



# EXAMINING LICENSING FOR CULTURAL COMPETENCY



The experiences of early childhood lay the foundation for a lifetime of development. Few settings offer greater opportunity for improving our nation's health than the child care environment.

Non-parental child care settings — where many young children spend a good portion of their childhood — provide a unique forum for shaping those experiences. Although child care provided in the home of the provider (“family child care”) is just one just one child care setting within the larger early care and education landscape, it is a vitally important one for addressing issues of equity and health equity in the lives of millions of children. Because cultural identity and the ability to develop positive cross-cultural relationships is important both for individual and community health and wellness, understanding how support for culture and cross-cultural skills are integrated, or not, into child care environments is a key part of the debate about what constitutes “quality” child care.





## Why Family Child Care Matters

Family child care settings are unique in that they typically consist of a sole caregiver providing care in a private home, usually for small groups of children with widely varying ages. Family child care providers often charge less compared to centers, and they reach large numbers of children — some reports estimate nearly fifty percent of children receive care from home-based providers.<sup>1</sup> In addition, family child care providers and the families they serve are often from the same communities, which are more likely to include higher percentages of priority populations.<sup>2</sup> Family child care providers are more likely than centers to be in rural areas, and to provide services that many low income families need such as affordable infant care, extended hours or non-traditional hours, and culturally and linguistically diverse care.<sup>3</sup> For example, a recent Migration Policy Institute report noted that 18% of early care and education workers are immigrants and 23% speak a language other than English at home, and that these workers tend

to work in home-based settings.<sup>4</sup> As immigrant and refugee families with children continue to increase throughout the United States, linguistically and culturally diverse child care providers are a valuable resource for communities.<sup>5</sup> They provide important support for children who are dual language learners — they can help to build skills in home languages and English, support children in bridging and navigating between home and school cultures, and “[foster] trusting and respectful relationships with families.”<sup>6</sup>

Additionally, family child care providers are small business owners, supporting themselves and their own families, and contributing to the local economy. As representatives of the communities they serve and as small business operators, family child care providers are a litmus test for the health of their communities — if they are not healthy and successful, it is likely their communities are experiencing similar challenges.

### **Child Care Aware of America Defines Child Care Settings as Follows:**

- 1 Child care centers provide care for children in groups and generally operate out of non-residential, commercial buildings. Centers are larger and enroll more children than a family child care provider. They are usually divided into groups or classrooms of similarly aged children.<sup>7</sup>
- 2 Family, Friend, and Neighbor Care is provided in the child’s or caregiver’s home by a person who is a relative, friend or a babysitter or nanny. These programs are typically legally exempt from regulations and may not be required to meet health, safety and training standards unless they care for children who receive government child care subsidies.<sup>8</sup>
- 3 Family Child Care Homes — This type of care is known by many different names, including Family Child Care Home, Licensed Child Care Home, Licensed Group Family Child Care Home, Legally or License-Exempt Home, Certified Child Care Home, Registered Child Care Home or Family, Friend and Neighbor (FFN) Care, depending on where the provider lives and the regulations in the state. Family Child Care Homes may also be classified as a Large or Small Family Home, depending on the maximum number of children in care.<sup>9</sup>

Child care settings are defined by each state, usually through statutes and regulations.<sup>10</sup> As these definitions indicate, many types of child care providers are required to be licensed or registered. Some types of providers are legally exempt from these requirements, although other legal standards may still apply to them. For more information on each state’s legal definitions and exemptions for child care settings, please visit: <http://www.publichealthlawcenter.org/resources/healthy-child-care>.



## Addressing Culture in Child Care Settings

*“Care, especially of young children in childcare settings, is not a neutral social process but also reflects assumptions in each society about how children should behave, be disciplined, fed, and educated, as well as how love should be expressed...”<sup>11</sup> –Lynet Uttal*

Culture is deeply entwined with human identity and is an important part of health and well-being for children.<sup>12</sup> Culture goes beyond race, ethnicity or nationality. It also includes “age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.”<sup>13</sup> The ability to develop positive interpersonal relationships across cultures is an important life skill that supports community building and community wellness. This work is far from easy — it requires recognition and examination of both explicit and implicit bias, the roles of racism, sexism and other forms of discrimination, and the role of historical trauma, among other issues. However, the potential rewards are great.

## Box A: What Is Cultural Competence?

“Cultural competence” can be defined in different ways.

The **National Center for Cultural Competence** describes culturally competent organizations as those that:

- have a defined set of values and principles, and demonstrate behaviors, attitude policies and structures that enable them work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the individuals, families and communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers and families.<sup>14</sup>

The **National Association of Social Workers** defines it as:

[T]he process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each.<sup>15</sup>

The federal **Substance Abuse and Mental Health Administration** (SAMHSA) uses this definition:

Cultural competence means to be respectful and responsive to the health beliefs and practices — and cultural and linguistic needs — of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.<sup>16</sup>

The **BUILD Initiative** describes child care programs that address cultural appropriateness as follows:

- They support home language learning, when the child’s home language is other than English;
- They incorporate elements of the child’s home culture into the day-to-day experiences of the children in child care;
- They adopt approaches to learning consistent with the children’s home culture and that culture’s approaches to learning; and
- They support children’s learning about their own culture and about other cultures in ways that both affirm children’s own cultures and show tolerance and appreciation for children and adults of other cultures.<sup>17</sup>

The **National Research Center on Hispanic Children & Families** found that culturally competent organizations foster:

- **Critical awareness/knowledge:** an awareness of one’s own knowledge and biases of culturally diverse populations;
- **Skills development:** effective communication and skills that foster trust with individuals from diverse backgrounds; and
- **Organizational supports:** organizational systems and policies that facilitate practices that are responsive to the varied needs of diverse families.<sup>18</sup>

One important way that cultural identity and cross-cultural skills are relayed to children is through child rearing practices, both at home and by child care providers and other caregivers. Functioning at their best, family child care providers make it possible for parents in underserved communities to go to school or to work while helping children — many of whom might be at-risk — to develop habits, resiliency and build cultural competency skills so they have the best chance to be ready to succeed in school and life. As one report focused on school readiness notes, “When the community does not offer competent services and supports for diverse families and children, families may be less likely to participate in the community, and access needed services; thus, potentially compromising the child’s readiness for school.”<sup>19</sup> These concerns apply to all child care providers, but family child care providers may warrant particular attention in light of their unique characteristics and the populations that they both serve and represent.

