



Research Brief #2: Trends in Family Child Care Home Licensing Requirements and Policies for 2011

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

Introduction

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

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

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

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

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

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

Scope and Purpose

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

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

One individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, 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)'s work.

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

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

Compilation of State Licensing Requirements

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

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

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

NARA Survey of Licensing Programs and Policies

The data about States' **licensing policies**, including, facility monitoring, enforcement of licensing regulations, and licensing program staffing, were gathered by the National Association for Regulatory Administration (NARA) in the *2011 NARA Child Care Licensing Programs and Policies Survey*. NARA sent the survey via SurveyMonkey®, an online survey tool, to all state child care licensing agencies in April 2012. Respondents submitted their answers via the Internet, and by July 2012, all States had responded. NARA shared the results of the survey with the NCCCQI, which conducted the analysis included in this research brief.

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

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

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

Comparative Analysis

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

Summary of Key Findings

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

- The largest increase is in the number of States that have requirements about safe sleep practices (i.e., putting infants on their backs to sleep, providers must check on sleeping infants).
- States have increased the qualifications of FCCH providers, by adding requirements for a high school diploma or equivalent or training in early childhood education. The number of States that require training in the administration of medication has doubled since 2007.
- States have increased the number of ongoing training hours for FCCH providers. The median number of required training hours has increased from 12 to 15 since 2007.
- The number of States requiring fingerprint checks of federal records and checks of the sex offender registry has increased dramatically.
- States have added requirements about parent involvement, transportation, and the care of school-age children, and more States prohibit smoking in FCCHs.

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

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

State FCCH Licensing Requirements

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

Family Child Care Homes Licensed

- Forty-two (42) States, including the District of Columbia, license FCCHs, defined as one adult caring for a group of children in the provider's residence.
 - ◆ Nine (9) States do not license FCCHs as defined above—Arizona, Idaho, Indiana, Kansas⁶, Louisiana, New Jersey, Ohio, South Dakota, and Virginia.
 - Most of these States license home-based providers that meet the definition of a group child care home.⁷
 - Idaho, Louisiana, and New Jersey do not have mandatory licensing requirements for home-based providers.
 - ◆ Since 2007, two (2) States—Indiana and Kansas—have eliminated the category of licensed FCCHs from their regulations, but do license home-based settings that meet the definition of a group child care home.

Dates and Types of Regulations

- There is a wide range of effective dates for FCCH licensing regulations.
 - ◆ Twenty-three (23) States made changes to their FCCH licensing regulations from 2009 through 2011 (i.e., since data were collected for *The 2008 Child Care Licensing Study*).
 - ◆ Three (3) States have not changed their FCCH regulations since the 1990's: South Carolina (1993); Vermont (1996); and Nebraska (1998).

