

March 2020

Trends in Group Child Care Home Licensing Requirements and Policies for 2017

Research Brief #3



NATIONAL CENTER ON

Early Childhood Quality Assurance

Acknowledgements

This document was developed with funds from Grant # 90TA0002-01-00 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Office of Child Care, and Health Resources and Services Administration, by the National Center on Early Childhood Quality Assurance. This resource may be duplicated for noncommercial uses without permission.

Research Brief 3: Trends in Group Child Care Home Licensing Requirements and Policies for 2017

Contents

Introduction	3
Scope and Purpose	3
Methodology	4
Compilation of State Licensing Requirements	4
NARA Survey of Licensing Programs and Policies	4
Comparative Analysis	4
Summary of Key Findings	5
Group Child Care Homes Licensed	7
Number of Licensed Group Child Care Homes	7
Licensed Capacity in Group Child Care Homes	8
Licensing Threshold	9
Maximum Number of Children	9
Staff Roles and Age Requirements	10
Staff Education and Ongoing Training Requirements	10
Orientation Training	11
Health and Safety Topics Required in Preservice and Orientation Training	11
Background Checks	13
Provider Health and Hiring Requirements	14
Child-Staff Ratios in Group Child Care Homes	14
Supervision of Children	14
Health Requirements and Medical Care	15
Nutrition and Maintaining Healthy Weight	16
Activities, Equipment, and Materials	17
Family Involvement	17
Behavioral Guidance and Discipline	17
Child Assessment	17
Care of Infants and Toddlers	18
Care of School-Age Children	18
Care of Children with Disabilities or Other Special Needs	19

Transportation	19
Facility Health and Safety Requirements	20
Trends in State Licensing Agency Policies	22
Licensing Staff Assignments and Caseloads for All Facility Types	22
Frequency of Licensing for Group Child Care Homes	22
Types of Inspections for Group Child Care Homes	22
Frequency of Inspections in Group Child Care Homes	23
Monitoring Tools Used with All Facility Types	24
Use of Technology for Licensing Child Care Facilities	25
Enforcement Actions Used with Group Child Care Homes	26
Illegally Operating Child Care Providers	27
Complaint Investigations in Child Care Facilities	28
Licensing Information on the Internet About Child Care Facilities	28
Licensing Fees for Group Child Care Homes	29
Child Care Licensing Staff Requirements	29
Child Care Licensing Staff Supports	31
Conclusion	31
References	32

Introduction

Within the early care and education system, licensing provides the baseline of protection for children and covers the broadest content, the largest number of children from birth to school age, and the largest population of providers. 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, or developmentally appropriate activities.

Licensing is a process administered by state and territory governments that sets a baseline of requirements below which it is illegal for facilities to operate.¹ States have regulations with which facilities must comply and policies to support the enforcement of those regulations. Some states may call their regulatory processes “certification” or “registration,” but for consistency, this research brief uses the terms “licensing” and “licensed” to represent all regulatory processes.

The data presented in this brief are from the 2017 Child Care Licensing Study, which is the latest in a series of large-scale research studies of requirements for child care providers and facilities as well as policies and practices for licensing agencies. Data are collected for the Child Care Licensing Studies through a document review of state child care licensing regulations and a survey of state licensing agencies. The National Center on Early Childhood Quality Assurance (ECQA Center) has conducted these studies in partnership with the National Association for Regulatory Administration (NARA) every three years since 2005.

The data and findings from this research allow states and territories to compare their licensing requirements and policies to national data and track trends over time. These national findings can also inform comparisons with other systems in early care and education, such as quality improvement systems. We encourage other researchers to conduct further analysis with these data to answer questions for the field.

Scope and Purpose

The purpose of this research brief is to report on the licensing requirements and policies for **group child care homes (GCCHs)** for all 50 states and the District of Columbia.² The term “state” will be used for all 51 jurisdictions.

States may define GCCHs differently in their licensing requirements. For the purpose of categorizing the types of GCCH settings states regulate, the following definition 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 (National Center on Early Childhood Quality Assurance, 2015).

In other research briefs in this series, licensing requirements and policies for child care centers and family child care homes (FCCH) are addressed.

Using data compiled from state child care licensing regulations and the results from a survey of state licensing agencies by the National Association for Regulatory Administration (NARA), the National Center on Early Childhood Quality Assurance conducted an analysis that examines the state of licensing in 2017 and identifies trends that have emerged during several years of data collection.

¹ “Licensing” or “licensed” is defined as permission that providers must obtain from a state to operate a child care facility, which requires meeting specific program standards.

² This type of family child care home may also be called “large family child care home” or “large/group family child care home.” This brief uses the same terminology as the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. <https://www.acf.hhs.gov/occ>

Methodology

Compilation of State Licensing Requirements

For this research, all data regarding **group child care home requirements** were compiled from the regulations posted in the [National Database of Child Care Licensing Regulations](#) that were in effect as of **December 31, 2017**. The licensing requirements data presented in this research brief include information only 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 not in the scope of this work to review all laws that pertain to child care facilities.

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 NARA in the [2017 NARA Child Care Licensing Programs and Policies Survey](#). NARA sent the online survey via SurveyMonkey to all state child care licensing agencies in March 2018. Respondents submitted their answers electronically, and by January 2019, all 50 states and the District of Columbia had responded.

Comparative Analysis

This brief includes a comparison with the findings from the 2014 Child Care Licensing Study that were reported in the ECQA Center's brief [Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2014](#). The brief, published in 2015, includes a comparison of the 2014 data with previous Child Care Licensing Studies from 2005, 2007, 2008, and 2011.³

The number of states included in the data set for 2017 differs from 2014. This is because two U.S. territories did not respond to the 2017 NARA Child Care Licensing Programs and Policies Survey. Throughout the brief, notes explain that the dataset for 2017 has 51 states, including the District of Columbia, and the dataset from 2014 has 53 states, including the District of Columbia and 2 territories (Guam and the Virgin Islands).

In this brief, findings that show a significant increase or decrease in the number or percentage of states with a specific requirement or policy are identified with upward and downward facing arrows, shown below:



If there is no arrow next to a finding, the number or percentage of states changed by a very small amount or stayed the same from 2014 to 2017. Please note that some changes may also be due to the differences in the number of states in each set of data.

³ Findings from the 2011 Child Care Licensing Study is available in *Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2011* at <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011>. Reports from the 2005, 2007, and 2008 studies are available at <http://www.naralicensing.org/child-care-licensing-study>.

Summary of Key Findings

Key findings emerged from review and comparison of all data collected in 2014 and 2017. The data for these findings and many other indicators are detailed in the remaining sections of this research brief.

Findings: Licensing Requirements for Group Child Care Homes

Since 2014, more than two-thirds of states that license GCCHs (25; 66 percent) have made changes to their licensing regulations for group child care homes, and many significant trends have emerged.

- States have increased preservice qualifications for GCCH providers and assistant providers.
- Several states increased the number of annual training hours for GCCH providers and assistant providers. The median number of hours required is 15 for providers and 12 for assistant providers.
- Several states added preservice or orientation training requirements in health and safety topics between 2014 and 2017. The largest increases were in the topics of prevention and control of infectious diseases, emergency preparedness and response planning, prevention of shaken baby syndrome, precautions in transporting children, reduction of sudden infant death syndrome (SIDS) and use of safe sleeping practices, administration of medication, and recognition and reporting of child abuse and neglect.
- Several more states required five types of background checks—criminal history records, state fingerprints, federal fingerprints, child abuse and neglect registries, and the sex offender registry—for GCCH providers. This number increased from 16 to 28 states between 2014 and 2017.
- More states have requirements about the amount of time children should spend in physical activity and limits on children’s screen time (such as computers, television, videos).
- Several states added requirements about having an emergency and evacuation plan.

