



Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2011

This research brief is a joint effort between the Office of Child Care's National Center on Child Care Quality Improvement (NCCCQI) and the National Association for Regulatory Administration (NARA). This is the third in a series of briefs from this collaboration to collect and analyze data about child care licensing in the United States.

Introduction

Ensuring the health and safety of children in child care is a top priority for the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services (OCC). In *Pathways and Partnerships for Child Care Excellence* (2010), OCC states:

Health and safety is the foundation of quality in child care. It is the paramount concern of every parent. Under the Child Care and Development Block Grant Act, every State must operate a system of child care licensing, but in many States, those standards are not high enough to ensure the health and safety of children, they do not apply to many settings in which young children are cared for, and monitoring to ensure compliance with standards is not adequate. OCC is stepping up our work with States, Territories, and Tribes to strengthen standards to ensure safety, health, and well-being, while supporting child care providers to meet standards.¹

OCC has made a commitment to work with States to strengthen licensing systems. These systems, which include child care licensing regulations and monitoring and enforcement policies, provide a baseline of protection for the health and safety of children in out-of-home care. Licensing helps prevent various forms of harm to children—risks from the spread of disease, fire and other building safety hazards, injury, and developmental impairment from the lack of healthy relationships with adults, adequate supervision, and/or developmentally appropriate activities.

Licensing is a process administered by State governments that sets a baseline of requirements below which it is illegal for facilities to operate.² States have regulations that include the requirements facilities must comply with and policies to support the enforcement of those regulations.

¹ Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2010). *Pathways and Partnerships for Child Care Excellence*. Retrieved April 1, 2013, http://www.acf.hhs.gov/sites/default/files/occ/pathways_partnerships_v1_0.pdf

² "Licensing/licensed" is defined as permission from a State that is required to operate a child care facility, which includes meeting specific program standards. Some States may call their regulatory processes "certification" or "registration;" for purposes of this research brief, the terms "licensing" or "licensed" are used to represent all regulatory processes.

Scope and Purpose

The purpose of this research brief is to report on the licensing requirements and policies of **group child care home** (GCCH) licensing for all 50 States and the District of Columbia³.

States may define group child care homes differently in their licensing requirements. For the purpose of categorizing the types of home-based child care settings States regulate, the following definition of **group child care home** from the Child Care and Development Fund (CCDF) Final Rule⁴ is used:

Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

In another research brief in this series, licensing requirements and policies for family child care homes are addressed.

Using data compiled from state child care licensing regulations and the results of NARA's survey of state licensing agencies, the National Center on Child Care Quality Improvement has conducted an analysis that examines the state of licensing in 2011, and identifies trends that have become apparent during several years of data collection.

Compilation of State Licensing Requirements

State licensing requirements are regulatory requirements, including registration or certification requirements, established under State law necessary for a provider to legally operate and provide child care services in a State.

For this research, all data regarding **GCCH requirements** were compiled by the NCCCQI from the regulations posted on the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site between January 1, 2009 and December 31, 2011 at <http://nrckids.org/STATES/states.htm>.⁵

The data presented in this research brief only includes information from state child care licensing regulations. Additional requirements for child care facilities may be in state statutes, administrative codes, or other local, state, or Federal laws. It was beyond the scope of this work to review all laws that pertain to child care programs.

NARA Survey of Licensing Programs and Policies

The data about States' **licensing policies**, including, facility monitoring, enforcement of licensing regulations, and licensing program staffing, were gathered by the National Association for Regulatory Administration (NARA) in the *2011 NARA Child Care Licensing Programs and Policies Survey*. NARA sent the survey via SurveyMonkey®, an online survey tool, to all state child care licensing agencies in April 2012. Respondents submitted their answers via

³ For purposes of this study, the District of Columbia (DC) is treated as a State. It was beyond the scope of this research to include information about States that have child care licensing programs at the city or county levels, such as Idaho (ID); Anchorage, AK; New York City; and the counties in Florida that have their own licensing programs.

⁴ The Child Care and Development Fund (CCDF) Final Rule is available at <http://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-part98.pdf>.

⁵ NRC is located at the University of Colorado Denver and is funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS).

the Internet, and by July 2012, all States had responded. NARA shared the results of the survey with the NCCCQI, which conducted the analysis included in this research brief.

Comparative Analysis

This brief also includes a comparison of data collected for 2011 with data collected on licensing requirements and policies in previous years. For the most part, the 2005 and 2007 *Child Care Licensing Studies* were used for this analysis, since they used these same methodologies—a compilation of data from regulations and a survey of the state licensing agencies. The 2005 study was used for the comparison of data about licensing policies; however, that study did not include an examination of requirements for GCCHs. Therefore, *The 2007 Child Care Licensing Study* was used for the comparison of requirements. The *Child Care Licensing Studies* were conducted through a collaboration of the National Child Care Information and Technical Assistance Center (NCCIC) and NARA. NCCIC was a previous contract with the OCC. The collaboration of NCCIC and NARA also produced a comparable licensing study in 2008. Some of those data are also used for analysis in this research brief. The reports from the 2005, 2007, and 2008 Child Care Licensing Studies are available at http://www.naralicensing.org/Licensing_Study.