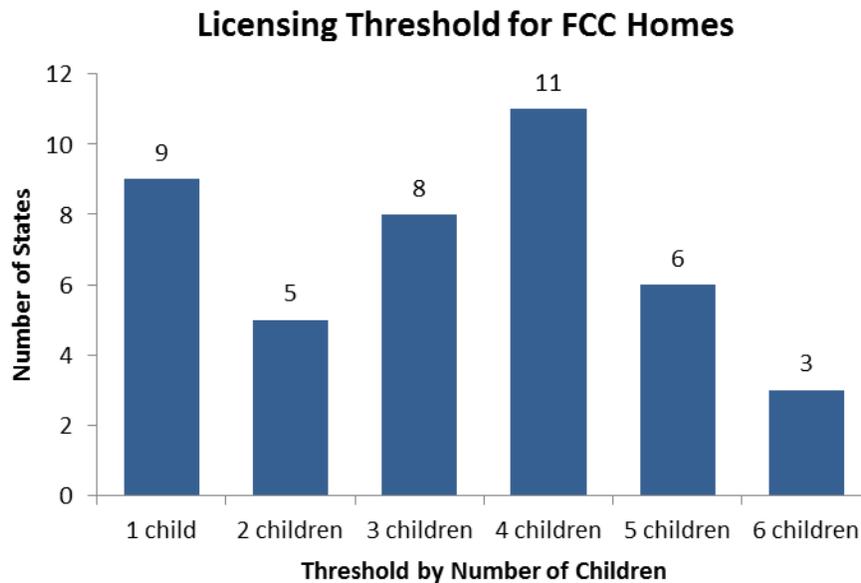
Licensing Threshold

- As shown in Figure 1, nine (9) States require FCCHs to be licensed if there is just one child in care that is not related to the provider—Alabama, Connecticut, Delaware, District of Columbia, Massachusetts, Maryland, Michigan, Oklahoma, and Washington.
- Most States set the licensing threshold for FCCHs at three or four children.

⁶ Legislation passed in Kansas during the 2010 legislative session which resulted in the elimination of Registered Family Day Care Homes with a maximum capacity of 6 as a licensing category. The law required all registered homes to transition to being licensed and inspected no later than June 30, 2011. Licensed homes can have a maximum of 10 children with one provider and 12 children with two providers. For the purposes of this study, all data about requirements for Kansas home-based providers will be reported in the research brief about group child care homes.

⁷ A group child care home is defined as two or more individuals who provide child care services for fewer than 24 hours per day, 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)'s work. See *Research Brief #3: Trends in Family Child Care Home Licensing Regulations and Policies for 2011* for details about licensing requirements for group child care homes.

Figure 1



N = 42 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SD, VA

Maximum Number of Children

Typically, FCCHs have one adult provider caring for a group of children.

- Of the 42 States that license FCCHs, 12 allow no more than six children in the home.
- Fourteen (14) States allow six preschool children plus additional school-age children. These States allow from two up to six additional school-age children in care during the before- and after-school hours or during school vacations. Most allow three or four additional children. In a few States, an additional adult is needed when additional school-age children are in care.
- Six (6) States allow 10 or more preschool-age children in FCCHs.
- Nearly all States set a limit on the number of infants and toddlers that can be in FCCHs.
- Thirty-nine (39) States count providers' children or other children living in homes in the maximum numbers allowed.

Staff Roles and Age Requirements

- All States that license FCCHs have requirements in their regulations for the provider role.
- Twenty-five (25) States have requirements for a FCCH assistant.
- The most common minimum age requirements are 18 years of age for providers. Ten (10) States require assistant providers to be at least 18 years of age; however, 12 of the remaining States allow assistants to be between 13- and 16-years-old.

Staff Qualifications and Ongoing Training Requirements

- Only one-third of States require FCCH providers to have a high school diploma or equivalent, as shown in Table 1.
 - ◆ Since 2007, four (4) States have added a requirement for a high school diploma for FCCH providers—Delaware, District of Columbia, Pennsylvania, and Illinois.
- One State (Utah) added preservice training requirements for FCCH providers since 2007. Two (2) States (Maryland and North Dakota) added preservice requirements for assistant providers.
- One State (Utah) added ongoing training requirements for FCCH providers since 2007. Three (3) States added ongoing training requirements for assistant providers—Arkansas, Massachusetts, and Utah.

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

FCCH Staff Role	Number of States			
	Role Regulated	High School Diploma or GED	Preservice Qualifications	Ongoing Training
Provider	42	14	24	39
Assistant provider	25	1	4	15

N=42 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SD, VA.

- The most common minimum qualification for FCCH providers is clock hours of training in early childhood education.
 - ◆ Two (2) States (Georgia and Maryland) have changed the amount of preservice training required for FCCH providers since 2007.
- The number of ongoing training hours required annually ranges from 4 to 20. The median number of required training hours for FCCH providers is 15. Many States specify the content and approved delivery methods for ongoing training.
 - ◆ The median number of required training hours has increased from 12 to 15 since 2007.
 - ◆ Four (4) States have increased the number of training hours for FCCH providers since 2007—Arkansas, Massachusetts, New Hampshire, and Utah.

