



RESEARCH BRIEF #1: TRENDS IN CHILD CARE CENTER LICENSING REGULATIONS AND POLICIES FOR 2014

This research brief is a joint effort between the National Center on Child Care Quality Improvement (NCCCQI), a previous contract of the Office of Child Care, and the National Association for Regulatory Administration (NARA). This is the first in a series of briefs from this collaboration to collect and analyze data about child care licensing in the United States. The National Center on Early Childhood Quality Assurance is disseminating the briefs.

Introduction

Licensing Systems

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 that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes “certification” or “registration”; for purposes of this research brief, the terms “licensing” and “licensed” are used to represent all regulatory processes.

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¹ “Licensing/licensed” is defined as permission from a State that is required to operate a child care facility, which includes meeting specific program standards.

New Federal Statute

In 2014, the *Child Care and Development Block Grant (CCDBG) Act of 2014*, which included several provisions related to health and safety requirements for child care providers, was signed into law.² The law identifies minimum health and safety requirements, training requirements, and monitoring requirements to ensure that child care used by children receiving Child Care and Development Fund (CCDF) financial assistance protects their health and safety, as shown in figure 1.

The reforms made by reauthorization will benefit more than 1.4 million children receiving child care subsidies, as well as other children who receive no direct assistance from CCDF but benefit from safer child care settings with better-skilled teachers and staff.³

Figure 1: Health and Safety Requirements for Child Care Providers in the CCDBG Act of 2014⁴

- Requires States⁵ to establish health and safety requirements in 10 different topic areas (e.g., prevention of sudden infant death syndrome [SIDS], first aid, and CPR).
- Child care providers serving children receiving assistance through the CCDF program must receive pre-service and ongoing training on such topics.
- Requires States to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children, and specifies disqualifying crimes.
- Requires States to certify that child care providers will comply with child abuse reporting requirements.
- Requires States to conduct pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers.
- States must establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios.
- Requires States to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.
- Requires emergency preparedness planning and statewide disaster plans for child care.

² The *Child Care and Development Block Grant Act of 2014* and section 418 of the *Social Security Act* (42 USC 618), as amended, provide the statutory authority for implementation of the Child Care and Development Fund program as designated by the Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-law>.

³ *Child Care and Development Block Grant Act (CCDBG) of 2014: Frequently Asked Questions* (2015), by the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq#General>.

⁴ *Child Care and Development Block Grant Act (CCDBG) of 2014: Plain Language Summary of Statutory Changes* (2014), by the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes>.

⁵ 45 CFR 98.2 defines *State* as "any of the States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, Guam, American Samoa, the Commonwealth of the Northern Marianas Islands, and includes Tribes unless otherwise specified."

Scope and Purpose

The purpose of this research brief is to report on the licensing requirements and policies for **child care centers** for all 50 States, the District of Columbia, and the two U.S. Territories that responded to the survey—Guam and the Virgin Islands. The term “State” will be used for all 53 jurisdictions.

In addition to the two Territories, Idaho was added to the Child Care Licensing Study data for the first time as it has now promulgated statewide licensing requirements.

States may define child care centers differently in their licensing requirements. For the purpose of categorizing the types of center-based child care settings States regulate, the following definition from the CCDF Final Rule⁶ is used:

Child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent(s)’ work.

In other research briefs in this series, licensing requirements and policies for family child care homes and group 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, NCCCQI conducted an analysis that examines the state of licensing in 2014 and identifies trends that have become apparent during several years of data collection.

Compilation of State Licensing Requirements

For this research, all data regarding **child care center requirements** were compiled 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, 2012, and December 31, 2014. The licensing requirements data presented in this research brief only includes information from state and territory 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 and Territories’ **licensing policies**, including facility monitoring, enforcement of licensing regulations, and licensing program staffing, were gathered by NARA in the *2014 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 September 2014. Respondents submitted their answers via the Internet, and by January 2015, all States had responded.

Comparative Analysis

This brief includes a comparison of the 2014 data with data on 2011 licensing regulations and policies that were reported in the 2013 brief *Research Brief #1: Trends in Child Care Center Licensing*

⁶The 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>

*Regulations and Policies for 2011.*⁷ The 2013 brief includes a comparison of the 2011 data with previous Child Care Licensing Studies from 2005, 2007, and 2008. These reports are available at <http://www.naralicensing.org/child-care-licensing-study>.

Summary of Key Findings

In reviewing all the data, some key findings emerged and are listed below. The data for these findings and many other indicators are detailed in the remaining sections of this research brief.

Licensing Regulations

Since the data collection in 2011, more than 60 percent of States have made changes to their **licensing regulations** for child care centers, and a number of significant trends have emerged.

- States have increased the preservice qualifications required for teachers and directors, including the amount of administrative training required for directors.
- States have increased the number of annual training hours for at least one center role. The median number of required training hours for center teachers and assistant teachers is 15; the median for directors is 19 hours.
- More States conduct a comprehensive background check and require checks of criminal history records, fingerprint (state and federal) records, child abuse and neglect registries, and the sex offender registry for center staff.
- The number of States requiring centers to place infants on their backs to sleep to reduce incidences of SIDS has increased. States have also added training requirements about reducing SIDS.
- A few States added requirements about reporting serious injuries and deaths that occur to children in child care settings.