In recognition of the importance of cultural competency, several states require or encourage providers to apply cultural competency principles to their programs. At the same time, as noted above, many family child care providers are culturally and linguistically diverse and thus already have skills and expertise in cross-cultural relationship building. However, these providers may also need support or flexibility to thrive within a regulatory system that often itself may be lacking in comprehensive cultural competency skills. For example, provider licensing and training may not reflect the childrearing practices of communities who are not from the dominant (Western, Eurocentric, white) culture, which could make it more difficult for many children to get the vital support of continuity of care between their home cultural contexts and child care settings.<sup>20</sup> Home-based providers who are not raised in the dominant culture “introduce[] different cultural ideas about childrearing into [their] ... care work.”<sup>21</sup> A study of Latina immigrant home-based providers navigating the child care training and licensing system for the first time found that many of these providers questioned the U.S. emphasis on individualism as opposed to belonging to a family and family relationships.<sup>22</sup> These providers also felt that their values and perspectives were not acknowledged or respected by the training and licensing process.<sup>23</sup> Similarly, families come to child care with their own “cultural values and practices that assert themselves as the ‘right way’ to raise children.”<sup>24</sup> Cultural and linguistic diversity can both complicate and enrich interactions between families and providers; and between providers and inspectors.<sup>25</sup>

At present, although many states address issues relating to culture and language in their child care licensing standards in some way, few states are doing this in a comprehensive way. Some states are also beginning to address issues of cultural competence through voluntary quality rating programs (such as Quality Rating and Improvement Systems (QRIS)<sup>26</sup> programs) and other policy levers relating to child care. Which type of policy lever is better to use, or even whether law and policy are the best tools to address issues of culture and cross-cultural skill development, are important foundational questions that need additional exploration.

This resource seeks to lay some of the groundwork for this discussion by highlighting how existing family child care licensing provisions are addressing (or not addressing) cultural competency. The examples discussed below should not be viewed as best practices; they were selected to illustrate current practices, and to provide a starting point for a deeper discussion. Whether or not licensing is an efficient and effective strategy to achieve these goals deserves careful consideration, especially in light of the unique characteristics of family child care homes.

### Box B: Multicultural Principles for Early Childhood Leaders

*(adapted from Early Childhood Learning & Knowledge Center, U.S. DHHS)<sup>27</sup>*

The US Department of Health and Human Services “Multicultural Principles for Early Childhood Leaders” support incorporation of culturally relevant and diverse programming and practices into Head Start programs, and are a useful model for all child care systems and services.<sup>28</sup>

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|---------------------|---|
| <b>Principle 1</b>  | Every individual is rooted in culture.  |
| <b>Principle 2</b>  | The cultural groups represented in the communities and families of each [family child care] program are the primary sources for culturally relevant programming.            |
| <b>Principle 3</b>  | Culturally relevant and diverse programming requires learning accurate information about the cultures of different groups and discarding stereotypes.                       |
| <b>Principle 4</b>  | Addressing cultural relevance in making curriculum choices and adaptations is a necessary, developmentally appropriate practice.  |
| <b>Principle 5</b>  | Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.                                  |
| <b>Principle 6</b>  | Effective programs for children who speak languages other than English require continued development of the first language while the acquisition of English is facilitated. |
| <b>Principle 7</b>  | Culturally relevant programming requires providers who both reflect and are responsive to the community and families served.  |
| <b>Principle 8</b>  | Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation of individual and cultural differences.                   |
| <b>Principle 9</b>  | Culturally relevant and diverse programming examines and challenges institutional and personal biases.  |
| <b>Principle 10</b> | Culturally relevant and diverse programming and practices are incorporated in all systems and services and are beneficial to all adults and children.                       |

## State Licensing Provisions that Address Culture in Family Child Care Homes

The provisions identified below raise several questions for consideration. For example, are current approaches tailored to the unique aspects of family child care homes, e.g. a setting with a staff of one? Or are they simply imported from standards originally developed for center-based care? Are parents cast as active participants, or as passive recipients of information? Are multi-lingual providers supported and valued? Or are they merely viewed as possibly deficient in English language skills? Is adequate flexibility built-in for providers who are themselves linguistically and culturally diverse? Is there a shared understanding across parents, providers, and regulators as to what concepts such as “cultural sensitivity” or “cultural appropriateness” mean? Are these ideas being implemented and assessed consistently? What are the standards for cultural competence for *inspectors*? How are regulations implicitly or overtly based on the customs and values of one culture (Western, Eurocentric) over others? And, most importantly, how do children benefit? How could we do better?

### Setting the Stage – Statements of Purpose, Key Definitions

From a legal drafting perspective, it is a good practice to include a statement of purpose, goals, or intent, as well as definitions of key terms in licensing laws. This allows policymakers, regulators, providers, parents, and other stakeholders to better understand the goals and scope of the law.<sup>29</sup> A statement of the mission or goals of licensing standards for family child care can provide insight into the rationale for openly addressing and elevating culture in child care policy. This kind of statement can set the “frame” for how the provisions should be interpreted. A few states have included these kinds of statements in an introduction to regulations or a statement of desired outcomes for licensing standards.