Health and Safety Training

- Thirty-seven (37) States require FCCH providers to complete first aid training, and 36 States require CPR training. Thirty-one (31) States specify that CPR training must focus on infants and children. Many States require FCCH providers to complete training on child abuse and neglect (14 States) or the prevention of communicable diseases (9 States).

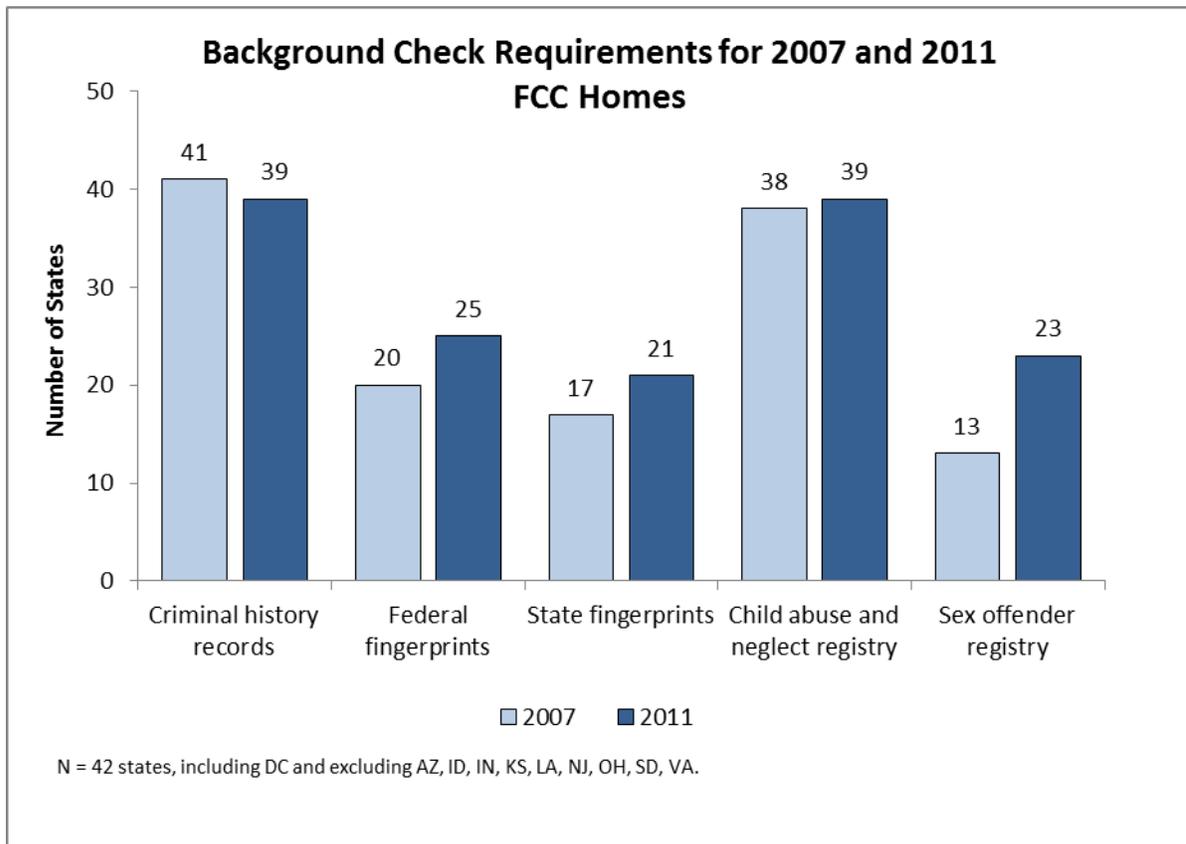
Orientation Training

- Twenty-three (23) States that license FCCHs require providers to complete some type of orientation training, with most requiring providers to complete an orientation to the licensing process.

Background Checks

- All 42 States that license FCCHs require at least one type of background check for providers prior to hiring.
- ◆ As shown in Figure 2, the number of States requiring fingerprint checks of federal records and checks of the sex offender registry has increased dramatically since 2007⁸.