Findings: Licensing Agency Policies for Group Child Care Homes

There are several promising trends in child care **licensing policies** about monitoring and enforcement in group child care homes and all child care facilities from 2014 to 2017. Some of these findings are about policies for group child care homes and some are about policies for all types of licensed facilities.

- The average caseload for licensing line staff decreased from 97 centers and homes in 2014 to 81 centers and homes in 2017.
- The percentage of states that conduct unannounced routine compliance inspections of GCCHs increased from 66 percent in 2014 to 97 percent in 2017.
- Ninety-five percent of states reported conducting inspections of GCCHs at least once a year, compared to 85 percent in 2014.
- Most states continue to use monitoring strategies—such as using abbreviated compliance forms and determining the frequency of monitoring based on compliance history—that promote efficiency and allow better allocation of resources and staff. More states report using a key indicator system to determine the rules to include on an abbreviated compliance form (up from 8 states to 10).
- More states (65 percent, up from 53 percent) report having conducted a risk assessment of requirements to identify those that pose the greatest risk of harm to children if a child care facility is not in compliance.
- The most common enforcement actions are revocation, denial, or nonrenewal of a license; emergency or immediate closure of a facility; issuance of a conditional license; and civil fines.
- Since 2005 the number of states posting inspection reports has more than quadrupled, increasing from 9 states to 43 states in 2017.
- More states require licensing line staff to complete training each year (73 percent, up from 53 percent).

Trends in State Licensing Requirements for Group Child Care Homes

The information in this section was compiled and analyzed from the licensing regulations for GCCHs posted in the [National Database of Child Care Licensing Regulations](#) that were in effect on December 31, 2017.

Group Child Care Homes Licensed

- ◆ Thirty-eight states, including the District of Columbia, license GCCHs, defined as two or more adults caring for a group of children in the provider's residence.⁴
 - Thirteen states do not license GCCHs as defined above— Arkansas, Georgia, Kentucky, Louisiana, Maine, Massachusetts, New Jersey, North Carolina, South Dakota, Vermont, Virginia, Washington, and Wisconsin.
 - ↓ Since 2014, Georgia no longer has GCCH as a type of child care facility it licenses.
 - Most of these states license home-based providers that meet the definition of a family child care home.⁵
 - Louisiana, New Jersey, and South Dakota do not have mandatory licensing requirements for home-based providers, whether defined as a family child care home or group child care home.⁶

Dates of Regulations

- Of the 38 states that license GCCHs, 25 states (66 percent) made changes to their GCCH licensing regulations since the data were last collected in 2014. Of these 25 states, 22 had new regulations go into effect in 2016 and 2017.
- One state (Hawaii) has not changed its regulations since 2002.

Number of Licensed Group Child Care Homes

- ◆ In 2017, a total of 37,507 licensed GCCHs were in the United States, with a total of 233,230 licensed facilities (child care centers, family child care homes, and group child care homes) overall, as shown in table 1. GCCHs are 16 percent of the total number of licensed facilities.
 - ↓ The number of GCCHs has decreased by 3 percent since 2014. The total number of licensed centers and homes decreased by 10 percent.
 - States reported that increased regulations and the economy are reasons for the decrease. They also mentioned that many providers are aging and retiring.

⁴ In the 2014 Child Care Licensing Study, we reported that the number of states that licensed GCCHs was 41; for 2017 we report the number is 38. The difference is because two territories (Guam and the Virgin Islands) did not respond to the survey for the 2017 Child Care Licensing Study and Georgia no longer licenses a type of facility that meets the GCCH definition.

⁵ A family child care home (FCCH) is defined as at least one adult caring for a group of children in the provider's residence.

⁶ Louisiana, New Jersey, and South Dakota allow home-based child care providers to apply for a license voluntarily and have requirements for these providers if they receive payment from public funds.

Table 1. Number of Licensed Group Child Care Homes, 2014 and 2017

Number of Facilities ^a	2014	2017	Difference	Percentage Change
Group child care homes ^{b, c}	38,515	37,507	-1,008	-2.62%
Total number of licensed facilities	260,014	233,230	-26,784	-10.30%

Notes: *N* = 38 states (including the District of Columbia) that license GCCHs.

^a Data about the number of licensed facilities were collected in the NARA Child Care Licensing Programs and Policies Survey.

^b One state (Minnesota) combined the number of FCCHs and GCCHs in its response to the 2014 survey but separated the data into the two categories in its 2017 survey response. For consistency in this analysis, the number of FCCHs and GCCHs were combined for the 2017 data and reported as FCCHs.

^c One state (Georgia) no longer has a category of licensed GCCHs. All homes are now categorized as FCCHs. For consistency in this analysis, the number of FCCHs and GCCHs were combined for the 2014 data and reported as FCCHs.

Licensed Capacity in Group Child Care Homes

◆ In 2017, there were more than 9.9 million licensed slots in all child care facility types, as shown in table 2.⁷

↓ The number of licensed slots in GCCHs has decreased by 5 percent from 2014 to 2017.

↑ The total licensed capacity for centers, family child care homes, and group child care homes has increased by 0.51 percent during that same time period.

◆ Three percent of licensed child care slots are in GCCHs.

Table 2. Licensed Capacity in Group Child Care Homes, 2014 and 2017

Licensed Capacity ^a	2014	2017	Difference	Percentage Change
Group child care homes ^{b, c}	340,821	323,119	-17,702	-5.19%
Total licensed capacity	9,937,147	9,988,173	51,026	+0.51%

Notes: *N* = 36 states (including the District of Columbia) that license GCCHs. Two states (Alabama and Idaho) were not included because they did not provide data about licensed capacity in both 2014 and 2017.

^a Data about licensed capacity were collected in the NARA Child Care Licensing Programs and Policies Survey.

^b One state (Minnesota) combined the number of FCCHs and GCCHs in its response to the 2014 survey but separated the data into the two categories in its 2017 survey response. For consistency in this analysis, the licensed capacity for FCCHs and GCCHs were combined for the 2017 data and reported as FCCHs.