	Theme/Topic	
State	Identified in Law	Examples of Purpose/Goals/Intent Statements
MA	Introduction to Regulations	The child care agency has sought to establish standards that support high quality early education and out of school time programs that reflect the diversity of the Commonwealth; strengthen families; and help children learn and grow physically, socially, emotionally, and educationally. <sup>30</sup>
KS	Statement of Desired Outcome	Diversity. It is the goal of the state to strive wherever possible to provide child care in an integrated setting where children with various needs and of various income levels and cultures are cared for together. <sup>31</sup>



Although defining the concept of culture is challenging, including definitions for specific terms in licensing provisions that address culture can help reduce confusion and subjectivity. For example, if not defined, terms like “culturally sensitive” and “developmentally appropriate” invoke a wide range of meanings that can lead to inconsistent policy implementation and assessment. At present, few, if any, states provide comprehensive definitions of terms used in provisions related to culture and language. Definitions of key terms related to child language development and acquisition in linguistically diverse child care are also imprecise or lacking altogether. For example, the undefined term “bilingual” is often used as a catch-all word for children and families that speak languages other than English.<sup>32</sup>

### State Examples of Definitions

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| CO | “Culturally sensitive” — To encourage, share and explore the differences and similarities of heritage and culture, and its effect on learning, values, and behavior. <sup>33</sup>  |
| CO | “Developmentally appropriate” — To provide an environment where learning experiences are meaningful, relevant, and are based upon a child’s individually identified strengths and weaknesses, interests, cultural background, family history and structure. <sup>34</sup> |



## Parental Involvement

Parents are a recognized key source of knowledge of native languages, culturally relevant programming, and child rearing customs (see [Box B: HHS Principles 2-3](#)). Consistency with home cultures and languages is important for the development of resilient children with healthy cultural identities and skills (see [Box B: HHS Principles 1, 4-6](#)). Thus, connecting with parents is key. Below are some examples of how states are addressing this goal.

	Theme/Topic	
State	Identified in Law	Examples of Provisions Addressing Parental Involvement
DE	Parent Communication	A licensee shall discuss the following information with parents/guardians during the enrollment process and as needed: <ul style="list-style-type: none"> <li>• Explain nondiscriminatory practices and show respect for each family and culture</li> <li>• Ask about each child’s culture and community and discuss how to support these child care practices, especially concerning infants and toddlers.<sup>35</sup></li> </ul>
MA	Family Involvement	The licensee must support and encourage a partnership with and the involvement of parents in the early education and care of their children. <sup>36</sup>
MA	Parent Communication	The licensee must develop a mechanism for and encourage ongoing communication with parents, and must be able to communicate effectively with families whose primary language is not English or who require alternative communication methods. <sup>37</sup>
VT	Respect for Diversity	The provider shall consult with parents about care practices specific to their children’s culture and community and provide as much consistency as possible in family child care home practices for each child. <sup>38</sup>

## Respect for Each Child’s Culture and Identity

Children come to care with the language, food preferences, and cultural practices or habits that their home caregivers have imbued them with since birth. Culturally responsive care respects parents’ childrearing preferences and recognizes family culture as a source of strength for young children.<sup>39</sup> (See [Box B: HHS Principles 1-2, 4-7](#).) Delaware’s laws address this in part by prohibiting family child care providers from “making negative comments about a child’s looks, ability, ethnicity, family, or other personal traits.”<sup>40</sup> Other approaches are identified below.

State	Theme/Topic Identified in Law	Examples Relating to Respect for Children’s Cultural and Personal Identity
HI	Emotional Development	Providers shall respect each child’s cultural, ethnic, and family background, as well as the child’s primary language or dialect. <sup>41</sup>
MA	Interactions Among Educators and Children	Educators must be nurturing and responsive to children by: providing attentive, consistent, comforting, and culturally sensitive care. <sup>42</sup>
MA	Curriculum	As appropriate, children must participate in the development of a learning plan and the plan must provide for opportunities to explore issues of cultural, social and individual diversity while developing awareness, acceptance and appreciation of differences; such as gender, language, culture, ethnicity, family composition and differing abilities. <sup>43</sup>
PA	Daily Activities	Daily experiences shall recognize the child as an individual and give some choice of activities that respect personal privacy, life-style and cultural background. <sup>44</sup>
VT	Respect for Diversity	The provider shall consult with parents about care practices specific to their children’s culture and community and provide as much consistency as possible in family child care home practices for each child. <sup>45</sup>
VT	Respect for Diversity	The environment shall be respectful and reflect an understanding of the diversity of families, cultures, and ethnicities attending the family child care home and those persons in the surrounding communities. <sup>46</sup>

Some state licensing provisions also address showing respect for the cultures and values of children and families in connection with specific child rearing practices or situations, including food, infant sleeping arrangements, and toilet training. (See [Box B: HHS Principles 6 and 8.](#)) It should be noted however, that these and other licensing provisions can sometimes clash or seem to create dissonance with other values and priorities of the child care regulatory culture. For example, food safety concerns may restrict or inhibit providers from serving some types of culturally-relevant foods to children such as home-caught fish or game; or culturally-relevant fruits or vegetables. This can occur through a direct restriction or interpretation of a food safety or licensing restriction. It can also happen indirectly, including through disallowance or discouragement of reimbursement through the Child and Adult Care Food Program (CACFP)—an important subsidy for supporting availability of nutritious food in child care programs.<sup>47</sup> For instance, the CACFP Buying Guide, which helps providers understand how much of an item

they must purchase and prepare to meet the reimbursement requirements, focuses heavily (although not exclusively) on foods specific to a Western, Eurocentric diet.<sup>48</sup>

Safe sleep practices for infants is another point of tension.<sup>49</sup> Sleep practices and environment have been tied to the prevalence of Sudden Infant Death Syndrome (SIDS), with recommended safe sleep practices including placing infants on their backs, on a firm surface without fluffy, loose bedding, in a location that is near but separate from where parents or other caregivers are sleeping.<sup>50</sup> Some states are exploring how to teach about and harmonize safe sleep recommendations with culturally specific practices. Oregon has a regulation stating: “Sleeping arrangements shall be appropriate to the cultural background of the infant, with individual bedding appropriate to the season.”<sup>51</sup> More information is needed to understand how this kind of regulation is being interpreted and implemented, and how to most effectively provide culturally relevant training and technical assistance to providers and parents, as well as about how to support both cultural practices and recommended safe sleeping practices.