Licensing Policies

There are several positive trends in child care **licensing policies** about monitoring and enforcement in child care centers from 2011 to 2014.

- The average caseload for licensing line staff decreased from 103 facilities in 2011 to 97 facilities in 2014.
- More States are reporting the use of differential monitoring strategies—such as abbreviated compliance forms, risk assessment of requirements, and key indicator systems—that promote efficiencies and allow for better allocation of resources and staff.
- The number of States that post licensing information on their Web sites has increased. This number has more than tripled since data were first collected in 2005.
- A higher percentage of States report that they provide technical assistance to assist facilities in improving quality and exceeding minimum licensing regulations.

⁷Research Brief #1: *Trends in Child Care Center Licensing Regulations and Policies for 2011* (2013), by NCCCQI, is available at <https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011>.

Trends in State Child Care Center Licensing Regulations

The information in this section was compiled and analyzed from the licensing regulations posted on the NRC Web site between January 1, 2012, and December 31, 2014.

Child Care Centers Licensed

- All States, as well as the District of Columbia, Guam, and the Virgin Islands, license child care centers.

Dates and Types of Regulations

- There is a wide range of effective dates for child care center licensing regulations.
 - ◆ Thirty-three (33) States made changes to their child care center licensing regulations from 2012 through 2014 (i.e., since data were collected in 2011).
- One State (Vermont) has not changed its regulations since 2001.
- In addition to their center regulations, many States have separate sets of regulations for specific types of care, such as:
 - ◆ School-age care in 13 States—California, Colorado, Hawaii, Indiana, Kansas, New Mexico, New York, North Dakota, Oklahoma, Rhode Island, South Dakota, Vermont, and Washington; and
 - ◆ Infant and toddler care in three (3) States—California, Hawaii, and Montana.

Definition of Licensed Child Care Centers

- There are several common elements in States' definitions of center-based facilities that are required to be licensed.
 - ◆ Three-quarters of States define a center by the minimum number of children in the facility.
 - ◆ Most States define a center as a facility that operates for less than 24 hours or any part of a 24-hour day.
 - ◆ Half of States also define a center as operating on an ongoing/regular or scheduled basis.
 - ◆ Other common definition elements include services provided for compensation, ages of the children in the facility, and the number of hours services are provided.

Licensing Exemptions

State child care licensing regulations include definitions of the types of center-based facilities that are exempt from licensing. Table 1 shows the most common exemptions from licensing for center-based facilities.

Table 1: Most Common Licensing Exemptions, 2014

Licensing Exemptions	Percentage of States
Facilities where parents are on the premises (e.g., child care services in a shopping mall or health club)	57%
Preschool programs operated by public schools or approved by the state department of education	57%
Facilities with a small number of children in care	51%
Recreation programs, instructional classes, and/or club programs	51%
Summer day camps	45%
Facilities operating a small number of hours per day or week	42%
Child care services provided during religious services	32%

N = 53 States (including two Territories, and the District of Columbia).

- Twelve (12) States have various licensing exemptions for child care programs operated by religious organizations:
 - ◆ Six States exempt these programs from all licensing requirements and processes—Alabama, Florida, Indiana, Missouri, South Carolina, and Virginia.
 - ◆ Three States exempt child care programs operated by educational institutions affiliated with religious organizations—Illinois, Tennessee, and Texas.
 - ◆ Three States exempt these programs from some licensing requirements and processes—Arkansas, Maryland and North Carolina.

Staff Roles and Age Requirements

- All States that license child care centers have requirements pertaining to the director and teacher staff roles.
- The most common age requirement is that directors be a minimum of 21 years old, 18 years old for master teachers and teachers, and 16 years old for assistant teachers and aides.

Staff Qualifications and Ongoing Training Requirements

- Nearly all States require center directors to have a high school diploma or equivalent, have preservice training or experience, and complete a minimum number of hours of training each year, as shown in table 2. This is also true for States with requirements for the master teacher role. Since 2011,
 - ◆ Two States (Kentucky and Nebraska) have added a requirement for a high school diploma for teachers; and
 - ◆ One State (Rhode Island) has added a requirement for a high school diploma for assistant teachers.

Table 2: Number of States with Requirements for High School Diploma or GED Equivalent, Preservice Qualifications, and Ongoing Training, 2014

Center Staff Role	Role Regulated	High School Diploma or Equivalent*	Preservice Qualifications	Ongoing Training
Director	53	48	50	47
Master teacher	17	14	17	16
Teacher	53	36	39	50
Assistant teacher	29	13	18	24
Aide	20	5	9	14

N = 53 States (including two Territories, and the District of Columbia).

*It varies by role and State whether a high school diploma or GED is required in addition to other preservice qualifications, such as training, credentials, or experience; or as the only qualification. In most cases, it is required in addition to other qualifications.

- The most common minimum qualification for both center directors and master teachers is the Child Development Associate (CDA) Credential™. For States that have minimum qualifications for teachers, the most common type is experience—either alone or with a high school diploma or General Educational Development (GED) credential. Many States have requirements for the type of experience needed.⁸
 - ◆ Six States have changed the amount of preservice training required for directors since 2011—Arizona, Georgia, Maryland, Michigan, Nebraska, and New Mexico.
 - Four of these States increased the amount of administrative training required for directors—Arizona, Maryland, Michigan, and New Mexico.
 - ◆ Four States changed the amount of preservice training required for teachers in the same time period—Georgia, Nebraska, Rhode Island, and Texas.
- The number of ongoing training hours required annually ranges from 3 to 30. The median number of required training hours for center teachers and assistant teachers is 15; the median for directors is 19 hours. Many States specify the content and delivery methods of ongoing training.
 - ◆ Six States have increased the number of training hours for at least one center role since 2011—Alaska, Idaho, Kentucky, Michigan, New Jersey, and Texas.