Figure 2



- Twelve (12) States conduct a comprehensive background check and require checks of criminal history records, fingerprints (state and federal), child abuse and neglect registries, and the sex offender registry for FCCH providers—Alaska, California, Colorado, Hawaii, Illinois, Michigan, Mississippi, North Dakota, South Carolina, Tennessee, Washington, and West Virginia.
- Thirty-three (33) States also require FCCH providers to sign criminal status statements.

Additional Provider Requirements

- Twenty-nine (29) States require FCCH providers to have a physical exam or provide a health statement from a physician prior to working with children.

⁸ The data on background checks were not collected in The 2005 Child Care Licensing Study. The first time they were collected were in the 2007 study.

- Twenty (20) States require FCCH providers to have a tuberculosis screening.
- Twenty (20) States require references from providers at initial licensure.

Number of Children Allowed with One Provider

- All States that license FCCHs have requirements about the maximum number of children (including infants, toddlers, preschool, and school-age children) that can be cared for by one adult provider.
 - ◆ The largest number of States allows one provider to care for six children.
 - ◆ The average is one provider allowed to care for eight children.
- Table 2 shows that more than 65 percent of States that license FCCHs allow one provider to care for more than six children.
 - ◆ Eighteen (18) States allow the total number of children to increase for the care of school-age children for part of the day.
 - ◆ Forty-one (41) States set limits on the number of infant and toddlers allowed in the group.

Table 2: Maximum Number of Children Allowed with One Provider

Number of Children	Number of States
6 children	14
7 children	2
8 children	9
9 children	4
10 children	10
12 children	3

N=42 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SD, VA.

Supervision of Children

- All 42 States that license FCCHs have requirements for providers about the supervision of children in care. Among those States, some specify that providers must be able to see or hear children at all times or that providers must be free of other duties while supervising children.
- Forty-one (41) States that license FCCHs have specific requirements about the supervision of children during at least one of the times/activities listed in Table 3.

Table 3: Supervision Requirements for FCCHs

Time/Activities	Number of States
Transportation	39
Swimming	34
Field Trips	27
Outdoor Play	26
Evening/Night Care	25
Naptime	20

N=41 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SC, SD, VA.

Health Requirements and Medical Care

- All States that license FCCHs require children to have immunizations to enroll in home-based care. However, most States allow exemptions from immunization requirements if written statements are provided from either a physician or parent.
- Twenty-five (25) States require children to have a physical exam when enrolling in a FCCH.
- Thirty-nine (39) States that license FCCHs have requirements about the administration of medication to children. FCCHs in most States must obtain permission from parents to administer medications, keep records of medications given to children, and get written instructions about how to give the medication to children.
 - ◆ Eight (8) States require providers to complete training about the administration of medication—Colorado, Connecticut, Delaware, Massachusetts, New Hampshire, New York, Nevada, and Wyoming.
 - ◆ Four (4) States have added this requirement since 2007—Massachusetts, New Hampshire, Nevada, and Wyoming.
- Ten (10) States require FCCHs to exclude children who are mildly ill, meaning that they must be kept at home until they are well enough to return to care—Alabama, Arkansas, District of Columbia, Iowa, Maryland, Montana, Rhode Island, Texas, Wisconsin, and Wyoming.

Nutrition and Maintaining Healthy Weight

- More than 85 percent of States that license FCCHs have requirements about the nutritional content of meals and snacks served to children.
- Table 4 shows that a growing number of States are adding requirements to their licensing regulations to help with preventing obesity and maintaining healthy weight in young children.