Summary of Key Findings

Just in the period of 2009 through 2011, more than half of States have made changes to their **licensing regulations** for group child care homes. When looking back to 2007, a number of significant trends have emerged in the types of regulations that have changed.

- The largest increase is in the number of States that have requirements about safe sleep practices (i.e., putting infants on their backs to sleep, providers must check on sleeping infants).
- States have increased the qualifications of GCCH providers, by adding requirements for a high school diploma or equivalent or training in early childhood education. The number of States that require training in the administration of medication has doubled since 2007.
- States have increased the number of ongoing training hours for GCCH providers. The median number of required training hours has increased from 12 to 13.5 since 2007.
- The number of States requiring Federal fingerprints and checks of the sex offender registry has increased.
- States have added requirements about parent involvement, transportation, and the care of school-age children, and more States prohibit smoking in GCCHs.

There are several positive trends found when looking at child care **licensing policies** about monitoring and enforcement of GCCHs from 2005 to 2011.

- There is a large increase in the frequency of inspections in GCCHs. Several more States now inspect at least once a year.
- The largest increase is in the number of States that put licensing information on the Internet.
- The number of States using differential monitoring has more than doubled.
- The number of States using handheld devices during licensing inspections has more than doubled.

State Group Child Care Home Licensing Regulations

The information in this section was compiled and analyzed from the licensing regulations posted on the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site between January 1, 2009 and December 31, 2011 at <http://nrckids.org/STATES/states.htm>.

Group Child Care Homes Licensed

- Thirty-eight (38) States license GCCHs, defined as two or more adults caring for a group of children in the provider's residence.⁶
 - ◆ Thirteen (13) States do not license GCCHs—Arkansas, District of Columbia, Idaho, Kentucky, Louisiana, Maine, Maryland, Massachusetts, New Jersey, North Carolina, Vermont, Washington, and Wisconsin.
 - ◆ Since 2007, Massachusetts has eliminated the category of licensed GCCHs from its regulations.

Dates and Types of Regulations

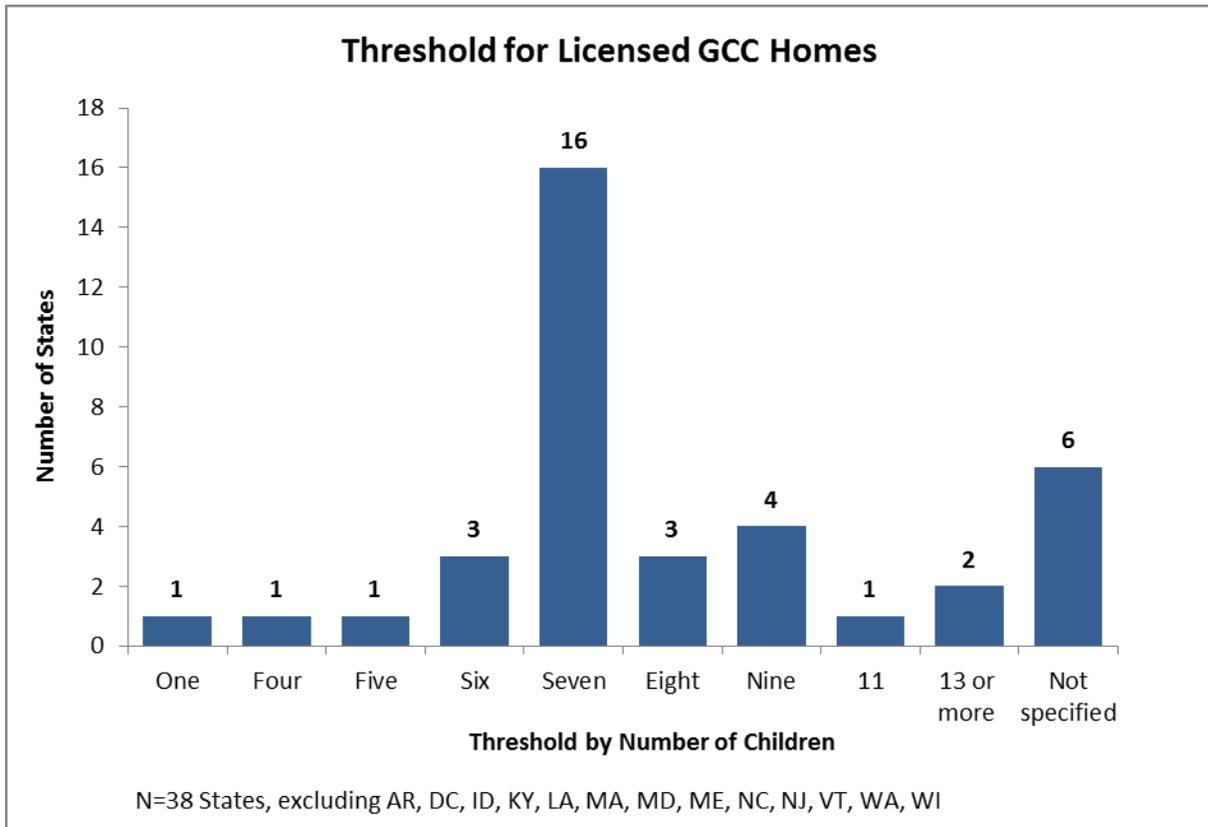
- There is a wide range of effective dates for GCCH licensing regulations.
 - ◆ Twenty-two (22) States made changes to their GCCH licensing regulations from 2009 through 2011 (i.e., since data were collected for The 2008 Child Care Licensing Study).
 - ◆ Nebraska has not changed its GCCH regulations since the 1998.