Orientation Training

- More than three-quarters of States that license child care centers require staff to complete some type of orientation training to work in a center.
- Twenty-nine (29) States require centers to provide orientation training to new employees and volunteers. Orientation training is often the responsibility of the center director.

⁸ For directors, in most States the high school diploma is required in addition to other preservice qualifications, such as training, credentials, or experience. For teachers, more often high school diplomas are the only qualification or may be paired with experience.

Health and Safety Topics Required in Preservice and Orientation Training

FIRST AID AND CPR

- As shown in table 2, 51 States require center staff to complete first aid and cardiopulmonary resuscitation (CPR) training before working with children or soon after employment. Thirty-eight States (38) specify that CPR training must focus on infants and children.

Table 2: First Aid and CPR Training Included in Preservice or Orientation Licensing Requirements, 2014

First Aid and CPR Training	Number of States
First aid training required	51
Required for at least one staff member on duty	35
Required for all staff	18
Training focused on infants and children	15
CPR training required	51
Required for at least one staff member on duty	39
Required for all staff	14
Training focused on infants and children	38

N = 53 States (including two Territories, and the District of Columbia).

OTHER TRAINING TOPICS

- As shown in table 3, more than 70 percent of States require center staff to complete preservice or orientation training related to detecting and reporting child abuse and neglect. Nearly 60 percent require center staff to complete training in emergency preparedness and preventing the spread of communicable disease, respectively.

Table 3: Health and Safety Training Topics Included in Preservice or Orientation Licensing Requirements, 2014

Health and Safety Training Topics	Number of States
Child abuse and neglect	38
Emergency preparedness and response	30
Spread of communicable disease, universal precautions, hand washing	30
Administration of medication	16

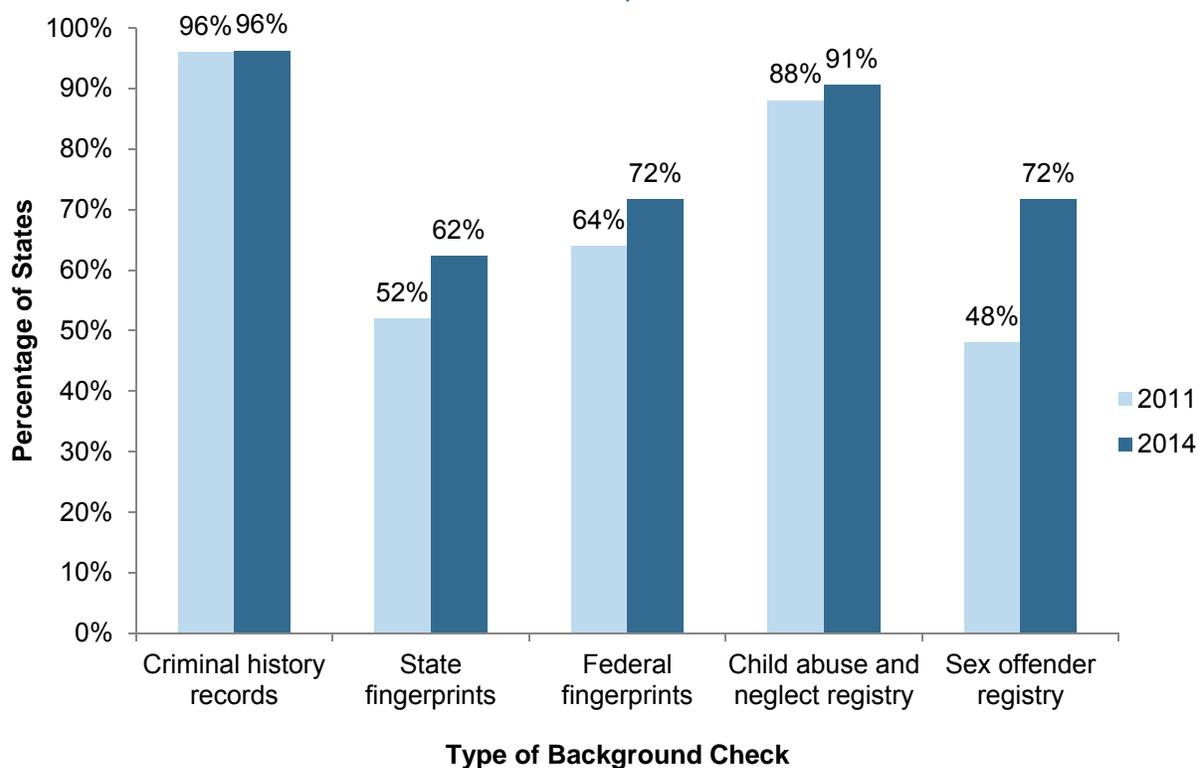
Health and Safety Training Topics	Number of States
Reducing the risk of SIDS, safe sleep practices	16
Special health care needs	14
Care of sick children	13
Child nutrition and feeding	13
Shaken baby syndrome	11
Fire safety	7
Transportation, child safety restraints	7

N = 53 States (including two Territories, and the District of Columbia).