	<b>Theme/Topic</b>	
<b>State</b>	<b>Identified in Law</b>	<b>Examples Relating to Specific Practices</b>
<b>MS</b>	Nutrition	Parents shall be involved in the nutrition component of their child-care facility. <sup>52</sup>
<b>MS</b>	Nutrition Program Goals	Foods shall be provided in quantities and meal patterns that balance energy and nutrients with children’s ages, appetites, activity levels, special needs, and cultural and ethnic differences in food habits. <sup>53</sup>
<b>WA</b>	Nutrition	Staff must be respectful of each child’s cultural food practices. <sup>54</sup>
<b>WA</b>	Toilet Training	The licensee must use: (1) positive reinforcement; (2) culturally sensitive methods; (3) developmentally appropriate methods; and (4) a routine developed in agreement with the parent or guardian. <sup>55</sup>

## Building Cross-Cultural Skills

Related to the idea of respect for the home cultures and values of children and their families is respect for the cultures of other people. (See Box B: HHS Principles 3, 7-10.) Below are some examples of how states are addressing this principle.

State	Theme/Topic Identified in Law	Examples Relating to Understanding and Respecting Differences Between People
HI	Provider Behavior	Providers behave in ways which help the children develop attitudes of respect for all other persons as individuals and develop an appreciation of ethnic and cultural diversity. <sup>56</sup>
MA	Curriculum	As appropriate, children must participate in the development of a learning plan and the plan must provide for opportunities to explore issues of cultural, social and individual diversity while developing awareness, acceptance and appreciation of differences; such as gender, language, culture, ethnicity, family composition and differing abilities. <sup>57</sup>
MA	Social Competence	Educators must support children in the development of social competence by: helping children to understand and respect people different from themselves. <sup>58</sup>
VT	Respect for Diversity	The environment shall be respectful and reflect an understanding of the diversity of families, cultures, and ethnicities attending the family child care home and those persons in the surrounding communities. <sup>59</sup>



## Building Culture and Cross-Cultural Skills into Daily Activities and Materials

Cross-cultural skill development can be implemented through provisions that require providers to incorporate a variety of cultures into daily activities and materials. (See [Box B: HHS Principles 4, 8, 10.](#)) Several states have these kinds of requirements. At times they specifically refer to the cultures of children in care or cultures that children are familiar with; in other cases, they merely refer to a “variety” of cultures.

	<b>Theme/Topic</b>	
<b>State</b>	<b>Identified in Law</b>	<b>Examples Relating to Activity Planning</b>
<b>KS</b>	Activities	Each licensee shall provide daily activities that promote healthy growth and development, taking into consideration the cultural background and traditions that are familiar to the children, and incorporate both indoor and outdoor activities that are appropriate for the ages and developmental levels of the children in care. <sup>60</sup>
<b>VA</b>	Activities	Caregivers shall provide age-appropriate activities for children in care throughout the day that reflect the diversity of the enrolled children’s families, culture, and ethnic backgrounds. <sup>61</sup>
<b>WI</b>	Activities	A provider shall plan activities so that each child may be exposed to a variety of cultures. <sup>62</sup>

	<b>Theme/Topic</b>	
<b>State</b>	<b>Identified in Law</b>	<b>Examples Relating to Equipment/Materials Requirements</b>
<b>CO</b>	Materials and Equipment	Variety shall exist in toys, books, and pictures. <sup>63</sup>
<b>DE</b>	Activities and Interactions	A licensee shall provide activities and materials that reflect children’s cultures and communities, including both familiar and new materials, pictures, and experiences. <sup>64</sup>
<b>MD</b>	Materials and Equipment	Activity materials and equipment shall be culturally sensitive and representative of the children in care. <sup>65</sup>
<b>OK</b>	Musical Equipment	Tape or CD player and a variety of tapes or CDs, e.g., classical, jazz, rock-n-roll, children’s songs, country, gospel, multicultural. A variety of musical instruments, e.g., drums, rhythm sticks, cymbals, tambourines, castanets, hand bells, maracas, xylophone, rhythm rain stick and small player piano. <sup>66</sup>
<b>VT</b>	Materials and Equipment	Toys, materials and equipment shall reflect children’s cultures and communities and foster awareness of other cultures and communities. <sup>67</sup>

## Provider Training and Education Requirements/Goals

Some states have licensing provisions that require or encourage providers to complete training relating to cross cultural skills and cultural diversity. Additionally, some state laws also require that training or professional development opportunities are available for linguistically diverse providers. These types of requirements demonstrate an understanding that a provider pool that reflects the community and languages spoken in the community is beneficial to children and families, and provide support for linguistic and cultural diversity.<sup>68</sup> (See Box B: HHS Principles 6-7, 9-10.)

	Theme/Topic	
State	Identified in Law	Training and Professional Development Standards
MA	Workforce Development Plan	The licensing agency’s annual workforce development plan shall consider inclusion of professional development opportunities that are provided in languages other than English. <sup>69</sup>
NY	Cultural Knowledge	Training for providers must include the principles of child development which includes cross cultural skills and knowledge. <sup>70</sup>
SD	Cultural Knowledge	A family day care provider may select cultural diversity as an elective training topic. <sup>71</sup>



## Children’s Linguistic Skill Development and Provider English Proficiency Requirements

Care for children with a home language other than English requires licensing approaches that balance: the need for a culturally and linguistically diverse provider pool; continued home language development to maintain family connections and cultural identity; and English language acquisition to foster school readiness.<sup>72</sup> (See [Box B: HHS Principles 1, 4-7.](#))

Few, if any, states currently address the needs of dual language learners in family child care home settings in any depth.