Licensing Threshold

- As shown in Figure 1, most States license a facility as a GCCH when 7 or more children are in care.
- Six (6) States do not specify the licensing threshold for GCCHs.

⁶ In regulations promulgated in 2010, Massachusetts eliminated large/group homes as a separate license category. There were 39 States that licensed large/group homes in 2007.

Figure 1



Maximum Number of Children

Typically, GCCHs have two adult providers caring for a group of children.

- Of the 38 States that license GCCHs, 21 allow no more than 12 children in the home.
- Eight (8) States allow 12 preschool children plus additional school-age children. These States allow from two up to five additional school-age children in care during the before- and after-school hours or during school vacations. Most allow three additional children.
- Eight (8) States allow 14 or more (up to 20 in two States) preschool-age children in GCCHs.
- Thirty-two (32) States count providers’ children or other children living in homes in the maximum numbers allowed.

Staff Roles and Age Requirements

- All States that license GCCHs have requirements in their regulations for the provider role.
- Thirty-three (33) States have requirements for a GCCH assistant.

- The most common minimum age requirements are 18 years of age for providers in 16 States and 21 years in 14 States. Twenty-one (21) States require assistant providers to be at least 18 years of age; however, 10 of the remaining States allow assistants to be between 13- and 16-years-old.

Staff Qualifications and Ongoing Training Requirements

- Half of the States that license GCCHs require providers to have a high school diploma or equivalent, as shown in Table 1.
 - ◆ Since 2007, three (3) States have added a requirement for a high school diploma for GCCH providers—Delaware, Missouri, and Virginia.
- Virginia added preservice requirements for providers since 2007. North Dakota added preservice requirements for assistant providers.
- One State (Utah) added ongoing training requirements for GCCH providers since 2007. Three States added ongoing training requirements for assistant providers—Arkansas, Massachusetts, and Utah.

Table 1: States With High School Diploma and/or GED, Preservice Qualifications, and Ongoing Training Requirements

GCCH Staff Role	Number of States			
	Role Regulated	High School Diploma or GED	Preservice Qualifications	Ongoing Training
Provider	38	19	31	35
Assistant provider	33	8	13	29

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

- The most common minimum qualification for GCCH providers is clock hours of training in early childhood education.
 - ◆ One State (Georgia) changed the amount of preservice training required for GCCH providers since 2007.
- The number of ongoing training hours required annually ranges from 2 to 20. The median number of required training hours for GCCH providers is 13.5. Many States specify the content and approved delivery methods for ongoing training.
 - ◆ The median number of required training hours has increased from 12 to 13.5 since 2007.
 - ◆ Three (3) States have increased the number of training hours for GCCH providers since 2007—Minnesota, New Hampshire, and Virginia.

Health and Safety Training

- Thirty-six (36) States require GCCH providers to complete first aid training, and 33 States require CPR training. Twenty-seven (27) States specify that CPR training must focus on infants and children. Many States require GCCH providers to complete training on child abuse and neglect (18 States) or the prevention of communicable diseases (12 States).