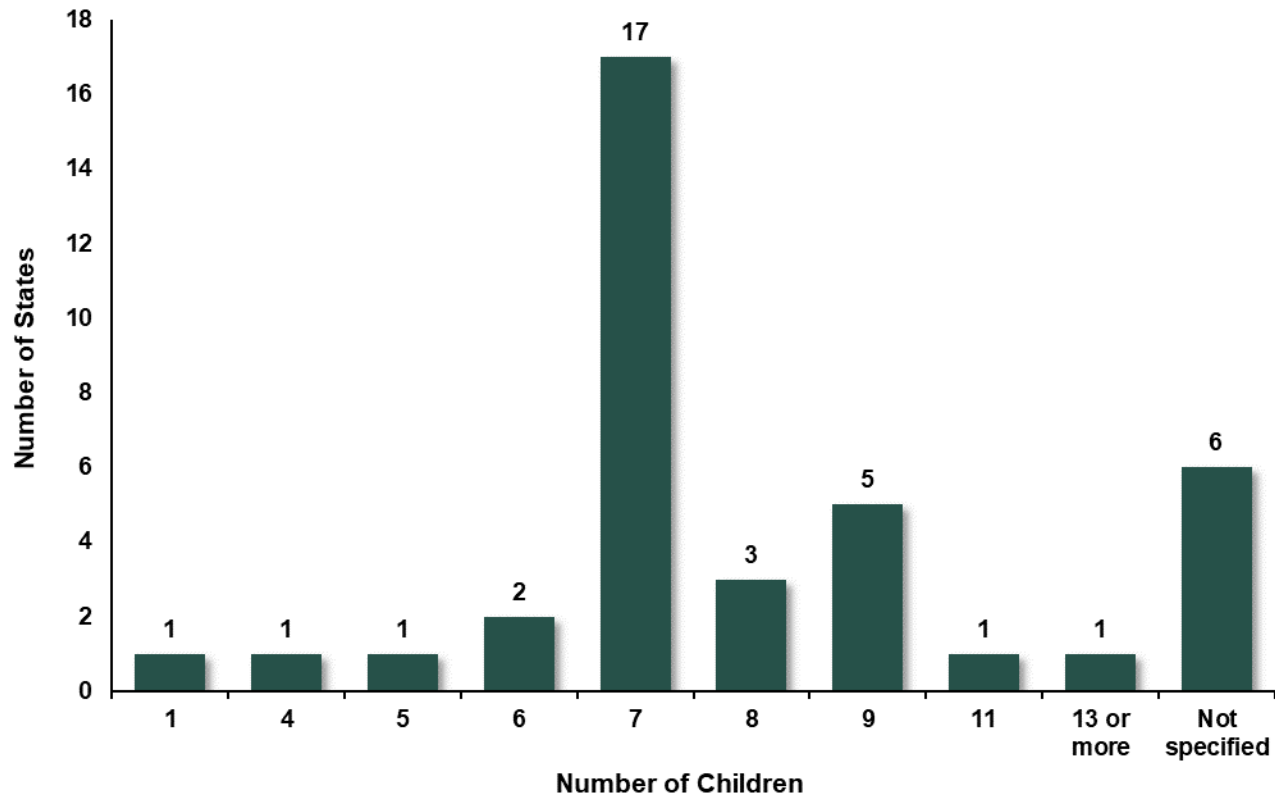
^c One state (Georgia) no longer has a category of licensed GCCHs. All homes are now categorized as FCCHs. For consistency in this analysis, the licensed capacity for FCCHs and GCCHs were combined for the 2014 data and reported as FCCHs.

⁷ Data are based on responses from 36 states (including the District of Columbia) that license GCCHs. Two states (Alabama and Idaho) did not provide data about licensed capacity in both 2014 and 2017 and were not included in the analysis of licensed capacity.

Licensing Threshold

- ◆ As shown in figure 1, most states license a facility as a GCCH when at least seven or more children are in care.
- ◆ Six states do not specify a licensing threshold for GCCHs.

Figure 1. Licensing Thresholds for Group Child Care Homes, 2017



Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

Maximum Number of Children

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

- ◆ Of the 38 states that license GCCHs, 23 (61 percent) allow no more than 12 children in the home.
- ◆ Eight states allow 12 preschool children plus additional school-age children. These states allow from 2 to 5 additional school-age children in care during the before- and after-school hours or during school vacations. Most allow 3 additional children.
- ◆ Six states allow 14 or more (up to 30 in 1 state) preschool-age children in GCCHs.

- ◆ Thirty-one states count providers’ children or other children living in group child care homes in the maximum numbers allowed.

Staff Roles and Age Requirements

- ◆ All states that license GCCHs have requirements for the provider role. Thirty-two states (84 percent) have requirements for the assistant provider role.

Defining Group Child Care Roles

The **provider** is the person responsible for getting a license with the state, operating the GCCH business in his or her home, and caring for the children. GCCHs, by definition, are required to have at least two adults caring for the children. Some states require GCCHs have two adults caring for children who meet the qualifications for a provider and some states allow GCCHs to hire an **assistant** that meets fewer requirements.

- ◆ The most common age requirement is that providers and assistant providers be at least 18 years old.

Staff Education and Ongoing Training Requirements

- ◆ Eighteen states (47 percent) require GCCH providers to have a high school diploma or General Educational Development (GED) certificate, as shown in table 3. Ten states (31 percent) require assistant providers to have a diploma or GED.

Table 3. Number of States with Requirements for High School Diploma or GED, Preservice Qualifications, and Ongoing Training, 2017

GCCH Role	Role Regulated	High School Diploma or GED ^a	Preservice Qualifications	Ongoing Training
Provider	38	18	33	34
Assistant provider	32	10	16	26

Notes: N = 38 states (including the District of Columbia) that licensed GCCHs.

^a Required qualifications vary by role and state. In some cases, only a high school diploma or equivalent is required, but most of the time, other preservice qualifications—such as training, credentials, or experience—are also necessary.

- ◆ The most common **minimum preservice qualification** for both GCCH providers and assistant providers is clock hours of training.
 - ↑ One state added a requirement for preservice qualifications for GCCH providers since 2014—New Hampshire. Three additional states increased the amount of preservice education required for GCCH providers—the District of Columbia, Kansas, and New York.
 - ↑ Three states increased the amount of preservice education required for GCCH *assistant* providers—the District of Columbia, Delaware, and Wyoming.

- ◆ The number of **ongoing training hours** required annually for GCCH providers ranges from 5 to 30, and from 2 to 24 for assistant providers. The median number of required training hours for GCCH providers is 15 and for assistant providers is 12. More than three-quarters of states that require ongoing training specify the content of the training for providers (30; 88 percent) and assistant providers (20; 74 percent).
- ▲ Six states have increased the number of ongoing training hours for GCCH providers—Alaska, the District of Columbia, New Hampshire, Ohio, Texas, and Wyoming.
- ▲ Five states increased the number of ongoing training hours for assistant providers—the District of Columbia, New Hampshire, Ohio, Texas, and Wyoming.

Orientation Training

- ◆ Thirty-one states (82 percent) that license GCCHs require providers to complete some type of orientation training, with most of these requiring providers to complete an orientation to the licensing process (19; 61 percent).
- ▲ One state (Tennessee) added this requirement since 2014.

Health and Safety Topics Required in Preservice and Orientation Training

First Aid and CPR

- ◆ As shown in table 4, 38 states (100 percent) require GCCH providers to complete first aid training, and 36 states (95 percent) require cardiopulmonary resuscitation (CPR) training before working with children or soon after employment. Twenty-nine of the states requiring CPR training (81 percent) specify that the training must focus on infants and children.
- ▲ One state (New York) added a requirement for first aid training. Two states (Iowa and New York) added a required for CPR training.

Table 4. Number and Percentage of States with First Aid and CPR Training Included in Preservice or Orientation Licensing Requirements, 2014 and 2017

First Aid and CPR Training	2014 (<i>N</i> = 41) ^a	2017 (<i>N</i> = 38) ^a
First aid training required	40	38
Training focused on infants and children	17	13
CPR training required	37	36
Training focused on infants and children	31	29

Notes: *N* = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. *N* = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

^a The decreases in number of states are because Georgia and 2 territories were included only in the 2014 data.

Health and Safety Training Topics

- ◆ As shown in table 5, in 2017, 68 percent of states required GCCH providers to complete preservice or orientation training related to detecting and reporting child abuse and neglect. Sixty-six percent require providers to complete training in preventing sudden infant death syndrome and using safe sleeping practices, and 58 percent require training in preventing the spread of infectious disease.