Background Checks

- All States require at least one type of background check for center staff prior to hiring. As shown in figure 2, the percentage of States requiring fingerprint checks against state and Federal records and the sex offender registry checks has increased since 2011.

**Figure 2: Background Check Requirements
Child Care Centers, 2011 and 2014**



N = 53 States (including two Territories, and the District of Columbia).

- Sixteen (16) States conduct comprehensive background checks and require checks of criminal history records, fingerprints (state and Federal), child abuse and neglect registries, and the sex offender registry for center staff: Alabama, Alaska, Arizona, California, Colorado, the District of Columbia, Hawaii, Idaho, Mississippi, Nevada, New Mexico, North Carolina, South Carolina, Tennessee, Utah, and Washington. This increased from 11 States in 2011.
- Forty (40) States require center staff to sign criminal-status statements.

Staff Hiring Requirements

- Thirty-nine (39) States require center staff to have a physical exam or provide a health statement from a physician before working with children.
- Forty States (40) require center staff to have a tuberculosis screening.
- Half of States require references when hiring center directors or other staff.

Child-Staff Ratios and Group Size

- All States have requirements for child-staff ratios. Twelve (12) States do not regulate group size for any age groups. An additional 10 States do not regulate group size for at least one age group.
- Tables 4 and 5 show that only the few States with the lowest child-staff ratios and group sizes meet or exceed the recommendations in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care Programs, 3rd Edition* (CFOC)⁹.

Table 4: Range of State Child-staff Ratio Requirements for Child Care Centers, 2014

Age of Children	Lowest Required Ratio	Number of States	Highest Required Ratio	Number of States	Most Common Ratio	Number of States	CFOC Guidelines
Infant							
6 weeks	3:1	3	6:1	4	4:1	34	3:1
11 months	3:1	3	6:1	5	4:1	33	3:1
Toddler							
18 months	3:1	1	9:1	3	6:1	16	4:1
35 months	4:1	2	12:1	2	8:1	12	4:1
Preschool							
3 years	7:1	2	15:1	5	10:1	23	7:1
4 years	8:1	1	20:1	3	10:1	19	8:1
School-age							
5 years	9:1	1	25:1	2	15:1	14	8:1
10 years	10:1	1	26:1	1	15:1	16	12:1

N = 53 States (including two Territories, and the District of Columbia).

⁹ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition*. <http://nrckids.org/CFOC3/index.html>.

Table 5: Range of State Group Size Requirements for Child Care Centers, 2014

Age of Children	Lowest Required Group Size	Number of States	Highest Required Group Size	Number of States	Most Common Group Size	Number of States	CFOC Guidelines
Infant							
6 weeks	6	1	20	1	8	19	6
11 months	6	1	20	1	8	19	6
Toddler							
18 months	8	7	20	2	12	12	8
35 months	8	2	22	1	14	9	8
Preschool							
3 years	14	1	30	2	20	19	14
4 years	20	18	36	1	20	18	16
School-age							
5 years	20	9	40	2	30	12	16
10 years	20	2	50	1	30	15	24

N = 53 States (including two Territories, and the District of Columbia).

- Forty-seven (47) States allow child care centers to have mixed-age groups of children. All of these States have requirements about child-staff ratios for mixed-age groups, and more than half have requirements about group size for mixed-age groups. Most States base mixed-age group ratios and group size on the age of the youngest child in the group.

Supervision of Children

- More than 90 percent of States have requirements for staff on the supervision of children in care. Among those States, some specify that staff must be able to see or hear children at all times or that staff must be free of other duties while supervising children.
- All States 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 Child Care Centers, 2014

Times and Activities	Number of States
Transportation in vehicles	49
Naptime	46
Field trips	44
Swimming or water activities	44
Evening or overnight care	37
Outdoor play	31

N = 53 States (including two Territories, and the District of Columbia).

Health Requirements and Medical Care

- Thirty (30) States require children to have a physical exam when enrolling in a center.
- As shown in table 7, all States require children to have immunizations to enroll in centers. However, most States allow exemptions from immunization requirements if written statements are provided from either a physician or parent.

Table 7: Immunization Requirements for Children in Centers, 2014

Immunization Requirements for Children	Number of States
Children are required to have immunizations to enroll in a center	53
State sets time for when immunizations records must be submitted to the center after enrollment	24
Immunization Exemptions for Children	
State allows parents/guardians to provide a written statement that they do not wish to have their child immunized	37
State allows medical professionals to provide a written statement for exemption from immunizations for medical need	36
State allows centers to exclude children until immunization records or exemption statements are provided	18
State allows centers to accept a child on a conditional basis if not all immunizations are complete	7
State allows centers to refuse to accept children who have been exempted from immunization by the parents	2

N = 53 States (including two Territories, and the District of Columbia).

- All States have requirements about the administration of medication to children. Centers in nearly all 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.
 - ◆ Seventeen (17) States and Territories require center staff to complete training about the administration of medication—California, Colorado, Connecticut, Delaware, Georgia, Indiana, Maryland, Nevada, New Jersey, New York, Ohio, Utah, Vermont, Virgin Islands, Virginia, West Virginia, and Wyoming.
- Seventy-nine (79) percent of States require centers to exclude children who are mildly ill, meaning that they must be kept home until they are well enough to return to programs.