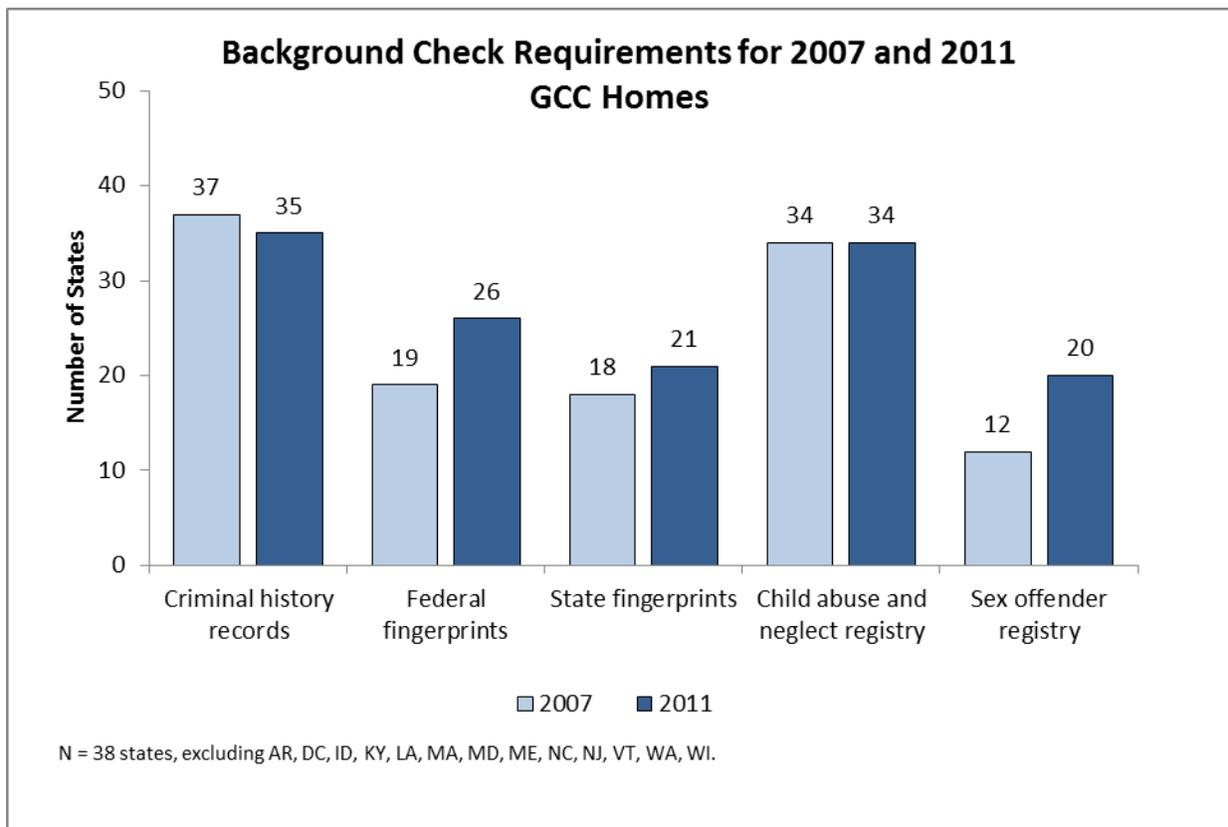
Orientation Training

- Twenty-seven (27) States that license GCCHs require providers to complete some type of orientation training, with most requiring providers complete an orientation to the licensing process.

Background Checks

- All 38 States that license GCCHs require at least one type of background check for providers prior to hiring.
 - ◆ As shown in Figure 2, the number of States requiring fingerprint checks from federal records and checks of the sex offender registry has increased since 2007⁷.

Figure 2



- Twelve (12) States conduct a comprehensive background check and require checks of criminal history records, fingerprints (state and federal), child abuse and neglect registries, and the sex offender registry for GCCH providers—Alaska, California, Colorado, Hawaii, Illinois, Michigan, Mississippi, North Dakota, South Carolina, South Dakota, Tennessee, and West Virginia.

⁷ The data on background checks were not collected in The 2005 Child Care Licensing Study. The first time they were collected were in the 2007 study.

- Thirty-two (32) States also require GCCH providers to sign criminal status statements about.

Additional Provider Requirements

- Twenty-eight (28) States require GCCH providers to have a physical exam or provide a health statement from a physician prior to working with children.
- Twenty-three (23) States require GCCH providers to have a tuberculosis screening.
- Eighteen (18) States require references from providers at initial licensure or when hired.

Child-Staff Ratios

For child care centers, all States have requirements for child-staff ratios, which is the number of children one staff member is allowed to supervise. Child-staff ratio requirements are based on the ages of children in care. For GCCHs, States have child-staff ratio requirements, however not all States base these requirements on ages of children, because home providers typically care for mixed-age groups.

There is great variability in these requirements across States, which makes it difficult to summarize these requirements. Some States have child-staff ratios for entire groups of children (e.g., 6:1 or 8:1), that equals two adults present when the maximum number of children allowed is present. Some States have ratios based on the ages of children in the group. For example, a State may require a child-staff ratio of 4:1 for children younger than 3 years and a ratio of 10:1 for children age 3 years and older.

Supervision of Children

- All 38 States that license GCCHs have requirements for providers about the supervision of children in care. Among those States, some specify that providers must be able to see or hear children at all times or that providers must be free of other duties while supervising children.
- Thirty-seven (37) States that license GCCHs have specific requirements about the supervision of children during at least one of the times/activities listed in Table 3.

Table 3: Supervision Requirements for GCCHs

Time/Activities	Number of States
Transportation	34
Swimming	31
Field Trips	29
Evening/Night Care	24
Outdoor Play	17
Naptime	16

N=37 States, excluding AR, CA, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

Health Requirements and Medical Care

- All States that license GCCHs require children to have immunizations to enroll in home-based care. However, most States allow exemptions from immunization requirements if written statements are provided from either a physician or parent.
- Twenty-three (23) States require children to have a physical exam when enrolling in a GCCH.
- Thirty-six (36) States that license GCCHs have requirements about the administration of medication to children. GCCHs in most States must obtain permission from parents to administer medications, keep records of medications given to children, and get written instructions about how to give the medication to children.
- Eight (8) States require providers to complete training about the administration of medication— Colorado, Connecticut, Delaware, Georgia, New Hampshire, Nevada, Virginia, and Wyoming.
 - ◆ Four (4) States have added this requirement since 2007—Georgia, New Hampshire, Virginia, and Wyoming.
- Eighteen (18) States require GCCHs to exclude children who are mildly ill, meaning that they must be kept at home until they are well enough to return to care.