↑ Table 5 also shows that large numbers of states added preservice or orientation training requirements for GCCH providers in health and safety topics from 2014 to 2017. The number of states adding requirements by topic are as follows:

- Prevention and control of infectious diseases—10 states
- Emergency preparedness and response planning—9 states
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment—9 states
- Precautions in transporting children—9 states
- Preventing sudden infant death syndrome and using safe sleeping practices—8 states
- Administration of medication—8 states
- Recognizing and reporting of child abuse and neglect—6 states

Table 5. Number of States with Health and Safety Training Topics Included in Preservice or Orientation Licensing Requirements, 2014 and 2017

Health and Safety Training Topics	2014 (N = 41)	2017 (N = 38)
Recognition and reporting of child abuse and neglect	22	26
Prevention of sudden infant death syndrome and using safe sleeping practices	19	25
Prevention and control of infectious diseases	14	22
Emergency preparedness and response planning	15	21
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	11	20
Administration of medication	10	17
Precautions in transporting children	7	15
Prevention of and response to emergencies due to food and allergic reactions	n.d.	11
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants	n.d.	11
Building and physical premises safety	n.d.	10

Notes: N = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. N = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

n.d. = Data are not available from 2014.

Background Checks

- ◆ Of the 38 states that license GCCHs, all require at least 1 type of background check for GCCH providers, with all states requiring checks of criminal history records and child abuse and neglect registries. Thirty-five states (92 percent) require providers to have fingerprint checks (either state, federal, or both).


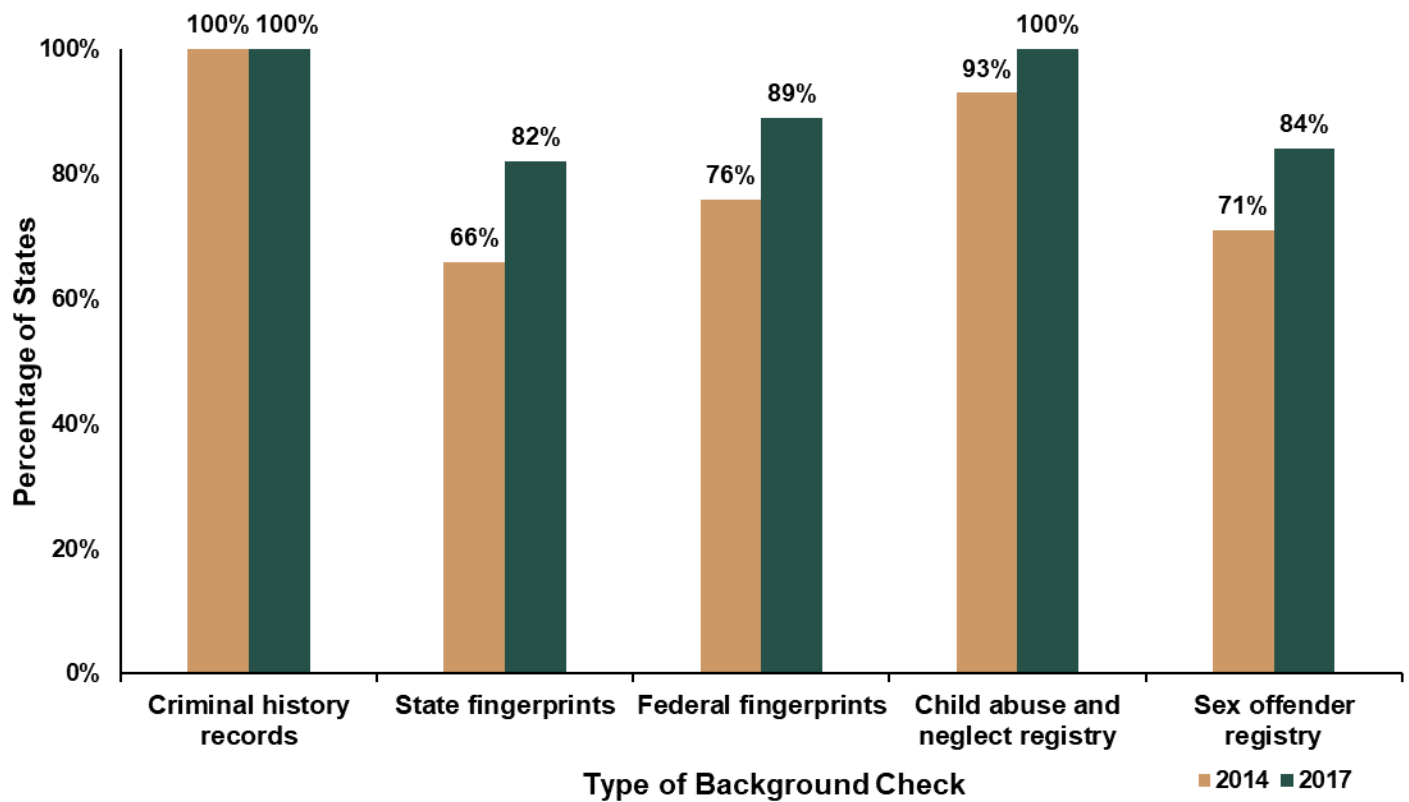

 As shown in figure 2, the percentage of states that require checks of fingerprints, child abuse and neglect registries, and sex offender registries has increased since 2014.

Figure 2. Background Check Requirements for Group Child Care Homes, 2014 and 2017



Notes: *N* = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. *N* = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

- ◆ Twenty-eight states (74 percent) require all five types of background checks—criminal history records, state fingerprints, federal fingerprints, child abuse and neglect registries, and the sex offender registry—for GCCH providers.

 The number of states that conducted all five types of background checks was 16 (39 percent) in 2014.

- ◆ Thirty states (79 percent) require GCCH providers to sign criminal-status statements.
- ◆ Nineteen states (50 percent) require background checks to be completed every 5 years. Fourteen states (37 percent) require checks be completed more frequently, ranging from annually to every 4 years.

Provider Health and Hiring Requirements

- ◆ Twenty-seven states (71 percent) require GCCH providers to have a physical exam or provide a health statement from a physician before working with children.
- ◆ Twenty-two states (58 percent) require GCCH providers to have a tuberculosis screening.
- ◆ Ten states (26 percent) require references from providers at initial licensure.

Child-Staff Ratios in Group Child Care Homes

For child care centers, all states have requirements for child-staff ratios, or the number of children one staff member can supervise. Child-staff ratio requirements are typically based on the ages of children in care. States have child-staff ratio requirements for GCCHs; 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 them difficult to summarize. Some states have child-staff ratios for entire groups of children (for example, 6:1) that equal 2 adults present when the maximum number of children allowed are present (such as a maximum of 12 children). 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

- ◆ Of the 38 states that license GCCHs, all have requirements for providers about the supervision of children in care. Among those states, some specify that providers must always be able to see or hear children or that providers must be free of other duties while supervising children.
- ◆ Thirty-seven states (97 percent) have specific requirements about the supervision of children during at least one of the times or activities listed in table 6.

Table 6. Supervision Requirements for Group Child Care Homes, 2017

Times and Activities	Number of States
Transportation in vehicles	35
Swimming or water activities	35
Field trips	30
Evening or overnight care	27
Outdoor play	25
Naptime	24

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

Health Requirements and Medical Care

- ◆ Twenty-four states (63 percent) require children to have a physical exam when enrolling in a GCCH.
- ◆ As shown in table 7, all states require children to have immunizations to enroll in GCCHs. However, most of these states allow exemptions from immunization requirements if written statements are provided from a parent or guardian (66 percent) or a physician (58 percent).