Nutrition and Maintaining Healthy Weight

- Fifty-two (52) States and Territories have requirements for centers about the nutritional content of meals and snacks served to children.
- Table 8 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 8: Number of States with Requirements for Child Care Centers about Maintaining Healthy Weight in Children, 2011 and 2014

Healthy Weight Requirement*	2011 (N = 50)	2014 (N = 53)
Nutrition		
Drinking water must be freely available to children throughout the day	40	43
Requirements about breastfeeding or feeding breast milk to children in care	37	43
Fruit or vegetables must be served at every meal	19	19
Soft drinks or other sugary drinks are prohibited	6	8
Limit servings of 100% juice to one 4 to 6 ounce serving per day	3	3
Low-fat or nonfat milk must be served to children age two and older	2	3
Meals are eaten family style	1	1
No fried foods are served	0	0
Physical activity		
Daily outdoor play is required when weather permits	46	47
Duration of daily physical activity is specified	8	11
Screen time		
State has rules about children's use of television, computers, or other electronic media	22	26
Content of electronic media is age-appropriate, educational, nonviolent, etc.	16	18
State sets limits on the amount of screen time	11	15
Use of electronic media is prohibited with children younger than age 2	5	12

N = 53 States (including two Territories, and the District of Columbia). N = 50 States in 2011.

*The table shows the number of States that have licensing requirements about nutrition, physical activity, and screen time that are 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

- Forty-two (42) States specify the types of discipline or behavior guidance that centers are allowed to use with children, and 52 States and Territories specify forms of discipline centers are not allowed to use with children.
 - ◆ Two (2) States (Louisiana and South Carolina) allow corporal punishment by specifically listing it as a form of acceptable discipline in their licensing regulations.

Activities and Equipment and Materials

- Forty-nine (49) 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.
- Forty-one (41) States specify that the domains of children’s development must be addressed in activities. Most of these States require centers to address children’s social, physical, language and literacy, cognitive and intellectual, and emotional development. Nearly half of States require centers to address cultural development.
- Seventy-five (75) percent of States have requirements for the types of equipment and materials centers must have for children, such as indoor and outdoor gross-motor equipment, fine-motor manipulatives, books and other literacy materials, and art supplies.

Child Assessment

- Three States (Massachusetts, Nevada, and Vermont) require centers to use observation and/or assessment methods to document children’s development and to share the results of assessments with families.

Parent Involvement

- Nearly half of States have parent involvement requirements for centers, including requiring centers to provide opportunities for parents to be involved in program activities.
- Forty-six (46) States have requirements about communication with parents, with half of States requiring centers to keep logs of children’s care and communicate with parents, and more than a third requiring centers to hold regularly scheduled meetings with parents.
- Forty-seven (47) States require centers to provide parents with access to the facility at all times when their child is present.

Transportation

- Fifty-one (51) States and Territories have requirements about transporting children in vehicles.
 - ◆ As shown in table 9, there has been a small increase in the number of States with these requirements since 2011.

Table 9: Number of States with Transportation Requirements for Child Care Centers, 2011 and 2014

Transportation Requirements	2011 (N = 50)	2014 (N = 53)
Requirements for transporting children in vehicles	49	51
Safety restraints for children (e.g., seat belts, car seats)	44	47
Driver requirements (e.g., driver's license, minimum age requirements)	43	46
Specific child-staff ratio requirements for transporting children in vehicles	39	40
Supervision of children when they board and exit vehicles	24	24
Attendance records of children being transported	20	20
Additional checks for children remaining on board are conducted once vehicles are unloaded	7	7

N = 53 States (including two Territories, and the District of Columbia). N = 50 States in 2011.

Care of Infants and Toddlers

- The number of States requiring centers to place infants on their backs to sleep to reduce incidences of SIDS has increased by 5 States since 2011, as shown in table 10. Twenty-four (24) States had this requirement in 2005.
- States have also added requirements about physician authorization for different sleep positions and prohibited the use of soft bedding in cribs. Five States have also added training requirements about reducing SIDS.

Table 10: Number of States with Requirements for Child Care Centers about Reducing the Risk of SIDS, 2011 and 2014

SIDS Reduction Requirements	2011 (N 50)	2014 (N 53)
Infants must be placed on their backs to sleep	42	47
Physicians may authorize different sleep positions for infants	35	38
Soft bedding or materials must not be used in cribs	25	30
Facilities must use cribs that meet the U.S. Consumer Product Safety Commission requirements	NA	28
Staff are required to complete preservice or orientation training about reducing SIDS	10	16
Parents can authorize a different sleep position for infants	5	6

N = 53 States (including two Territories, and the District of Columbia). N = 50 States in 2011.
NA = Data not collected in 2011.

- Among the 50 States that have requirements for infant and toddler care, 23 require that centers assign a primary, consistent caregiver to each child. This has not changed since 2011.
- Fifty-two (52) States and Territories have requirements about how to feed infants, and 43 have requirements about breastfeeding or feeding breast milk to children in care.
- Seventeen (17) States have specific qualifications for staff that work with infants and toddlers that include training on how to care for these age groups.