Nutrition and Maintaining Healthy Weight

- More than 92 percent of States that license GCCHs have requirements about the nutritional content of meals and snacks served to children.
- Table 4 shows that a growing number of States are adding requirements to their licensing regulations to help with preventing obesity and maintaining healthy weight in young children.

Table 4: Requirements for GCCHs About Maintaining Health Weight in Children

Healthy Weight Requirement*	Number of States
Nutrition	
Drinking water must be freely available to children throughout the day	24
Requirements about breastfeeding or feeding breast milk to children in care	18
Fruit or vegetables must be served at every meal	11
Soft drinks or other sugary drinks are prohibited	5
Limit servings of 100% juice to one 4 to 6 ounce serving per day	4
Low-fat or nonfat milk must be served to children age two and older	2
Meals are eaten family style	0
No fried foods are served	0
Physical Activity	
Daily outdoor play is required when weather permits	32
Duration of daily physical activity is specified	5

Table 4: Requirements for GCCHs About Maintaining Health Weight in Children

Healthy Weight Requirement*	Number of States
Screen Time	
State has rules about children’s use of television, computers, and/or other electronic media	16
Content of electronic media is age-appropriate, educational, non-violent, etc.	16
State sets limits on the amount of screen time	9
Use of electronic media is prohibited with children under age 2	1

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

*The table shows the number of States that have licensing requirements about nutrition, physical activity, and screen time similar to the elements in the Let’s Move! Child Care initiative’s goal areas. Additional information about Let’s Move! Child Care is available at <http://www.healthykidshealthyfuture.org>.

Behavior Guidance and Discipline

- Twenty-nine (29) States specify the types of discipline or behavior guidance that GCCH providers are allowed to use with children, and 38 States specify forms of discipline home providers are not allowed to use with children.
 - ◆ One State (South Carolina) has no requirements to prohibit the use of corporal punishment in GCCHs. It can only be used if authorized in writing by parents/guardians.

Activities and Equipment/Materials

- Thirty-five (35) States specify the types of activities, such as outdoor play, active play, quiet play, naptime, and group activities that must be included in the daily schedule for children.
- Twenty-eight (28) States specify that the domains of children’s development must be addressed in activities. Most of these States require GCCHs to address children’s social, physical, language/literacy, cognitive/intellectual, and emotional development. Ten States require GCCHs to address cultural development in activities.
- Sixty (60) percent of States have requirements for the types of equipment/materials GCCHs must have for children, such as indoor/outdoor gross motor equipment, fine motor manipulatives, books and other literacy materials, and art supplies.

Parent Involvement

- Four (4) States have parent involvement for GCCHs —Connecticut, New Mexico, Pennsylvania, and West Virginia. In addition, Pennsylvania requires GCCHs to provide opportunities for parents to be involved in activities.
- Of the 38 States that license GCCHs, 32 have requirements about communication with parents.
 - ◆ Four (4) States added these requirements since 2007—Arizona, Colorado, Georgia, and Utah.
- Three (3) States require homes to keep logs of children’s care and communicate with parents—Georgia, Mississippi and Rhode Island.

- ◆ Georgia added these requirements for GCCHs since 2007.
- Hawaii requires GCCHs to hold regularly scheduled meetings with parents.
- Thirty-five (35) States require GCCHs to provide parents with access to the facility at all times when their child is present.

Transportation

- Thirty-seven (37) States have requirements about transporting children in vehicles.
 - ◆ As shown in Table 5, there has been little change in the number of States that have requirements about the driver, supervision of children when they board and exit vehicles, and keeping attendance records of children being transported.
 - ◆ The number of States that have requirements for additional checks for children remaining on board has doubled—from three (3) States in 2007 (Florida, Missouri, and Tennessee) to six (6) States in 2011 (Delaware, Florida, Georgia, Missouri, Nevada, and Tennessee).

Table 5: Transportation Requirements for GCCHs

Transportation Requirements	Number of States*	
	2007 (N=39)	2011 (N=38)
Requirements for transporting children in vehicles	38	37
Safety restraints for children (e.g., seat belts, car seats)	32	31
Driver requirements (e.g., driver's license, minimum age requirements)	29	28
Specific child-staff ratio requirements for transporting children in vehicles	15	15
Supervision of children when they board and exit vehicles	15	16
Attendance records of children being transported	7	8
Additional checks for children remaining on board are conducted once vehicles are unloaded	3	6

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

Note: In regulations promulgated in 2010, Massachusetts eliminated large/group homes as a separate license category. There were 39 States that licensed large/group homes in 2007.