State	Theme/Topic Identified in Law	Examples of Provisions Relating to Language Skills, Including English Fluency
CT	Care of Bilingual Children	The provider shall have an understanding and respect for the needs of children and their families who are bilingual and/or whose culture may differ from their own. <sup>73</sup>
CO	General Language Acquisition	Provider(s) shall respond to children’s attempts to communicate, using culturally sensitive eye contact and making an effort to create two-way conversation. <sup>74</sup>
MA	English Curriculum	The licensee must provide a well-balanced curriculum of specific, planned learning experiences that support the social, emotional, physical, intellectual and language development of all children. The curriculum must include goals for the knowledge and skills to be acquired by children including English language arts. <sup>75</sup>
MA	Children’s Records	Information required at admission includes primary language of the child and parent(s), if other than English. <sup>76</sup>
MA	Parent Communication	The licensee must develop a mechanism for and encourage ongoing communication with parents, and must be able to communicate effectively with families whose primary language is not English or who require alternative communication methods. <sup>77</sup>



## English Only and Similar Language Requirements

In contrast, states that only provide licensing information and trainings in English essentially have a de facto English language requirement. Moreover, explicit English language proficiency standards for family child care home providers can pose an additional barrier to licensing for linguistically diverse providers, and fail to acknowledge the value of their skills and perspectives. Tennessee, for example, has this requirement: “A primary caregiver shall be able to read and write English.”<sup>78</sup>

Virginia also has this example:

Caregivers shall be able to speak, read, and write in English as necessary to:

- Carry out assigned job responsibilities, and
- Communicate effectively with emergency responders.<sup>79</sup>

If there is a question about whether or not a caregiver has the required English literacy skills, the inspector may give the caregiver simple material printed in English and ask her to read it.<sup>80</sup>

The stated goal of Virginia’s English literacy requirement is child safety: “Caregivers need English literacy skills in order to perform essential functions to protect children’s health and safety, such as reading warning labels on chemicals, instructions on a fire extinguisher, instruction and authorization forms, etc. ... [and to deal] with poison control and emergency response (911) personnel.”<sup>81</sup> Child safety is of course essential, but these standards and guidelines make linguistically diverse providers vulnerable to on-the-spot tests by individual inspectors, who may or may not have the training needed to consistently assess literacy and language skills. Moreover, although this may be addressed somewhere outside of these standards and guidelines, the standards and guidelines themselves appear to lack other provisions that reflect or affirm the value of having linguistically diverse providers available for children in Virginia. At the time this issue brief was written, Virginia is considering expanding this literacy requirement to centers and family child care providers as part of eligibility requirements for federal subsidies. Child care advocates have expressed concern about how expanding this requirement will impact availability of child care, particularly for immigrant and linguistically diverse families. As one county human services director observed, “[B]y writing it into the code, you are drawing a firm line in the sand, and you get into the issue of how much English is enough.” She said she would be sorry to lose a very good child-care provider whose English may be ‘shaky.’<sup>82</sup> Contrast Virginia’s approach with Massachusetts. Massachusetts regulations require providers to support children in building English language arts, but also require providers to be able to effectively communicate with families whose first language is not English.<sup>83</sup>

## Using Policy to Address Culture – Including Both the How and the Why

Regardless of whether policy is the best instrument to address complex questions of culture and language in child care settings, it is currently being applied in this way. Thus, examination of how policy could be better structured to address this challenging and highly subjective area is warranted. One improvement could be to make sure that policies address both the “the how” and “the why” of required child care practices.<sup>84</sup> A policy such as “provide culturally sensitive books” lends itself to simple assessment on a checklist, but can alienate providers and lead to common pitfalls like reinforcing stereotypes, and trivializing cultural and linguistic differences.<sup>85</sup> Policies that provide a rationale such as “to empower all children to become knowledgeable, caring, active citizens in the multicultural and linguistically diverse world around them” can help providers drill down to the intended benefits of the practice for the children in care (see [Box C](#)).<sup>86</sup>

### Box C: Assessing of the “How” and “Why” of Culturally Competent Child Care

	Policy	Possible Outcome Measures
How	Activity materials and equipment shall be culturally sensitive and representative of the children in care. <sup>87</sup>	<ul style="list-style-type: none"> <li>✔ Cultures and ethnicities of all families in the program are reflected in reading books and other educational materials<sup>88</sup></li> </ul>
Why	The program shall provide an environment and experiences which are aimed at promoting the individual child’s physical, intellectual, emotional, and social well-being and growth. <sup>89</sup>	<p>In a culturally competent early childhood program, most children are observed:</p> <ul style="list-style-type: none"> <li>✔ Smiling and being playful</li> <li>✔ Playing in most areas of the learning environment.</li> <li>✔ Actively engaged in planned learning activities</li> <li>✔ Approaching adults and initiating engagement</li> <li>✔ Spontaneous and expressive in their way</li> <li>✔ Using their first language<sup>90</sup></li> </ul>



## Conclusion

Family child care settings represent an essential but underutilized and undervalued sector of early childhood education. Family child care providers can be thought of as “first responders” for community health because they are often on the front lines of the social determinants of health, right along with the children and families they tend to serve. Ensuring that the cultures and languages of children and child care providers are affirmed and supported, and strengthening the capacity of family child care providers to foster skills in cross-cultural relationships, are not straightforward or easy tasks. The examples provided in this issue brief provide insight into how cultural competence is reflected and supported, or not, in current licensing standards for family child care programs. Whether licensing is an efficient and effective tool to achieve these goals, and how best to use it, deserves careful consideration and debate.

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The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.