Table 7. Immunization Requirements for Children in Group Child Care Homes, 2017

Immunization Requirements	Number of States
Immunization requirements for children	
Children are required to have immunizations to enroll in a GCCH.	38
State sets time for when immunizations records must be submitted to the GCCH after enrollment.	10
State has requirements that address immunization records for homeless families.	8
Immunization exemptions for children	
State allows parents and guardians to provide a written statement that they do not wish to have their child immunized.	25
State allows physicians to provide a written statement for exemption from immunizations for medical need.	22
State allows GCCHs to exclude children until immunization records or exemption statements are provided.	10
State allows GCCHs to accept a child on a conditional basis if not all immunizations are complete.	6
State allows GCCHs to refuse to accept children who have been exempted from immunization by parents.	1

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

- ◆ Thirty-seven states (97 percent) that license GCCHs have requirements about the administration of medication to children. GCCHs in nearly all these states must
 - obtain permission from parents to administer medications (35 states; 95 percent);
 - keep records of medications given to children (29 states; 78 percent); and
 - get written instructions about how to give the medication to children (33 states; 89 percent).
- ◆ Seventeen states (45 percent) require GCCH providers to complete training about the administration of medication.
- ◆ Twenty-three states (61 percent) allow GCCHs to exclude children who are mildly ill, meaning that GCCH providers can require children to stay at home until they are well enough to return to the program.
- ◆ Six states (16 percent) require GCCHs to have a health consultant available to the GCCH for medical advice and other medical services—Connecticut, Delaware, Hawaii, Maryland, New York, and North Dakota.

Nutrition and Maintaining Healthy Weight

- ◆ Thirty-six states (95 percent) have requirements for GCCHs about the nutritional content of meals and snacks served to children.
- ◆ Table 8 shows the number of states with requirements in their licensing regulations that help with preventing obesity and maintaining healthy weight in young children. The following have changed since 2014:
 - ↑ Four states have added requirements for GCCHs about the amount of time children should participate in physical activity—Alaska, Mississippi, New Hampshire, and Utah.
 - ↑ Six states have added requirements about screen time for GCCHs—the District of Columbia, Florida, Maryland, New Hampshire, New York, and Utah.

Table 8. Number of States with Requirements for Group Child Care Homes about Maintaining Healthy Weight in Children, 2014 and 2017

Healthy Weight Requirement	2014 (N = 41) ^a	2017 (N = 38) ^a
Nutrition		
Water for drinking must be freely available to children throughout the day.	25	22
Requirements are in place about breastfeeding or feeding breast milk to children in care.	19	21
Fruits or vegetables must be served at every meal.	11	11
Soft drinks or other sugary drinks are prohibited.	6	5
Providers must limit servings of 100 percent juice to one 4- to 6-ounce serving per day.	4	4
Low-fat or nonfat milk must be served to children age 2 years and older.	3	3
Physical activity		
Daily outdoor play is required when weather permits.	35	33
Duration of daily physical activity is specified.	6	10
Screen time		
State has rules about children's use of television, computers, or other electronic media.	16	20
State requires that content of electronic media be age-appropriate, educational, nonviolent, and the like.	16	16
State sets limits on the amount of screen time allowed.	10	11
Use of electronic media is prohibited for children younger than age 2.	1	4

Notes: N = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. N = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

^a The decreases in number of states are because Georgia and 2 territories were included only in the 2014 data.

Activities, Equipment, and Materials

- ◆ Thirty-four states (89 percent) specify the types of activities—such as outdoor play, active play, quiet play, naptime, and group activities—that must be included in children’s daily schedules.
- ◆ Twenty-nine states (76 percent) 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 and literacy, cognitive and intellectual, and emotional development.
- ◆ Twenty-two states (58 percent) have requirements for the types of equipment and materials GCCHs must have for children, such as indoor and outdoor gross-motor equipment, fine-motor manipulatives, books and other literacy materials, and art supplies.

Family Involvement

- ◆ Five states have family involvement requirements for GCCHs—Connecticut, the District of Columbia, New Mexico, Pennsylvania, and West Virginia. One of these states (Pennsylvania) requires GCCHs to provide opportunities for families to be involved in activities.
- ◆ Of the 38 states that license GCCHs, 31 (82 percent) have requirements about communication with families.
 - One state (Rhode Island) requires GCCHs to keep logs of children’s care and to communicate with parents.
 - One state (Hawaii) requires GCCHs to hold regularly scheduled meetings with parents.
- ◆ Thirty-five states (92 percent) require GCCHs to always provide families with access to the facility when their children are present.

Behavioral Guidance and Discipline

- ◆ Twenty-nine states (76 percent) specify the types of discipline or behavior guidance that GCCH providers can use with children.
 - One state (South Carolina) does not have a requirement that prohibits the use of corporal punishment in GCCHs.
- ◆ Of the 38 states that license GCCHs, 36 (95 percent) specify forms of discipline that GCCHs are not allowed to use with children. All of these states prohibit physical or corporal punishment and abusive language, and more than 90 percent prohibit denial of food.
- ◆ Twenty-five states (66 percent) require GCCHs to have a written policy about behavioral guidance and discipline.
- ◆ Six states require GCCHs to have policies about the expulsion of children from GCCHs—Colorado, Connecticut, Florida, New Hampshire, New Mexico, and Tennessee.

Child Assessment

- ◆ One state (Nevada) requires GCCHs to use observation or assessment methods, or both, to document children’s development and to share the results with families.

Care of Infants and Toddlers

- ◆ Thirty-three states (87 percent) require that infants be put on their backs to sleep to reduce incidences of sudden infant death syndrome (SIDS). As shown in table 9, most states have requirements about physician authorization for different sleep positions and prohibit the use of soft bedding in cribs.

Table 9. Number of States with Requirements for Group Child Care Homes about Reducing the Risk of SIDS, 2014 and 2017

SIDS Reduction Requirements	2014 (<i>N</i> = 41) ^a	2017 (<i>N</i> = 38) ^a
Infants must be placed on their backs to sleep.	34	33
Physicians may authorize different sleep positions for infants.	30	29
Soft bedding or materials must not be used in cribs.	21	21
Facilities must use cribs that meet the U.S. Consumer Product Safety Commission requirements.	14	13
Staff are required to complete preservice or orientation training about reducing SIDS.	18	25
Parents can authorize a different sleep position for infants.	1	1

Notes: *N* = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. *N* = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

^a The decreases in number of states are because Georgia and 2 territories were included only in the 2014 data.

- ◆ Thirty-one states (82 percent) have requirements about how to feed infants, and 20 (53 percent) have requirements about breastfeeding or feeding breast milk to children in care.

↑ Since 2014, 2 states added requirements for GCCHs about breastfeeding or feeding breast milk to children in care—Kansas and Oregon.

Care of School-Age Children

- ◆ Of the 38 states that license GCCHs, 20 (53 percent) have incorporated requirements for the care of school-age children into the regulations for GCCHs. Of these 20 states,
 - 14 states (70 percent) specify the types of activities GCCHs should provide for school-age children;
 - 8 states (40 percent) have requirements specific to the supervision of children in this age group; and
 - 7 states (35 percent) require GCCHs to have specific types of equipment for school-age children.

Care of Children with Disabilities or Other Special Needs

- ◆ Thirty-one states (82 percent) have requirements in their GCCH regulations about the care of children with special needs. Table 10 includes some of the most common requirements for GCCHs.

