirements for child care centers, such as sprinkler systems and exits in rooms which go directly to the outside. These requirements make it nearly impossible to renovate an existing building for child care.

DHS strives to create rules that balance the need for health and safety without adding undue burden on providers. We continually solicit provider feedback in this effort.

The Cost of Child Care

N.D. has traditionally had one of the highest percentages of children with all parents in the workforce, currently about 80%. This may be in part, because N.D.'s child care costs have traditionally been some of the lowest in the country. In 2012, N.D. was ranked as the 41st most affordable state for childcare, in comparison with the state median income, as part of the 2012 NACCRRA report, *Parents and the High Cost of Child Care.* The same report indicated the following average annual costs for an infant in a child care center in 2011:

Minnesota-$13,579
Colorado-$12, 621
Kansas-$11,023
Wisconsin-$10,775
Montana-$10,775
Wyoming-$8307
Iowa-$8859
North Dakota-$7500
South Dakota-$5947

While the average annual cost of child care in a center in North Dakota has risen to $8313, according to the 2013 ND Child Care Aware State Child Care Profile, we can see that child care is still more affordable than many other states in our region.

Parents want affordable child care options, but there is no denying that child care is a major expense. In 2011, the average annual cost of infant care in a center exceeded 10 percent of the median household income for a two parent family in 40 states and the District of Columbia.

While we have seen increases in child care costs in recent years, the increases are somewhat predictable given the increase in median income. The following charts illustrate how the child care costs have increased in relation to the increase in median income:

2008

County	Percent of Income for one Infant in a Child Care Center
Burleigh	14%
Cass	14.5%
Morton	14.6%
Ward	14.4%
Williams	16.9%

2013

County	Percent of Income for one Infant in a Child Care Center
Burleigh	11.6%
Cass	13%
Morton	10.5%
Ward	13.7%
Williams	14.3%

Source: Child Care Aware of ND
http://www.ndchildcare.org/data-pub/