## Endnotes

- 1 B.D. Goodson & J.I. Layzer, *Defining and Measuring Quality in Home-Based Care Settings: Research-to-Policy, Research-to-Practice Brief*, ADMIN. FOR CHILD. & FAMILIES 3 (2010), available at [https://www.acf.hhs.gov/sites/default/files/opre/define\\_measures.pdf](https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf). This figure includes unlicensed providers as well as small and large family care settings. See also Lynda Laughlin, *Who's Minding the Kids? Child Care Arrangements: Spring 2011*, U.S. CENSUS BUREAU 1-2 (2013), <https://www.census.gov/prod/2013pubs/p70-135.pdf> (reporting that 47.6% of children were in relative care, 13.4% of children were in a "day care center," and 4.6% were in "family day care"). As these numbers indicate, statistics differ depending on how the setting is defined and these definitions vary across states.
- 2 See, e.g., *Child Care: Indicators on Children and Youth*, CHILD TRENDS DATA BANK 1, 5 (2016), [http://www.childtrends.org/wp-content/uploads/2016/05/21\\_Child\\_Care.pdf](http://www.childtrends.org/wp-content/uploads/2016/05/21_Child_Care.pdf); *The Early Childhood Care and Education Workforce: Challenges and Opportunities*, INST. OF MED. & NAT'L RES. COUNCIL Table B-6 (2011), <https://www.ncbi.nlm.nih.gov/books/NBK189910>. See also Telephone Interview with Sara Benjamin Neelon, Associate Professor, John's Hopkins Bloomberg School of Public Health (June 12, 2017) ("[Family child care providers] often feel very isolated in their roles and so I think community efforts to promote equity in these settings are really important for those two reasons. One, family child care providers are members of the community, and two, I think they often feel isolated in those positions."). The Federal Healthcare Research and Quality Act of 1999, Pub. L. No. 106-129, 113 Stat. 1653 (1999) defines "priority populations" as groups with unique healthcare needs or issues that require special attention. These groups include: racial and ethnic minority groups; low-income groups; women; children (under age 18); older adults (age 65 and over); residents of rural areas; individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life care; LGBT populations, and others.
- 3 Dionne Dobbins et al., *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, CHILD CARE AWARE OF AMERICA (2016), <http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf>; Marnie Werner, *A Quiet Crisis" Minnesota's Child Care Shortage*, CTR. FOR RURAL POL'Y DEV. (2016), <http://www.ruralmn.org/publications/a-quiet-crisis-minnesotas-child-care-shortage> ("Child care centers aren't easy to open in rural communities ... Centers account for only 33% of child care capacity in Greater Minnesota and 67% in the Twin Cities. The cost of starting up and maintaining a center can be considerable, and smaller communities may not have the number of children needed to cover those costs.").
- 4 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 6 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 5 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 5-6 (2017), <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>; Dionne Dobbins et al., *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, CHILD CARE AWARE OF AMERICA 5 (2016), <http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf> (stating that out of 23 million children under the age of six in the U.S., 25% (compared to just 14% in 1990) are children of immigrants and refugees).
- 6 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 7 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 7 *Child Care Centers*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/child-care-centers>. See also *Types of Child Care*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care> (containing definitions for Early Head Start/Head Start, Preschool Programs, School-Age Child Care, Vacation and Summer Child Care Programs, and Care in Your Own Home).
- 8 *Family, Friend, and Neighbor Care*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/family-friend-and-neighbor-care>.

- 9 *Family Child Care Homes*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/family-child-care-homes>.
- 10 Elizabeth Rigby et al., *Child Care Quality in Different State Policy Contexts*, 26:4 J. POL'Y ANALYSIS & MGMT. 887 (2007), available at <http://www.jstor.org/stable/30162808> ("When considering the association between policy and quality, it is important to distinguish between types of care because specific policies may impact one type more than another. Child care is provided via a fragmented and mixed delivery system for which federal, state, local, and private funding flows to a range of disconnected providers. These providers include firms as autonomous as single individuals caring for one or two children in their homes to federally funded and nationally organized Head Start programs. Because market forces largely determine the quality, availability, and use of child care, policy interventions have an indirect influence on the child care outcome of interest-in this case, quality-may impact quality for some types of care but not others. This differential effect may be intentional-state regulations for child care settings may address the quality of centers but not family child care homes-or it may be unintentional-states may have different abilities to monitor and force compliance in homes than they do in centers." (internal citations omitted)).
- 11 Lynet Uttal, *Liminal cultural work in family childcare: Latino Immigrant family childcare providers and bicultural childrearing in the United States 2002-2004*, 46 PAEDAGOGICA HISTORICA 729, 731 (2010).
- 12 See, e.g., Robert D. Sege and Charlyn Harper Browne, *Responding to ACEs With HOPE: Health Outcomes From Positive Experiences*, 17 ACAD. PED. S79, S81-82 (2017), available at [http://www.academicpedsjnl.net/article/S1876-2859\(17\)30107-9/pdf](http://www.academicpedsjnl.net/article/S1876-2859(17)30107-9/pdf) (noting that being comfortable with one's cultural identity and connected with one's culture in childhood are positive experiences that contribute to child health).
- 13 *Cultural Competence*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>.
- 14 *Cultural and Linguistic Competence Policy Assessment (CLCPA)*, NAT'L CTR. FOR CULTURAL COMPETENCE 2 (2006), available at <https://nccc.georgetown.edu/documents/CLCPA.pdf>.
- 15 Michael López et al., *Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations*, NAT'L RES. CTR. ON HISPANIC CHILD. & FAMILIES 3 (2017), <http://www.hispanicresearchcenter.org/publications/developing-culturally-responsive-approaches-to-serving-diverse-populations-a-resource-guide-for-community-based-organizations> (citing *Standards and Indicators for Cultural Competence in Social Work Practice*, NAT'L ASS'N OF SOC. WORKERS 13 (2003), <https://www.socialworkers.org/LinkClick.aspx?fileticket=7d-VckZAYUmk%3D&portalid=0>).
- 16 *Cultural Competence*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>.
- 17 Charles Bruner, *Developing Culturally Appropriate Quality Rating and Improvement Systems (QRIS)*, BUILD INITIATIVE (2013), <http://buildinitiative.org/WhatsNew/ViewArticle/tabid/96/smid/412/ArticleID/344/Default.aspx>.
- 18 Michael López et al., *Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations* 3, NAT'L RES. CTR. ON HISPANIC CHILD. & FAMILIES 3 (2017), <http://www.hispanicresearchcenter.org/publications/developing-culturally-responsive-approaches-to-serving-diverse-populations-a-resource-guide-for-community-based-organizations>.
- 19 Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. 7 (2004), [http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices\\_2004.pdf](http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices_2004.pdf).
- 20 See Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. (2004), [http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices\\_2004.pdf](http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices_2004.pdf).