Table 10. Requirements about the Care of Children with Disabilities or Special Needs for Group Child Care Homes, 2017

Requirements about the Care of Children with Disabilities	Number of States
The GCCH must keep information about disabilities or special needs in children's records.	12
The GCCH must obtain information from parents about children's disabilities or special needs.	10
The GCCH must obtain information from physicians about children's disabilities or special needs.	9
The GCCH must develop plans for caring for children with disabilities or special needs.	9
The GCCH must develop activity plans or accommodate existing plans for children with disabilities or special needs.	6
For children identified as having a disability or special need, the GCCH must keep individualized education program plans or individual family services plans in records.	2

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

Transportation

- ◆ Of the 38 states that license GCCHs, all have requirements about transporting children in vehicles. Table 11 shows requirements states have for transporting children.

Table 11. Transportation Requirements for Group Child Care Homes, 2017

Transportation Requirements	Number of States
Safety restraints for children (for example, seat belts, car seats)	33
Driver requirements (for example, driver's license, minimum-age requirements)	33
Supervision of children when they board and exit vehicles	16
Specific child-staff ratio requirements for transporting children in vehicles	14
Attendance records of children being transported	7
Additional checks for children remaining on board once vehicles are unloaded	5

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

Facility Health and Safety Requirements

- ◆ As shown in table 12, between 2014 and 2017, there have been some increases in the number of states with common health and safety requirements for GCCHs, especially in emergency and evacuation plans and the release of children when they arrive and leave at the end of the day. Some of the small decreases and inconsistencies between 2017 and 2014 are caused by the difference in sample size (two territories and Georgia were included only in the 2014 data).
- ↑ Nine states added requirements for GCCHs about having an emergency and evacuation plan—Alaska, Colorado, Connecticut, Delaware, the District of Columbia, Florida, Illinois, Missouri, and Tennessee.
- ↑ Three states added requirements for GCCHs about the arrival of children and their release at the end of the day—Florida, North Dakota, and Wyoming.

Table 12. Number of States with Requirements about Health and Safety for Group Child Care Homes, 2014 and 2017

State Health and Safety Requirements	2014 (N = 41) ^a	2017 (N = 38) ^a
Environmental tests and inspections		
Environmental tests (for example, lead paint, lead in water, asbestos, radon)	11	11
Environmental health inspections ^b	20	14
Building code inspections ^b	18	15
Indoor and outdoor space		
Amount of indoor space per child is 35 square feet	32	30
Amount of outdoor space per child is 75 square feet	16	14
Surfaces under outdoor play equipment	31	29
Fence or other enclosure around outdoor space	27	25
Protection from bodies of water (for example, ponds, rivers, lakes)	28	29
Swimming pool requirements	39	37
Fire safety and emergency preparedness		
Fire inspections ^b	32	29
Fire and emergency drills	34	34
Smoke detectors required in FCCHs	27	27
Fire extinguishers required in FCCHs	25	25
Emergency preparedness procedures	32	31
Emergency and evacuation plans	14	22
Security		
Daily attendance records	27	27
Procedures for accepting and releasing children	19	21

State Health and Safety Requirements	2014 (N = 41) ^a	2017 (N = 38) ^a
Insurance		
Liability insurance	10	11
Automobile insurance	21	21
Reporting injuries, deaths, and child abuse and neglect		
All serious injuries that happen to children reported to licensing agency	28	26
All deaths of children reported to licensing agency	28	26
Suspected child abuse and neglect reported; role as mandated reporter	n.d.	32
Handwashing		
Handwashing for staff	36	35
Handwashing for children	35	34
Diapering		
Requirements for diapering	35	33
Procedures for sanitizing diapering area	30	30
Specification of when diapers are changed	20	21
Smoking policies		
Smoking not allowed in the GCCH, on the grounds, in areas used to care for children, or in the presence of children	35	35
Firearms and other hazards		
Firearms allowed in homes, but must be in locked containers, closets, or other safe locations	32	32
Firearms not allowed in homes	4	3
Restricted access to hazardous supplies and materials	36	35

Notes: N = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. N = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

n.d. = Data are not available from 2014.

^a The decreases in number of states are because Georgia and 2 territories were included only in the 2014 data.

^b Data about environmental health, building code, and fire inspections were collected in the NARA Child Care Licensing Programs and Policies Survey.

Trends in State Licensing Agency Policies

The information in this section was compiled and analyzed from the 2014 and 2017 NARA Child Care Licensing Programs and Policies Survey. Some of these findings are about policies for group child care homes and some are about policies for all types of licensed facilities.

Licensing Staff Assignments and Caseloads for All Facility Types

- ◆ Most state licensing agencies (80 percent) assign licensing line staff to inspect both child care centers and homes.⁸
- ◆ Based on information reported from state licensing agencies, licensing line staff carry an estimated average caseload of 81 centers and homes.
 - ↓ The average caseload for licensing line staff decreased from 97 facilities in 2014.
- ◆ Across the board, states' reported caseloads that ranged from 26 facilities in Tennessee to 182 in Rhode Island.
 - 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 (Lapp-Payne, 2011).

Frequency of Licensing for Group Child Care Homes

- ◆ GCCH licenses are valid in more than two-thirds (71 percent) of the states for either 1 or 2 years (42 percent and 29 percent, respectively). Nonexpiring licenses are issued for GCCHs in 5 states (13 percent)—California, Colorado, Nebraska, Ohio, and Oklahoma.
 - ↓ Seven states reported having nonexpiring licenses in 2014. The states that no longer had nonexpiring licenses in 2017 are Maryland and Texas.

Types of Inspections for Group Child Care Homes

- ◆ As shown in table 13, all states conduct an inspection **before issuing a license** to a GCCH. Eighty-seven percent of states conduct an **announced** inspection before issuing a license.
 - ↑ In 2014, among states that conducted inspections before licensing a GCCH, 68 percent conducted **only announced** inspections. This number has gone up: in 2017, 82 percent conducted only announced inspections. In 2014, more states (10) reported conducting both announced and unannounced inspections before issuing a license to a GCCH than in 2017 (2 states).
- ◆ Thirty-six states (95 percent) make **routine compliance** inspections to GCCHs, and 97 percent of those states always conduct these inspections **unannounced**. The two states that reported not conducting routine inspections reported that they conduct inspections for license renewal.

⁸ See the “Child Care Licensing Staff Requirements” section for findings about licensing staff qualifications and training.

- ↑ In 2014, 66 percent of states that conducted routine inspections in GCCHs used **only unannounced** inspections for this purpose, compared to 97 percent in 2017. In 2014, more states (13) reported conducting both announced and unannounced inspections for routine compliance than in 2017 (1 state).
- ◆ Most of the 30 states that conduct inspections for **license renewal** in GCCHs use unannounced inspections for this purpose.

Table 13. Number of States Conducting Announced and Unannounced Inspections, by Type, in Group Child Care Homes, 2014 and 2017

Type of Inspection	2014 (<i>N</i> = 41)	2017 (<i>N</i> = 38)
Inspection conducted before issuing a license	40	38
Announced only	28	31
Unannounced only	2	5
Both announced and unannounced	10	2
Inspection not conducted	1	0
Inspection conducted for routine compliance	41	36
Announced only	1	0
Unannounced only	27	35
Both announced and unannounced	13	1
Inspection not conducted	0	2
Inspection conducted for license renewal	32	30
Announced only	13	11
Unannounced only	13	17
Both announced and unannounced	5	2
Inspection not conducted	2	3
License is nonexpiring (no renewal)	7	5
No response	1	0

Notes: *N* = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. *N* = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

Frequency of Inspections in Group Child Care Homes

- ◆ As shown in table 14, most states inspect GCCHs **at least once a year**.
- ↑ Thirty-six states (95 percent) reported conducting inspections at least once a year, compared with 35 states (85 percent) in 2014.