Table 4: Requirements for FCCHs About Maintaining Healthy Weight in Children

Healthy Weight Requirement*	Number of States
Nutrition	
Drinking water must be freely available to children throughout the day	25
Requirements about breastfeeding or feeding breast milk to children in care	18
Fruit or vegetables must be served at every meal	11
Soft drinks or other sugary drinks are prohibited	4
Limit servings of 100% juice to one 4 to 6 ounce serving per day	3
Low-fat or nonfat milk must be served to children age two and older	1
Meals are eaten family style	0
No fried foods are served	0
Physical Activity	
Daily outdoor play is required when weather permits	34
Duration of daily physical activity is specified	6
Screen Time	
State has rules about children's use of television, computers, and/or other electronic media	17
Content of electronic media is age-appropriate, educational, non-violent, etc.	11
State sets limits on the amount of screen time	10
Use of electronic media is prohibited with children under age 2	1

N=42 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SD, VA.

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

Behavior Guidance and Discipline

- Twenty-nine (29) States specify the types of discipline or behavior guidance that FCCH providers are allowed to use with children, and 41 States specify forms of discipline home providers are not allowed to use with children.
 - ◆ One State (South Carolina) has no requirements to prohibit the use of corporal punishment in in FCCHs. It can only be used if authorized in writing by parents/guardians.

Activities and Equipment/Materials

- Thirty-seven (37) States specify the types of activities, such as outdoor play, active play, quiet play, naptime, and group activities that must be included in the daily schedule for children.
- Twenty-seven (27) States specify that the domains of children's development must be addressed in activities. Most of these States require FCCHs to address children's social, physical, language/literacy, cognitive/intellectual, and emotional development. Eleven States require FCCHs to address cultural development in activities.

- Sixty (60) percent of States have requirements for the types of equipment/materials FCCHs must have for children, such as indoor/outdoor gross motor equipment, fine motor manipulatives, books and other literacy materials, and art supplies.

Parent Involvement

- Four (4) States have parent involvement requirements for FCCHs —District of Columbia, Kentucky, New Mexico and Pennsylvania. Two of these States—Kentucky and Pennsylvania—require FCCHs to provide opportunities for parents to be involved in activities
- Of the 42 States that license FCCHs, 37 have requirements about communication with parents.
 - ◆ Four (4) States added these requirements since 2007—Colorado, Georgia, Kentucky, and Utah.
- Five (5) States require homes to keep logs of children’s care and communicate with parents—Georgia, Kentucky, Massachusetts, Mississippi, and Rhode Island.
 - ◆ Three (3) States added these requirements since 2007—Georgia, Kentucky, and Massachusetts
- Two (2) States require FCCHs to hold regularly scheduled meetings with parents—Hawaii and Massachusetts.
- Thirty-five (35) States require FCCHs to provide parents with access to the facility at all times when their child is present.
 - ◆ Four (4) States added this requirement since 2007—Kentucky, Maryland, New Mexico, and Utah.

Transportation

- Forty-one (41) States have requirements about transporting children in vehicles.
 - ◆ As shown in Table 5, there have been small increases in the number of States with these requirements since 2007, especially driver requirements, supervision of children when they board and exit vehicles, and keeping attendance records of children being transported.
 - ◆ The number of States that have requirements for additional checks for children remaining on board has doubled—from three (3) States in 2007 (Arkansas, Missouri, and Tennessee) to six (6) States in 2011 (Arkansas, Delaware, Florida, Missouri, Nevada, and Tennessee).

Table 5: Transportation Requirements for FCCHs

Transportation Requirements	Number of States	
	2007 (N=44)	2011 (N=42)
Requirements for transporting children in vehicles	42	41
Safety restraints for children (e.g., seat belts, car seats)	39	38
Driver requirements (e.g., driver’s license, minimum age requirements)	30	32
Specific child-staff ratio requirements for transporting children in vehicles	14	12
Supervision of children when they board and exit vehicles	12	13
Attendance records of children being transported	7	10
Additional checks for children remaining on board are conducted once vehicles are unloaded	3	6

*Two States (IN and KS) eliminated the category of FCCHs since 2007. The total number of States that license FCCHs was 44 in 2007; it was 42 in 2011.