- 21 Lynet Uttal, *Liminal cultural work in family childcare: Latino Immigrant family childcare providers and bicultural childrearing in the United States 2002-2004*, 46 PAEDAGOGICA HISTORICA 729, 732 (2010) [hereinafter Uttal].
- 22 Uttal at 734.
- 23 Uttal at 736.
- 24 Uttal at 731.
- 25 See Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. (2004), [http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices\\_2004.pdf](http://www.aecf.org/m/resourcedoc/AECF-BuildingCulturallyLinguisticallyCompetentServices_2004.pdf).
- 26 For an examination of some of the gaps in state QRIS programs relating to supporting culturally and linguistically diverse children and child care providers, see Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 27 *Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five*, HEAD START EARLY CHILDHOOD LEARNING & KNOWLEDGE CTR. (2008), [https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/principles-01-10-revisiting-multicultural-principles-hs-english\\_0.pdf](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/principles-01-10-revisiting-multicultural-principles-hs-english_0.pdf).
- 28 *Multicultural Principles for Early Childhood Leaders*, EARLY CHILDHOOD LEARNING & KNOWLEDGE CTR., U.S. DEPT. OF HEALTH & HUMAN SERVS., <https://eclkc.ohs.acf.hhs.gov/culture-language/article/multicultural-principles-early-childhood-leaders>.
- 29 *Drafting Effective Policies*, PUB. HEALTH LAW CTR. (2014), available at <http://www.publichealthlawcenter.org/sites/default/files/resources/Drafting%20Effective%20Policies.pdf>.
- 30 606 MASS. CODE REGS. 7.01 (2017).
- 31 KAN. STAT. ANN. § 65-528(a)(6) (2017).
- 32 See CONN. AGENCIES REGS. § 19A-87b-10(d)(1) (2017) (using the term “bilingual” without providing a definition).
- 33 12 COLO. CODE REGS. § 2509-8:7.707.21 (2017).
- 34 12 COLO. CODE REGS. § 2509-8:7.707.21 (2017).
- 35 9-100-103 DEL. CODE REGS. § 19.1 (2017).
- 36 606 MASS. CODE REGS. 7.08(1) (2017).
- 37 606 MASS. CODE REGS. 7.08(2) (2017).
- 38 VT. ADMIN. CODE §12-3-103: 6.1.4.3.3 (2017).
- 39 *Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five*, HEAD START EARLY CHILDHOOD LEARNING & KNOWLEDGE CTR. 41-42 (2008), [https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/principles-01-10-revisiting-multicultural-principles-hs-english\\_0.pdf](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/principles-01-10-revisiting-multicultural-principles-hs-english_0.pdf).
- 40 9-100-103 DEL. CODE REGS. § 41.6.5 (2017).
- 41 HAW. CODE R. § 17-891.1-13(3)(F) (2017).
- 42 606 MASS. CODE REGS. 7.05(2)(b) (2017).
- 43 606 MASS. CODE REGS. 7.06(1)(b)(10) (2017).
- 44 55 PA. CODE § 3290.111(c) (2017).
- 45 VT. ADMIN. CODE §12-3-103:6.1.4.3.3 (2017).
- 46 VT. ADMIN. CODE §12-3-103:6.1.4.3.1 (2017).

- 47 See, e.g., *Crediting Handbook for the Child and Adult Care Food Program*, U.S. DEP'T OF AGRIC. (2013), [https://www.cacfp.org/files/9914/4240/2457/CACFP\\_creditinghandbook.pdf](https://www.cacfp.org/files/9914/4240/2457/CACFP_creditinghandbook.pdf).
- 48 See *Food Buying Guide for Child Nutrition Programs*, U.S. DEP'T OF AGRIC. available at <https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs>. For example, the guide does not address burdock root, huckleberries, or greens such as dandelion greens or nettles, which are important for some Tribal communities.
- 49 *Sudden Unexpected Infant Death and Sudden Infant Death Syndrome*, Ctrs for Disease Control and Prevention, <https://www.cdc.gov/sids/data.htm>. According to CDC data, American Indian/Alaska Native and African American babies are twice as likely to die from Sudden Unexpected Infant Death Syndrome (SUID) compared to white babies. At the same time, Hispanics and Asian/Pacific Islander babies are much less likely to die of SUID compared to these other groups, including white babies.<sup>49</sup> And for all groups, SIDS was responsible for the greatest proportion of deaths (compared to accidental strangulation or suffocation, and unknown causes). See, e.g., *Healthy Native Babies Project Workbook and Toolkit*, Eunice Kennedy Shriver Nat'l Inst. of Child Health and Human Development, Nat'l Inst. of Health, U.S. Dep't of Health and Human Servs. (2011), available at [https://www.nichd.nih.gov/publications/pages/pubs\\_details.aspx?from=&pubs\\_id=5733](https://www.nichd.nih.gov/publications/pages/pubs_details.aspx?from=&pubs_id=5733).
- 50 Rachel Y. Moon, *SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment*, *Amer. Acad. of Pediatrics Technical Report*, 138 *Am. Acad. Pediatrics* e20162940 (2016), <http://pediatrics.aappublications.org/content/pediatrics/early/2016/10/20/peds.2016-2940.full.pdf>.
- 51 OR. ADMIN. R. 414-350-0235(1)(d) (2017).
- 52 *Regulations Governing Licensure of Child Care Facilities for 12 or Fewer Children in the Operator's Home*, CHILD CARE FACILITIES LICENSURE DIV., MISS. STATE DEPT. OF HEALTH, 113 (eff. Nov. 10, 2014) (Appendix C: Nutritional Standards), available at <https://childcareta.acf.hhs.gov/sites/default/files/public/msfcchnov2014.pdf>.
- 53 *Regulations Governing Licensure of Child Care Facilities for 12 or Fewer Children in the Operator's Home*, CHILD CARE FACILITIES LICENSURE DIV., MISS. STATE DEPT. OF HEALTH, 113 (eff. Nov. 10, 2014) (Appendix C: Nutritional Standards), available at <https://childcareta.acf.hhs.gov/sites/default/files/public/msfcchnov2014.pdf>.
- 54 WA WASH. ADMIN. CODE § 170-296A-7650 (2)(f) (2017).
- 55 WASH. ADMIN. CODE § 170-296A-7350 (2017).
- 56 HAW. CODE R. § 17-891.1-13(4)(C) (2017).
- 57 606 MASS. CODE REGS. 7.06(1)(b) (2017).
- 58 606 MASS. CODE REGS. 7.05(4)(g) (2017).
- 59 VT. ADMIN. CODE §12-3-103:6.1.4.3.1 (2017).
- 60 KAN. ADMIN. REGS. § 28-4-116(a)(1) (2017).
- 61 22 VA. ADMIN. CODE § 40-111-580(B)(2) (2017).
- 62 WIS. ADMIN. CODE DCF § 250.07(1)(a)(7) (2017).
- 63 12 COLO. CODE REGS. § 2509-8:7.707.82(G) (2017).
- 64 9-100-103 DEL. CODE REGS. § 39.2 (2017).
- 65 MD. CODE REGS. 13A.18.09.03(B)(5) (2017).
- 66 *Licensing Requirements for Family Child Care Homes and Large Family Child Care Homes*, CHILD CARE SERVS., OKLA. DEPT. OF HUMAN SERVS., 66 (eff. Nov. 1, 2016 (Supplement VII, Pre-School Children: Play Equipment — Recommended), <http://www.okdhs.org/OKDHS%20Publication%20Library/86-104.pdf>).
- 67 VT. ADMIN. CODE §12-3-103:6.1.4.1.3 (2017).