Table 14. Frequency of Licensing Inspections in Group Child Care Homes, Number of States in 2014 and 2017

Frequency of Inspections	2014 (<i>N</i> = 41)	2017 (<i>N</i> = 38)
More than three times a year	2	3
Three times a year	3	1
Twice a year	12	12
Once a year	18	20
Once every 2 years	4	1
Once every 3 years	0	1
Less than once every 3 years	2	0

Note: *N* = 41 states (including Georgia, the District of Columbia, and 2 territories) that licensed GCCHs in 2014. *N* = 38 states (including the District of Columbia) that licensed GCCHs in 2017.

Monitoring Tools Used with All Facility Types

States report using various tools and strategies to monitor child care facilities' compliance with licensing requirements. These include conducting abbreviated inspections based on a selected set of requirements, determining frequency of inspections based on facilities' compliance records, and providing child care providers with technical assistance (TA) to support compliance with requirements. Most states have also identified requirements that pose the greatest risk of harm to children if a center or home is not in compliance with them.

Abbreviated Compliance Inspection Forms

- ◆ Thirty-five states (69 percent) report using abbreviated compliance forms that shorten the list of requirements checked during inspections.
 - Twenty-three (66 percent) of these 35 states report that abbreviated compliance forms are used during routine compliance inspections.
 - Twenty-three (66 percent) of these states have specific policies for determining when to switch from an abbreviated compliance form during an inspection to a full compliance review of all regulations.
 - Most states report that they often chose the rules for inclusion in abbreviated compliance forms based on a consensus about rules considered most critical to protecting children's health and safety and an assessment of risk of harm to children.
- ▲ In 2017, 10 states (29 percent) reported developing a set of key indicators that could predict overall compliance as a method for determining the rules to include on an abbreviated compliance form. Eight states reported using key indicators in 2014.

Differential Monitoring Based on Compliance

“Differential monitoring” is a method for determining the frequency of monitoring based on an assessment of a facility’s compliance with regulations.

- ◆ Eighteen states (35 percent) report using differential monitoring to determine the frequency of inspections.

Risk Assessment of Requirements

- ▲ In 2017, 33 states (65 percent) reported having conducted a risk assessment to identify the requirements in their licensing regulations that pose the greatest risk of harm to children. Twenty-eight states (53 percent) reported conducting a risk assessment in 2014.
 - Most of the 33 states that conducted a risk assessment in 2017 identified categories of requirements as high-risk (13; 39 percent) or identified the highest-risk requirements (6 states; 18 percent). Thirteen states (39 percent) assigned a risk level or weight to all requirements.
- ◆ Table 15 shows the common uses for a risk assessment of licensing requirements as it relates to monitoring and enforcement efforts.

Table 15. States’ Use of Risk Assessment of Licensing Requirements, 2017

Use of Risk Assessment	Number of States
Determining frequency of inspections based on risk level of violations	17
Determining enforcement actions based on risk level of violations	15
Categorizing violations	15
Monitoring high-risk rules during abbreviated inspections	14

Note: *N* = 33 states that report conducting a risk assessment of their licensing requirements in 2017.

Technical Assistance

- ◆ Nearly all states (49; 96 percent) report providing technical assistance and consultation during monitoring activities to help programs achieve compliance with regulations.
- ◆ Forty-five states (88 percent) report providing TA to programs to help with specific noncompliance issues.
- ◆ Thirty-four states (67 percent) report that they provide TA to help programs improve quality and exceed minimum licensing requirements.
- ◆ The types of TA that licensing agencies provide to individual GCCHs include consultation and resources to help with specific compliance issues. Licensing agencies also offer training and resources to groups of child care providers about topics on which all providers need information.

Use of Technology for Licensing Child Care Facilities

- ◆ Thirty-four states (67 percent) report using portable devices with specific software—such as laptops, portable digital assistants, and tablets—for capturing information during licensing inspections to help staff efficiently inspect and monitor licensed facilities.

- ◆ Twenty-one states (41 percent) have an online license application.
- ◆ Forty-seven states (92 percent) have an automated licensing data system. Three states report that their data system is in development; one state reported having no data system.
 - Fifty states (94 percent) reported that they had a licensing data system in 2014. The three states reporting that their data system is in development in 2017 reported that they had a system in 2014.
- ◆ Table 16 shows the common uses of these databases.

Table 16. States’ Uses for Licensing Data Systems, 2017

Licensing Data System Uses	Number of States
Provide supervisory oversight	31
Manage caseloads	30
Analyze compliance data	29
Comply with federal reporting requirements	28
Determine staff performance	26
Evaluate workload needs	27
Assess potential enforcement actions	25
Coordinate with other agencies or programs, such as Head Start, subsidy program, Child and Adult Care Food Program, quality rating and improvement system, and prekindergarten	23
Identify technical assistance and training needs	19
Guide revisions	18
Evaluate the licensing program and measure effectiveness	20
Track serious injuries	19
Track fatalities	18
Determine differential monitoring levels	9

Note: *N* = 51 states (including the District of Columbia).

Enforcement Actions Used with Group Child Care Homes

- ◆ The most common enforcement actions used with facilities that are not in compliance with the regulations are revocation, denial, or nonrenewal of a license, emergency or immediate closure of a facility, and issuance of a conditional license. Table 17 shows the number of states that used these actions.

Table 17. Enforcement Actions Used in Group Child Care Homes, 2017

Enforcement Actions	Number of States
Revocation of license	38
Emergency or immediate closure of facility	38
Denial of license	37
Nonrenewal of license	30
Issuance of a conditional license	29
Civil fine	22
Probation	18
Consent agreement	16

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

Illegally Operating Child Care Providers

- ◆ All states respond to complaints from the public or other information received about providers operating illegally. In addition, states work with local law enforcement agencies, monitor outlets where providers advertise, and seek to educate the public with campaigns about the importance of licensing.
- ◆ Nearly all states (46; 90 percent) encourage providers operating illegally to become licensed.
- ◆ As shown in table 18, states take various actions against providers found to be operating illegally.

Table 18. Actions Taken against Providers Found to Be Operating Illegally, 2017

Actions Taken against Providers	Number of States
An injunction or cease-and-desist order may be issued.	44
Law enforcement may be contacted in certain circumstances.	39
Civil penalties or monetary fines may be assessed.	30
Misdemeanor charges may be filed.	29
Felony charges may be filed.	2

Note: $N = 51$ states (including the District of Columbia).

Complaint Investigations in Child Care Facilities

- ◆ Most states, as shown in table 19, accept complaints about child care providers from calls to the general licensing agency telephone number. States also have forms for submitting complaints on their websites and dedicated phone numbers for taking licensing complaints. Most states investigate complaints filed anonymously.
 - No changes were reported from states between 2014 and 2017.

Table 19. Mechanisms for the Public to Submit Complaints about Licensed Child Care Providers, 2017

Mechanisms for Submitting Complaints	Number of States
Telephone call to general licensing agency (no dedicated phone number)	43
Form to submit on licensing website	23
Telephone complaint hotline just for licensing (dedicated phone number)	17
Telephone complaint hotline shared with another program, such as child protective services	15

Notes: $N = 51$ states (including the District of Columbia).
States often report multiple mechanisms for submitting complaints.