Care of Infants and Toddlers

- The number of States requiring FCCHs to place infants on their backs to sleep to prevent Sudden Infant Death Syndrome (SIDS) has increased by 11 States since 2007, as shown in Table 6. Large numbers of States have also added requirements about physician authorization for a different sleep position and prohibited the use of soft bedding in cribs.
 - ◆ Six (6) States have added the requirement that providers must check on sleeping infants—Colorado, Delaware, Maryland, North Dakota, New Hampshire, and Utah.

Table 6: SIDS Prevention Requirements for FCCHs

SIDS Prevention Requirements	Number of States*	
	2007 (N=44)	2011 (N=42)
Infants must be placed on their backs to sleep	22	33
Physicians may authorize different sleep positions for infants	21	30
Soft bedding/materials must not be used in cribs	15	21
Providers are required to complete training about SIDS prevention	9	11
Providers must check on sleeping infants	6	12
Parents can authorize a different sleep position for infants	3	3

*Two States (IN and KS) eliminated the category of FCCHs since 2007. The total number of States that license FCCHs was 44 in 2007; it was 42 in 2011.

- Thirty-five (35) States have requirements about how to feed infants; and 18 have requirements about breastfeeding or feeding breast milk to children in care.

Care of School-age Children

- Of the 42 States that license FCCHs, 18 have requirements for the care of school-age children incorporated into the regulations for FCCHs.
 - ◆ Three (3) States have added requirements for school-age children to their FCCH regulations since 2007—Massachusetts, North Dakota, and Utah.
- Twelve (12) States specify the types of activities FCCHs should provide for school-age children—Alaska, Arkansas, Delaware, District of Columbia, Illinois, Minnesota, Missouri, Nebraska, New York, Tennessee, Texas, and Wisconsin.
- Seven (7) States have requirements specifically for the supervision of children in this age group—Alaska, Illinois, Massachusetts, New Hampshire, New York, North Dakota, and Utah.
- Six (6) States require FCCHs to have specific types of equipment for school-age children—Arkansas, Illinois, Mississippi, Tennessee, Texas, and West Virginia.

Care of Children with Disabilities or Other Special Needs

- Of the 42 States that license FCCHs, 31 have requirements about the care of children with special needs in their regulations for FCCHs.
- Of the 31 States, the largest number of States—23—have requirements related to facility records and policies. Table 7 includes some of the most common requirements for FCCHs.

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

Requirements About the Care of Children with Disabilities	Number of States
FCCH provider must keep information about disabilities or special needs in children’s records	13
FCCH provider must obtain information from parents about children’s disabilities or special needs	10
FCCH provider must obtain information from physicians about children’s disabilities or special needs	8

N=42 States, including DC and excluding AZ, ID, IN, KS, LA, NJ, OH, SD, VA.

- Seven (7) States require FCCH providers to develop activity plans or accommodate existing plans for children with disabilities or special needs—Alaska, District of Columbia, Georgia, Illinois, Michigan, Tennessee, and Texas.
- Six (6) States require FCCH providers to develop plans for caring for the children with disabilities or special needs—Alaska, Connecticut, District of Columbia, Massachusetts, Mississippi, and New York.

Facility Health and Safety Requirements

- As shown in Table 8, between 2007 and 2011, there have been a few small increases in the number of States that have some common health and safety requirements for FCCHs.
 - ◆ Since 2007, four (4) more States do not allow smoking in FCCHs during the hours of care—Delaware, Iowa, Massachusetts, and Utah.⁹

Table 8: State Requirements About Health and Safety for FCCHs

Health and Safety Requirements	Number of States*	
	2007 (N=44)	2011 (N=42)
Environmental Tests and Inspections		
Environmental tests (i.e., lead paint, lead in water, asbestos, radon)	19	19
Environmental health inspections	14	12
Indoor and Outdoor Space		
Amount of indoor space per child is 35 square feet	25	25
Amount of outdoor space per child is 75 square feet	12	12
Fence or other enclosure around outdoor space	15	16
Fire Safety and Emergency Preparedness		
Requirements for fire safety	43	42
Fire drills	36	36
Emergency preparedness (i.e., weather, utility-related, acts of terrorism)	26	28
Security		
Daily attendance records kept	26	28
Procedures for accepting and releasing children (i.e., signing in and out)	18	19
Insurance		
Liability insurance	6	6
Automobile insurance	21	22
Reporting to the Licensing Agency		
All serious injuries that occur to children in programs	33	31
All deaths that occur to children in programs	27	25
Hand Washing		
Hand washing for staff	39	38
Hand washing for children	35	37

⁹ Kansas had this requirement in 2007, but no longer has a category of FCCHs.