Care of School-Age Children

- Thirteen (13) States have separate sets of regulations for facilities that care for only school-age children. In addition, 47 States have incorporated requirements for the care of school-age children into the regulations for mixed-age child care centers.
- Of the 47 States with requirements in center regulations, 28 States have specific qualifications for staff that work with school-age children.
- Forty-three (43) States specify the types of activities centers should provide for school-age children.
- Twenty-eight (28) States require centers to have specific types of equipment for school-age children.
- Twenty (20) States have requirements specific to the supervision of children in this age group.

Care of Children with Disabilities or Other Special Needs

- Thirty-nine (39) States have requirements about the care of children with special needs in their child care center regulations. Table 11 includes some of the most common requirements for child care centers.

Table 11: Requirements about the Care of Children with Disabilities or Special Needs for Child Care Centers, 2014

Requirements about the Care of Children with Disabilities	Number of States
Facility must keep information about disabilities or special needs in children's records	19
Facility must obtain information from parents about children's disabilities or special needs	19
Facility must develop activity plans or accommodate existing plans for children with disabilities or special needs	17
For children identified as having a disability or special need, facility must keep IEP plans or IFSPs in records	10
Facility staff must communicate with families about children's progress concerning special needs	10
Facility must develop plans for caring for children with disabilities or special needs	9

N = 53 States (including two Territories, and the District of Columbia).

IEP = Individualized Education Program

IFSP = Individual Family Services Plan

Facility Health and Safety Requirements

- As shown in table 12, between 2011 and 2014, there has been an increase in the number of States with common health and safety requirements for child care centers. Some of the increases are due to the addition of requirements from Guam and the Virgin Islands to the 2014 data collection. Any instances of three or more States that changed their requirements since 2011 are noted below:
 - ◆ Three States added requirements about the following:
 - Fire safety—Alaska, Idaho¹⁰, and Kentucky;
 - Keeping daily attendance records—Idaho, Nebraska, and Rhode Island;
 - Handwashing for children—Idaho, South Dakota, and Wyoming; and
 - Prohibiting smoking in child care centers—Idaho, Nebraska, and Wyoming.
 - ◆ Four States added requirements about reporting serious injuries that occur to children in child care centers—Idaho, Nebraska, Rhode Island, and Utah.
 - ◆ Five States added requirements about reporting deaths that occur to children in child care centers—Idaho, Nebraska, Rhode Island, Utah, and Virginia.
 - ◆ In 2011, five States added a requirement that prohibited firearms in child care centers—Arkansas, Connecticut, Delaware, the District of Columbia, and North Carolina. Two more States (Nevada and Rhode Island) have added that prohibition since 2011.

Table 12: Number of States with Requirements about Health and Safety for Child Care Centers, 2011 and 2014

State Health and Safety Requirements for Center-Based Facilities	2011 (N 50)	2014 (N 53)
Environmental tests and inspections		
Environmental tests (e.g., lead paint, lead in water, asbestos, radon)	13	13
Environmental inspections (e.g., fire, health, building code)	41	41
Indoor and outdoor space		
Amount of indoor space per child is 35 square feet	41	41
Amount of outdoor space per child is 75 square feet	31	31
Fence or other enclosure around outdoor space	40	41
Fire safety and emergency preparedness		
Requirements for fire safety	47	51
Fire drills	39	42
Emergency preparedness (e.g., weather, utility-related, acts of terrorism)	38	38
Security		
Daily attendance records kept	37	41
Procedures for accepting and releasing children (i.e., signing in and out)	27	28

¹⁰ Idaho's changes are due to new statewide licensing requirements that were promulgated in 2011 (after the data collection for the 2011 Child Care Licensing Study). Prior to this, Idaho did not have statewide requirements for child care centers and was not included in the studies.

State Health and Safety Requirements for Center-Based Facilities	2011 (N = 50)	2014 (N = 53)
Insurance		
Liability insurance	25	25
Automobile insurance	28	31
Reporting to the licensing agency		
All serious injuries that occur to children in programs	34	39
All deaths that occur to children in programs	33	39
Hand washing		
Hand washing for staff	46	47
Hand washing for children	45	49
Diapering		
Requirements for diapering	49	50
Sanitation of diapering area	42	43
Specify when diapers are changed	32	32
Smoking policies		
Smoking not allowed in facility	33	36
Firearms		
Firearms not allowed in facility	22	25

N = 53 States (including two Territories, and the District of Columbia). N = 50 States in 2011.

Trends in State Child Care Center Licensing Policies

The information in this section was compiled and analyzed from the *2014 NARA Child Care Licensing Programs and Policies Survey*.

Number of Licensed Child Care Centers

- There are a total of 110,309 licensed child care centers in the United States, with a total of 266,017 licensed facilities (centers and family and group child care homes), as shown in table 13.
 - ◆ The number of child care centers has decreased slightly (1 percent) since 2011. The total number of licensed centers and homes has decreased by nine percent.
 - ◆ Many States report that the economy has been a factor in the decrease in licensed facilities. Other factors they report include low enrollment, changing demographics, and increased provider requirements.

Licensed Capacity in Centers

- There are more than 9.8 million licensed child care slots in the United States as shown in table 13. Licensed capacity in licensed centers and homes has decreased by two percent since 2011.
- Eighty-five (85) percent of licensed child care slots are in center-based programs.
- The number of licensed slots in child care centers has decreased slightly (0.36 percent).