- 68 Julie Sugarman & Maki Park, *Supporting Culturally and Linguistically Diverse Children and Workers in Early Childhood QRIS*, MIGRATION POL'Y INST. 6 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 69 MASS. GEN. LAWS ch. 15D, § 5(15) (2017).
- 70 N.Y. COMP. CODES R. & REGS. tit. 18, § 417.14(f)(1)(i) (2017).
- 71 S.D. ADMIN. R. 67:42:03:07.02(10) (2017).
- 72 Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. 73-74, 83-84 (May 2014), <http://www.aecf.org/resources/building-culturally-linguistically-competent-services>.
- 73 CONN. AGENCIES REGS. § 19A-87b-10(d)(1) (2017).
- 74 12 COLO. CODE REGS. § 2509-8:7.707.82(C) (2017).
- 75 606 MASS. CODE REGS. § 7.06(1)(a) (2017).
- 76 606 MASS. CODE REGS. § 7.04(7)(a)(1)(a) (2017).
- 77 606 MASS. CODE REGS. § 7.08 (2) (2017).
- 78 TENN. COMP. R. & REGS. § 1240-04-04-.03(1)(b)(2) (2017).
- 79 22 VA. ADMIN. CODE § 40-111-130 (4) (2017).
- 80 *Standards for Licensed Family Day Homes with Interpretation Guidelines*, COMMONWEALTH OF VA. DEP'T OF SOC. SERV. 25 (Rev. Eff. Oct. 19, 2016), available at [https://www.dss.virginia.gov/files/division/licensing/fdh/intro\\_page/code\\_regulations/regulations/final\\_fdh\\_manual.pdf](https://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/regulations/final_fdh_manual.pdf). See 22 VA. ADMIN. CODE § 40-111-130(4)(b) (2017).
- 81 *Standards for Licensed Family Day Homes with Interpretation Guidelines*, COMMONWEALTH OF VA. DEP'T OF SOC. SERV. 25 (Rev. Eff. Oct. 19, 2016), available at [https://www.dss.virginia.gov/files/division/licensing/fdh/intro\\_page/code\\_regulations/regulations/final\\_fdh\\_manual.pdf](https://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/regulations/final_fdh_manual.pdf). See 22 VA. ADMIN. CODE § 40-111-130(4)(b) (2017).
- 82 Michael Alison Chandler, *Fairfax Pushes Back Against Proposed English Requirement For Child Care Workers*, WASH. POST. (Sept. 29, 2017), [https://www.washingtonpost.com/local/social-issues/fairfax-pushes-back-against-proposed-english-requirement-for-child-care-workers/2017/09/29/d7bbaf48-a3b0-11e7-ade1-76d061d56efa\\_story.html?utm\\_term=.3607ddc8ebab](https://www.washingtonpost.com/local/social-issues/fairfax-pushes-back-against-proposed-english-requirement-for-child-care-workers/2017/09/29/d7bbaf48-a3b0-11e7-ade1-76d061d56efa_story.html?utm_term=.3607ddc8ebab).
- 83 606 MASS. CODE REGS. 706(1)(a); 7.08(2) (2017).
- 84 Mina Blyly-Strauss, *Focusing Light on Roots and Seeds: Discourses on Education for Young Indigenous Children* 77 (undated manuscript) (copy on file with the Public Health Law Center).
- 85 Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. 56-57 (May 2014), <http://www.aecf.org/resources/building-culturally-linguistically-competent-services>.
- 86 Kathy S. Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, ANNIE E. CASEY FOUND. 56 (May 2014), <http://www.aecf.org/resources/building-culturally-linguistically-competent-services>.
- 87 MD. CODE REGS. 13A.18.09.03(B)(5) (2017).
- 88 *Quality Benchmark for Cultural Competence Project*, NAT'L ASS'N FOR THE EDUC. OF YOUNG CHILDREN 10 (2009), [https://www.naeyc.org/files/naeyc/file/policy/state/QBCC\\_Tool.pdf](https://www.naeyc.org/files/naeyc/file/policy/state/QBCC_Tool.pdf).
- 89 HAW. CODE R. § 17-891.1-13 (2017).
- 90 *Early Childhood Cultural Competence Scan*, BUILD INITIATIVE 4, [www.buildinitiative.org/Portals/0/Uploads/Documents/CulturalCompetenceScan.pdf](http://www.buildinitiative.org/Portals/0/Uploads/Documents/CulturalCompetenceScan.pdf).