- ◆ Nearly all states (50; 98 percent) report that the licensing agency will investigate complaints about child care providers. Thirty-seven of these states (74 percent) report using the same staff that conduct inspections to investigate complaints, and two (4 percent) report using only staff dedicated to complaint investigations. The remaining states report using various types of staff.
- ◆ Nearly two-thirds of states (32; 63 percent) report that an unannounced inspection is conducted for every complaint received. The remaining states (18; 35 percent) conduct unannounced inspections only when an onsite visit is needed for the investigation.
- ◆ States report that child abuse and neglect complaints filed against child care facilities are often investigated by the child protective services agency (37 states; 73 percent), the licensing agency (26; 51 percent), and law enforcement (16 states; 31 percent). Half of states (26; 51 percent) have a specialized unit to investigate these complaints.
- ◆ Thirteen states (25 percent) report that the licensing agency investigates all complaints made against providers who are legally exempt from licensing. More often, states (25; 49 percent) investigate only to determine or verify that the facility is legally exempt. However, more than half of states (29; 57 percent) report that allegations of abuse and neglect are referred to their child protective services agency.

Licensing Information on the Internet About Child Care Facilities

- ◆ Table 20 shows the number of states that post licensing inspection reports, complaints, and enforcement actions on a public website for consumers and providers.
 - ↑ Since these data were first collected in 2005, the percentage of states posting licensing inspection reports on the Internet has increased significantly, from 18 percent to 84 percent (National Association for Regulatory Administration & National Child Care Information and Technical Assistance Center, 2005).

↑ From 2014 to 2017, the percentage of states posting inspection reports increased from 64 percent to 84 percent. The percentage of states posting licensing complaints (mostly substantiated complaints) increased from 55 percent to 80 percent.

- ◆ Of the 43 states that post inspection reports, nearly three-quarters report that they post inspection reports either within 1 week (16 states; 37 percent) or within 1 month of the inspection (16 states; 37 percent).
- ◆ Twenty-seven states (63 percent) give child care providers the opportunity to review the report before it is posted to the Internet.
- ◆ Twenty-seven states (63 percent) provide guidance to help the public understand and interpret the posted inspection reports.

Table 20. Licensing Information Posted on the Internet, 2005, 2014, and 2017

Licensing Information Posted on the Internet	2005 (N = 51)	2014 (N = 53)	2017 (N = 51)
Licensing inspection reports	9	34	43
Full report	7	16	27
Inspection summary	2	18	16
Licensing complaints	8	29	41
All complaints	2	9	9
Substantiated complaints	6	20	32
Enforcement actions	n.d.	21	34
Corrective action plans	n.d.	n.d.	29

Notes: N = 51 states (including the District of Columbia) in 2005 and 2017. N = 53 states (including the District of Columbia and 2 territories) in 2014.
n.d. = Data are not available.

Licensing Fees for Group Child Care Homes

- ◆ Twenty-three states (61 percent) report that they charge GCCHs a fee to obtain a license. Licensing fees for GCCHs are most often a flat fee amount for the facility.
- ◆ Seventeen states that charge a licensing fee for either centers or homes use the revenue to support the licensing agency. In 15 states, the revenue from licensing fees goes into states' general funds.
 - Two states (Kentucky and Virginia) report that licensing fees are used for child care provider professional development; one state (Arkansas) reports that fees are used to pay for background checks.

Child Care Licensing Staff Requirements

- ◆ Thirty-five states (69 percent) report that they require licensing line staff to have a bachelor's degree. In 26 states (51 percent), the content or major of the degree or coursework must be early childhood education, child development, or a related topic. Eighteen states (35 percent) also require experience working in a setting with children.

- ◆ Nearly all states (50; 98 percent) report that licensing line staff must complete training about the licensing system and provider requirements when they start employment. Table 21 shows the topics covered in that training.

Table 21. Training Topics Required for Licensing Staff at Start of Employment, 2017

Training Topics	Number of States
Health and safety issues	50
State's licensing policies and procedures	49
Regulatory issues	49
State's regulations	49
Provider and licensor relationships and communication	45
Identifying child abuse and neglect	43
Supervision	39
Disaster and emergency planning	38
Cultural competency and sensitivity	37
Fire safety	37
Early childhood education or child development	34
Business administration and management	23
Adult development	6

Note: *N* = 51 states (including the District of Columbia).

- ◆ Thirty-seven states (73 percent) require licensing line staff to complete additional training each year in various topics, as seen in table 22. Almost all states make training available to licensing staff through the licensing agency, local and state conferences, and community-based organizations. More than half of states receive training from outside consultants or national conferences.

↑ In 2014, 28 states (53 percent) reported that they required licensing line staff to complete additional training each year.

Table 22. Annual Training Topics Required for Licensing Staff, 2017

Training Topics	Number of States
State's licensing policies and procedures	24
Regulatory issues	22
State's regulations	22
Health and safety issues	20
Identifying child abuse and neglect	16
Cultural competency and sensitivity	14
Early childhood education or child development	14
Provider and licensor relationships and communication	13
Supervision	13
Disaster and emergency planning	13
Fire safety	11

Training Topics	Number of States
Business administration and management	7
Adult development	4

Note: $N = 51$ states (including the District of Columbia).

Child Care Licensing Staff Supports

- ◆ Most states use multiple funding sources to support licensing functions. Forty-eight states (94 percent) use the Child Care and Development Fund to hire and support child care licensing staff. Two-thirds of states (35; 69 percent) also use general state funds for this purpose.
- ◆ Six states (12 percent) use inter-rater reliability training or methods that determine how similar inspections are if conducted by different licensing staff members—Alabama, California, Georgia, Maine, Ohio, and Vermont. Two additional states—Rhode Island and South Carolina—are developing inter-rater reliability methods.
- ◆ Twenty-eight states (55 percent) have developed interpretive guidelines for state licensing regulations.
- ◆ More than three-quarters of states (78 percent) have disaster and emergency response policies that licensing staff must follow.

Conclusion

The findings presented in this brief provide evidence that states are making changes in their licensing requirements and policies to protect the health and safety of children in out-of-home care. We found that nearly all states' licensing requirements address children's health, nutrition, and medical care; supervision of children; and use of safe sleep practices with infants. States appear to recognize the key role that family child care providers play in the well-being of children, with many adding requirements for educational qualifications, preservice training in health and safety topics, annual professional development, and criminal background checks for GCCH providers.

We also found more states that require GCCHs to include physical activities for children in the daily schedule and set limits on children's screen time. In addition, the prevention of harm to children is related to how FCCH providers plan for and respond to emergencies and fires; several states increased their requirements in these areas.

Licensing agencies have policies that address monitoring child care facilities for compliance with requirements, supporting child care providers to help them comply, and acting to enforce compliance when necessary. We found that more states are visiting child care facilities at least once a year, with nearly all states conducting unannounced inspections routinely. Also, more states are making licensing inspection reports available to the public by posting them on agency websites, giving families information they need to make choices about child care.

These data and findings can help states and territories assess their licensing requirements and policies against national trends to determine changes that they may need to make. A state could also use these national findings as research-based evidence to support changes to its own licensing system. We know that these findings do not answer many questions about the effectiveness of licensing policies and hope that this will inspire other researchers to do further analysis. However, additional products will be coming from the National Center on Early Childhood Quality Assurance, including fact sheets that go more in-depth on health and safety requirements and a new feature in the [National Database of Child Care Licensing Regulations](#) that will allow users to search data from the 2017 Child Care Licensing Study by topic and child care facility type and download state-by-state tables and summaries of the data.

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The National Center on Early Childhood Quality Assurance (ECQA Center) supports state and community leaders and their partners in the planning and implementation of rigorous approaches to quality in all early care and education settings for children from birth to school age. The ECQA Center is funded by the U.S. Department of Health and Human Services, Administration for Children and Families.

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