Table 13: Number of Licensed Facilities and Licensed Capacity in Child Care Centers, 2011 and 2014

Number of Facilities	2011	2014	Difference
Child care centers	111,701	110,309	-1,392
Total number of licensed facilities	291,865	266,017	-25,848
Licensed Capacity			
Child care centers	8,392,054	8,362,036	-30,018
Total licensed capacity	10,053,124	9,853,135	-199,989

N = 53 States (including two Territories, and the District of Columbia). *N* = 50 States in 2011.

Frequency of Licensing

- Child care center licenses are valid in most States for either one or two years. Nonexpiring licenses are issued in 12 States—Arkansas, California, Colorado, Maryland, Nebraska, North Carolina,¹¹ Ohio, Oklahoma, South Dakota, Texas, Washington, and Wisconsin.
 - ◆ Since 2011, one State (Ohio) has adopted a nonexpiring license.

Types of Inspections

- As shown in table 14, all States conduct an inspection prior to issuing a license. Eighty-five (85) percent of States conduct an announced inspection before issuing a license.
- All States make routine compliance inspections and 75 percent always conduct these inspections unannounced.
- Most States conduct unannounced inspections for license renewal.

Table 14: Types of Inspections Conducted in Child Care Centers, Announced and Unannounced, 2014

Type of Inspection	Number of States
Inspection conducted before issuing a license	53
Announced only	34
Unannounced only	8
Both announced and unannounced	11

¹¹ One-star licenses in North Carolina are nonexpiring. Two- to five-star licenses are renewed every three years.

Type of Inspection	Number of States
Inspection conducted for routine compliance	53
Announced only	1
Unannounced only	40
Both announced and unannounced	12
Inspection conducted for license renewal	40
Announced only	13
Unannounced only	21
Both announced and unannounced	5
License is nonexpiring (no renewal)	12
No response	1

N = 53 States (including two Territories, and the District of Columbia).

Frequency of Inspections

- As shown in table 15, most States inspect child care centers at least once a year. There has been little change in the frequency of inspections since 2011.

Table 15: Frequency of Licensing Inspections in Child Care Centers, 2014

Frequency of Inspections	Number of States
More than three times a year	2
Three times a year	6
Twice a year	14
Once a year	25
Once every 2 years	5
Once every 3 years	0
Less than once every 3 years	1

N = 53 States (including two Territories, and the District of Columbia).

Monitoring Tools

- Seventy (70) percent of States report using abbreviated compliance forms that shorten the list of requirements that are checked during inspections. This is an increase from 55 percent of States in 2011.
 - ◆ Seventy (70) percent of these States report that abbreviated compliance forms are used during routine compliance inspections.
 - ◆ Sixty-five (65) 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.
 - ◆ 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.
 - Eight States report 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.
- Twenty-six (26) percent of States report having a method for determining the frequency and/or depth of monitoring based on an assessment of a child care center’s level of compliance with regulations, also known as “differential monitoring.”¹²
- More than 50 percent of States report having identified the requirements within their licensing regulations that pose the greatest risk of harm to children.
 - ◆ Most of these States have identified categories of requirements as high-risk or identified the highest-risk requirements. About a quarter of the States have assigned a risk level or weight to all requirements.
 - ◆ Table 16 shows the common uses of a risk assessment of licensing requirements as related to monitoring and enforcement efforts.

Table 16: States’ Use of Risk Assessment of Licensing Requirements, 2014

Use of Risk Assessment	Number of States
Determining frequency of inspections based on risk level of violations	21
Determining enforcement actions based on risk level of violations	17
Categorizing violations	15
Monitoring high-risk rules during abbreviated inspections	15

N = 28 States that report having conducted a risk assessment of their licensing requirements.

- Nearly all States report providing technical assistance and consultation during monitoring activities to help facilities achieve compliance with regulations.

¹² “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 it can be used to determine the number of inspections needed for a particular facility and the content of inspections.

- ◆ The percentage of States reporting that they provide technical assistance to assist facilities in improving quality and exceeding minimum licensing requirements rose from 45 percent in 2011 to 65 percent in 2014.

Use of Technology

- Thirty-four (34) 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.
- Nearly all States (50) have an automated licensing data system. Table 17 shows the common uses of these databases.

Table 17: States' Uses for Licensing Databases, 2014

Licensing Database Uses	Number of States
Provide supervisory oversight	46
Manage caseloads	44
Analyze compliance data	40
Determine staff performance	34
Evaluate workload needs	31
Assess potential enforcement actions	29
Identify technical assistance and training needs	27
Guide revisions	25
Evaluate the licensing program and measure effectiveness	24
Track serious injuries	19
Track fatalities	17
Determine differential monitoring levels	13

N = 53 States (including two Territories, and the District of Columbia).

Enforcement Actions

- The most common enforcement actions used with facilities that are not in compliance with the regulations are denial of a license, revocation of a license, emergency or immediate closure of a facility, issuance of a conditional license, nonrenewal of a license, and civil fines. As shown in table 18, all these actions are used by at least 50 percent of States.
- Of the common enforcement actions listed below, States most frequently imposed civil fines, conditional licenses, and license revocations.