Care of Infants and Toddlers

- The number of States requiring GCCHs to place infants on their backs to sleep to prevent Sudden Infant Death Syndrome (SIDS) has increased by nine States since 2007, as shown in Table 6. Large numbers of States have also added requirements about physician authorization for a different sleep position and prohibited the use of soft bedding in cribs.
 - ◆ Five (5) States have added the requirement that providers must check on sleeping infants—Colorado, Delaware, North Dakota, New Hampshire, and Utah.

Table 6: SIDS Prevention Requirements for GCCHs

SIDS Prevention Requirements	Number of States*	
	2007 (N=39)	2011 (N=38)
Infants must be placed on their backs to sleep	20	29
Physicians may authorize different sleep positions for infants	18	26
Soft bedding/materials must not be used in cribs	11	17
Providers are required to complete training about SIDS prevention	6	9
Providers must check on sleeping infants	3	8
Parents can authorize a different sleep position for infants	1	1

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

Note: In regulations promulgated in 2010, Massachusetts eliminated large/group homes as a separate license category. There were 39 States that licensed large/group homes in 2007.

- Thirty-three (33) States have requirements about how to feed infants; and 18 have requirements about breastfeeding or feeding breast milk to children in care.

Care of School-age Children

- Of the 38 States that license GCCHs, 16 have requirements for the care of school-age children incorporated into the regulations for large/group homes.
 - ◆ Four (4) States have added requirements for school-age children to their GCCH regulations since 2007—Georgia, North Dakota, Utah, and Wyoming.
- Twelve (12) States specify the types of activities GCCHs should provide for school-age children—Alaska, Connecticut, Delaware, Georgia, Illinois, Minnesota, Missouri, Nebraska, New York, Tennessee, Texas, and West Virginia.
- Seven (7) States have requirements specifically for the supervision of children in this age group—Alaska, Illinois, New Hampshire, North Dakota, New York, Utah, and Wyoming.
 - ◆ Three (3) States added this requirement since 2007—North Dakota, Utah, and Wyoming.
- Five (5) States require GCCHs to have specific types of equipment for school-age children—Illinois, Mississippi, Tennessee, Texas, and West Virginia.

Care of Children with Disabilities or Other Special Needs

- Of the 38 States that license GCCHs, 31 have requirements about the care of children with special needs in their regulations for large/group homes.
- Of the 31 States, the largest number of States—22—have requirements related to facility records and policies. Table 7 includes some of the most common requirements for GCCHs.

Table 7: State Requirements About the Care of Children with Disabilities or Special Needs for GCCHs

Requirements About the Care of Children with Disabilities	Number of States
GCCH provider must keep information about disabilities or special needs in children's records	14
GCCH provider must obtain information from physicians about children's disabilities or special needs	10
GCCH provider must obtain information from parents about children's disabilities or special needs	9

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

- Five (5) States require GCCH providers to develop activity plans or accommodate existing plans for children with disabilities or special needs—Alaska, Illinois, Michigan, Tennessee, and Texas.
- Seven (7) States require GCCH providers to develop plans for caring for the children with disabilities or special needs—Alaska, Arizona, Connecticut, Illinois, Mississippi, New York, and Oregon.

Facility Health and Safety Requirements

- As shown in Table 8, between 2007 and 2011, there have been a few small increases in the number of States that have some common health and safety requirements for GCCHs.
 - ◆ Since 2007, eight (8) more States do not allow smoking in GCCHs during the hours of care—Arizona, Connecticut, Delaware, Iowa, Minnesota, New Mexico, Utah, and Virginia.

Table 8: State Requirements About Health and Safety for GCCHs

Health and Safety Requirements	Number of States*	
	2007 (N=39)	2011 (N=38)
Environmental Tests and Inspections		
Environmental tests (i.e., lead paint, lead in water, asbestos, radon)	18	17
Environmental health inspections	17	18
Indoor and Outdoor Space		
Amount of indoor space per child is 35 square feet	28	26
Amount of outdoor space per child is 75 square feet	12	11
Fence or other enclosure around outdoor space	18	20
Fire Safety and Emergency Preparedness		
Requirements for fire safety	37	37
Fire drills	32	31
Emergency preparedness (i.e., weather, utility-related, acts of terrorism)	26	27

Table 8: State Requirements About Health and Safety for GCCHs

Health and Safety Requirements	Number of States*	
	2007 (N=39)	2011 (N=38)
Security		
Daily attendance records kept	26	26
Procedures for accepting and releasing children (i.e., signing in and out)	16	17
Insurance		
Liability insurance	8	8
Automobile insurance	18	19
Reporting to the Licensing Agency		
All serious injuries that occur to children in programs	27	25
All deaths that occur to children in programs	24	24
Hand Washing		
Hand washing for staff	32	31
Hand washing for children	30	31
Diapering		
Requirements for diapering	32	31
Sanitation of diapering area	27	28
Specify when diapers are changed	17	19
Smoking Policies		
Smoking not allowed in facility	15	22
Firearms		
Firearms are allowed in homes, but must be in locked containers, closets, or other safe locations	30	30
Firearms not allowed in homes	1	2

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

Note: In regulations promulgated in 2010, Massachusetts eliminated large/group homes as a separate license category. There were 39 States that licensed large/group homes in 2007.

Trends in State Group Child Care Home Licensing Policies

The information in this section was compiled and analyzed from the *NARA Child Care Licensing Program and Policies Survey*.⁸

Number of Licensed Group Child Care Homes

- There are a total of 45,244 licensed GCCHs in the United States, with a total of 312,254 licensed facilities, as shown in Table 9.⁹
 - ◆ The number of GCCHs has increased by three percent since 2008. There has been a six percent decrease in the total number of licensed facilities.
 - ◆ Many States reported that the economy has been a factor in this decrease of licensed facilities.

Licensed Capacity in Group Child Care Homes

- There are more than 10 million licensed child care slots in the United States as shown in Table 9.¹⁰ Licensed capacity has decreased by one percent since 2008.
- Approximately five (5) percent of licensed child care slots are in GCCHs.
 - ◆ The number of licensed slots in GCCHs has increased by seven (7) percent.

**Table 9: Number of Licensed Facilities and Licensed Capacity
GCCHs and Total**

	2008	2011	Difference
Number of Facilities			
GCCHs	43,986	45,244	+1,258
Total number of licensed facilities	329,882	312,254	-17,628
Licensed Capacity			
Licensed capacity in GCCHs	504,331	544,012	39,681
Total licensed capacity	10,199,106	10,085,606	-113,500

⁸ For the comparative analysis, data on the number of facilities and licensed capacity were compared to the NARA survey results from 2008. All remaining data in this section are compared to the NARA survey results from 2005. Data were collected in 2005 about GCCH licensing policies, but not about program requirements from regulations.

⁹ The total number of licensed facilities and licensed capacity includes child care centers, family and group child care homes, and other types of facilities reported by States (such as, part-day preschools and nursery schools, school-age care facilities, registered family child care homes, Head Start programs, child placing agencies, residential facilities, and others).

¹⁰ See note #4.

Licensing Staff Caseloads

- Based on information reported from state licensing agencies, there is an average caseload of 103 centers and homes for licensing line staff.¹¹ Most state licensing agencies assign licensing line staff to inspect both child care centers and homes. Across States, the reported caseloads range from 21.7 facilities in Tennessee to 231 facilities in Vermont.
 - ◆ NARA recommends that licensing agencies calculate workload standards to account for local variables but the average workload for inspectors should not exceed 50–60 facilities.¹²

Frequency of Licensing

- GCCH licenses are valid in most States for either one or two years. Non-expiring licenses are issued in seven (7) States—Arkansas, California, Colorado, Nebraska, Oklahoma, South Dakota, and Texas.

Types of Inspections

- Of the 38 States that license GCCHs, 37 conduct an inspection prior to issuing a license. More than 86 percent of States conduct an announced inspection prior to issuing a license.
- Most States conduct unannounced inspections for license renewal and other routine compliance visits.

Frequency of Inspections

- As shown in Table 10, most States inspect GCCHs once or twice a year.
 - ◆ Since 2005, 18 percent of States report an increase in the number of inspections conducted each year. More than 84 percent of States conduct inspections more than once a year.
 - ◆ Six (6) States that inspected less than once a year in 2005 report that they inspect at least once a year in 2011—Alabama, Alaska, New Mexico, New York, North Dakota, and Wyoming.

¹¹ Homes in the caseloads include family child care homes and group child care homes if the State has both types of home-based facilities.

¹² NARA and Amie Lapp-Payne. (May 2011). *Strong Licensing: The Foundation for a Quality Early Care and Education System: Preliminary Principles and Suggestions to Strengthen Requirements and Enforcement for Licensed Child Care*. http://www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf

Table 10: Frequency of Licensing Inspections in GCCHs

Frequency of Inspections	Number of States*	
	2005 (N=39)	2011 (N=38)
More than three times a year	2	3
Three times a year	2	1
Twice a year	9	13
Once a year	15	15
Once every 2 years	4	2
Once every 3 years	1	0
Less than once every 3 years	3	1
Facility not inspected	1	0
Other frequency of inspection	2	3

N=38 States, excluding AR, DC, ID, KY, LA, MA, MD, ME, NC, NJ, VT, WA, WI.

Note: In regulations promulgated in 2010, Massachusetts eliminated large/group homes as a separate license category. There were 39 States that licensed large/group homes in 2005.

Monitoring Tools

- Fifty-five (55) percent of States that license GCCHs report using abbreviated compliance forms that shorten the list of requirements that are checked in programs during inspections.
 - ◆ More than 82 percent of these States report that the selection of rules for inclusion in abbreviated compliance forms is based on those rules considered most critical to protecting children’s health and safety.
- Fifty-two (52) percent of States that license GCCHs report having a method for determining the frequency and/or depth of monitoring based on an assessment of a facility’s level of compliance with regulations, also known as “differential monitoring.”¹³
 - ◆ The number of States using differential monitoring has increased significantly from 8 States in 2005 to 20 States in 2011.
- Eleven (11) States that license GCCHs report having a system of weighted licensing requirements in which rules are ranked for relative risk of harm.
- Thirty-two (32) States report using portable devices to help staff efficiently inspect and monitor licensed facilities, such as laptops, portable digital assistants, and tablets with specific software for capturing information during licensing inspections.
 - ◆ Since 2005, 19 additional States have begun using these devices.