Table 18: Use of Enforcement Actions in Child Care Facilities, 2014

Enforcement Actions	Number of States Using Enforcement Action in 2014	Number of Actions Taken Against Facilities by All States
Denial of license	53	720
Revocation of license	52	1,383
Emergency or immediate closure of facility	52	646
Issuance of a conditional license	42	1,122
Nonrenewal of license	37	317
Civil fine	30	2,108
Probation	23	547
Consent agreement	19	80

N = 53 States (including two Territories, and the District of Columbia).

Note: Not all States were able to provide data about the number of actions taken against child care facilities. In addition, the number of actions does not equal the number of facilities that were in violation of the licensing regulations. Facilities could have been subject to multiple actions during one year.

Illegally Operating Providers

- All States respond to complaints from the public 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 encourage providers operating illegally to become licensed. However, as shown in table 19, States take various actions against providers found to be operating illegally.

Table 19: Actions Taken against Providers Found to Be Operating Illegally, 2014

Actions Taken against Providers	Number of States
An injunction or cease-and-desist order may be issued	45
Law enforcement may be contacted in certain circumstances	42
Civil penalties or monetary fines may be assessed	32
Misdemeanor charges may be filed	26
Felony charges may be filed	5

N = 53 States (including two Territories, and the District of Columbia).

Complaint Investigations

- Most States, as shown in table 20, will take complaints about child care providers from calls to the general licensing agency telephone number. States also have forms to submit complaints on their Web

site and dedicated phone numbers for taking licensing complaints. Most States will investigate complaints filed anonymously.

Table 20: Mechanisms for the Public to Submit Complaints about Licensed Child Care Providers, 2014

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

N = 53 States (including two Territories, and the District of Columbia).

Note: States often report multiple mechanisms for submitting complaints.

- All States report that their licensing agency will investigate complaints. Thirty (30) States report only using the same staff that conduct inspections, and two report using only staff dedicated to complaint investigations. The remaining States report using various types of staff.
- Nearly two-thirds of States report that an unannounced inspection is conducted for every complaint received. The remaining States conduct unannounced inspections only when an on-site visit is needed for the investigation.
- States report that child abuse and neglect complaints filed against child care facilities are often investigated by the protective services agency, law enforcement, and the licensing agency. Thirty (30) percent of States have a specialized unit to investigate these complaints.
- Ten (10) States report that they investigate all complaints made against providers who are legally exempt from licensing. More often, States only investigate to determine or verify that the facility is legally exempt. However, more than half of the States report that allegations of abuse and neglect are referred to their child protective services agency.

Licensing Information on the Internet

- Table 21 shows the number of States that post licensing inspection reports, complaints, and enforcement actions to a public Web site for consumers and providers.
 - ◆ Since these data were first collected in 2005, the number of States posting licensing information on the Web has increased significantly, by more than 300 percent.

Table 21: Licensing Information Posted on the Internet, 2005, 2011, and 2014

Licensing Information Posted on the Internet	2005	2011	2014
Licensing inspection reports	9	29	34
Full report	7	16	16
Inspection summary	2	13	18
Licensing complaints	8	25	29
All complaints	2	6	9
Substantiated complaints	6	19	20
Enforcement actions	NA	NA	21

N = 53 States (including two Territories, and the District of Columbia).

NA = Data not collected in 2005 and 2011.

Licensing Fees

- More than 70 percent of States charge child care centers a fee to obtain a license. Licensing fees for child care centers are most often based on the number of children in a facility.
 - ◆ Half of the States that charge a licensing fee use the revenue to support the licensing agency. In most of the remaining States, the revenue from licensing fees goes into the States' general funds. Two (2) States (Tennessee and Virginia) report that licensing fees are used for training child care providers.

Licensing Staff Requirements

- Thirty-nine (39) States report that they require licensing line staff to have a bachelor's degree. In 24 States, the content or major of the degree or coursework must be early childhood education, child development, or a related topic. Twenty-one (21) States also require experience working in a setting with children.
- Twenty-eight (28) States require licensing line staff to complete additional training each year in various topics, as seen in table 21. 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 and/or national conferences.
- Most States use multiple sources of funds to support licensing functions. More than 85 percent of States use the CCDF to hire and support child care licensing staff. Two-thirds of States also use general state funds for this purpose.

Table 22: Annual Training Topics Required for Licensing Staff, 2014

Annual Training Topics	Number of States
Regulatory issues	16
Health and safety issues	16
State's regulations	15
State's licensing policies and procedures	15
Cultural competency and sensitivity	12
Identifying child abuse and neglect	11
Early childhood education and child development	11
Provider-licensor relationships and communication	11
Supervision	8
Disaster and emergency preparedness	8
Fire safety	6
Adult development	3
Business administration and management	3

N = 53 States (including two Territories, and the District of Columbia).

Conclusion

The role of licensing in the early care and education system is to provide a mandatory floor of program standards and monitoring 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. This research brief illustrates 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.

The CCDBG Act of 2014 was signed into law after these data were collected. The findings shown in this brief, such as changes in preservice and ongoing training requirements, background check requirements, and monitoring systems, are all key pieces of the new federal statute. In the next few years, States will be making even more significant changes to their licensing requirements and monitoring policies to come into compliance with the federal statute. The next time these data are collected and analyzed will provide an opportunity to learn how the law has impacted health and safety requirements for all children in child care.

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