¹³ “Differential monitoring” is defined as a method for determining the frequency and/or depth of monitoring based on an assessment of a facility’s level of compliance with regulations. This process may also be called “risk assessment monitoring” or “risk-based monitoring” and can be used to determine the number of inspections needed for a particular facility and the content of inspections.

- All States report providing technical assistance and consultation during monitoring activities to help GCCHs achieve compliance with regulations; 76 percent of States that provide technical assistance report that they assist facilities to improve quality and exceed minimum licensing regulations.

Enforcement Actions

- The most common enforcement actions used with facilities (centers and homes) that are not in compliance with the regulations are revocation of a license, denial of a license, emergency/immediate closure of a facility, conditional license, non-renewal of a license, and civil fines. As shown in Table 11, all of these are reported to be used by at least 50 percent of States.
- Of the common enforcement actions listed above, States mostly imposed civil fines, conditional licenses, and license revocations against facilities that were out of compliance with licensing regulations.

Table 11: Use of Enforcement Actions in Child Care Facilities

Enforcement Actions	Number of States Using Enforcement Action in 2011	Number of Actions Taken Against Facilities by All States
Revocation of license	45	1,041
Denial of license	41	739
Emergency/immediate closure of facility	39	551
Conditional license	30	1,341
Civil fine	27	2,298
Nonrenewal of license	27	92
Consent agreement	21	185
Probation	20	571

N = 50 States, including DC and excluding ID.

Note: Not all States were able to provide data about the number of enforcement actions used with child care facilities. In addition, it is assumed that the number of actions does not show the number of facilities that were in violation with the licensing regulations. Facilities could have been subject to multiple actions during one year.

Licensing Information on the Internet

- Thirty States report that they post licensing information about child care facilities on the Internet for parents and the general public to access.
 - ◆ Ten (10) States posted licensing information on the Internet in 2005, with eight (8) of those States posting information about complaints, as shown in Table 12.

Table 12: Licensing Information Posted on the Internet

Licensing Information Posted on the Internet	Number of States	
	2005	2011
Licensing Inspection Reports		
Full report	7	16
Inspection summary	2	13
Licensing Complaints		
All complaints	2	6
Substantiated complaints	6	19
Complaints not posted	2	5

N = 50 States, including DC and excluding ID.

Note: In some cases, States only post information about complaints on the Internet; they do not include inspection reports.

Types of Licensing Complaints

- As reported by State licensing agencies, the most common types of licensing complaints are about issues of: (1) supervision; (2) staff-child ratios; (3) health/safety/cleanliness/nutrition; and (4) discipline/behavior management.

Licensing Fees

- More than 57 percent of States charge GCCHs a fee to obtain a license. Licensing fees for GCCHs are most often a flat fee.
 - ◆ Slightly more than half of the States that charge a licensing fee use the revenue to support the licensing agency. In the remaining States, the revenue from licensing fees goes into the States' general funds.

Licensing Staff Requirements

- Thirty-eight (38) States report that they require licensing line staff to have a bachelor's degree. In 16 States, the content and/or major of the degree or coursework must be early childhood education, child development, or a related topic. Twenty-two (22) States also require experience working in a setting with children.
- Twenty-five (25) States require licensing line staff to complete additional training each year. Almost all States make training available to licensing staff through the licensing agency, local and state conferences, and community-based organizations. Half of States receive training from outside consultants and/or national conferences.
- Most States use multiple sources of funds to support licensing functions. More than 85 percent of States use the Child Care and Development Fund (CCDF) to hire and support child care licensing staff. Two-thirds of States also use general state funds for this purpose.

Conclusion

The role of licensing in the early care and education system is to provide a mandatory floor of program standards that will protect children from physical harm and enhance learning and development. Within the early care and education system, licensing covers the broadest content, the largest number of children ages birth to school-age, and the largest population of providers. The positive changes uncovered in this analysis, show that States are committed to strengthening this vital piece of the system, despite the social, political, and economic challenges that can accompany regulatory change.

Many States look to licensing to be a foundation for building quality improvement systems. These systems—such as quality rating and improvement systems (QRIS)—often require compliance with state licensing requirements as a prerequisite or as the first level of standards. By relying on licensing to provide health and safety regulations and regular monitoring that will protect children from harm, the content of QRIS standards can focus on areas that have the most impact on the quality of the program, such as staff qualifications, curriculum and learning activities, family engagement, and business management.

This research brief shows that licensing is the foundation for child care quality and provides evidence that States are making positive changes in their licensing requirements and policies to protect the health and safety of children in out-of-home care.