Table 8: State Requirements About Health and Safety for FCCHs, con.

Health and Safety Requirements	Number of States*	
Diapering		
Requirements for diapering	37	36
Sanitation of diapering area	30	30
Specify when diapers are changed	22	23
Smoking Policies		
Smoking not allowed in facility	19	22
Firearms		
Firearms are allowed in homes, but must be in locked containers, closets, or other safe locations	34	36
Firearms not allowed in homes	1	1

* Two States (IN and KS) eliminated the category of FCCHs since 2007. The total number of States that license FCCHs was 44 in 2007; it was 42 in 2011.

Trends in State Family Child Care Home Licensing Policies

The information in this section was compiled and analyzed from the *NARA Child Care Licensing Programs and Policies Survey*.¹⁰

Number of Licensed Family Child Care Homes

- There are a total of 134,920 licensed FCCHs in the United States, with a total of 312,254 licensed facilities, as shown in Table 9.¹¹
 - ◆ The number of FCCHs has decreased by 13 percent since 2008. There has been a six percent decrease in the total number of licensed facilities.
 - ◆ Many States reported that the economy has been a factor in this decrease of licensed facilities.

Licensed Capacity in Family Child Care Homes

- There are more than 10 million licensed child care slots in the United States as shown in Table 9.¹² Licensed capacity has decreased by one percent since 2008.
- Approximately 12 percent of licensed child care slots are in FCCHs.
 - ◆ The number of licensed slots in FCCHs has decreased slightly (3 percent).

¹⁰ For the comparative analysis, data on the number of facilities and licensed capacity were compared to the NARA survey results from 2008. All remaining data in this section are compared to the NARA survey results from 2005. Data were collected in 2005 about FCCH licensing policies, but not about program requirements from regulations.

¹¹ The total number of licensed facilities and licensed capacity includes child care centers, family and group child care homes, and other types of facilities reported by States (such as, part-day preschools and nursery schools, school-age care facilities, registered FCCHs, Head Start programs, child placing agencies, residential facilities, and others).

¹² See note #7.

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

	2008	2011	Difference
Number of Facilities			
FCCHs	155,230	134,920	-20,310
Total number of licensed facilities	329,882	312,254	-17,628
Licensed Capacity			
Licensed capacity in FCCHs	1,271,163	1,231,615	-39,548
Total licensed capacity	10,199,106	10,085,606	-113,500

Licensing Staff Caseloads

- Based on information reported from state licensing agencies, there is an average caseload of 103 centers and homes for licensing line staff.¹³ Most state licensing agencies assign licensing line staff to inspect both child care centers and homes. Across States, the reported caseloads range from 21.73 facilities in Tennessee to 231 facilities in Vermont.
 - ◆ NARA recommends that licensing agencies calculate workload standards to account for local variables but the average workload for inspectors should not exceed 50–60 facilities.¹⁴

Frequency of Licensing

- FCCH licenses are valid in most States for either one or two years. Non-expiring licenses are issued in 10 States—Arkansas, California, Colorado, Maryland, Nebraska, North Carolina, Oklahoma, Texas, Washington, and Wisconsin.

Types of Inspections

- Of the 42 States that license FCCHs, 37 conduct an inspection prior to issuing a license. More than 80 percent of States conduct an announced inspection prior to issuing a license.
- Most States conduct unannounced inspections for license renewal and other routine compliance visits.

¹³ Homes in the caseloads include family child care homes and group child care homes if the State has both types of home-based facilities.

¹⁴ NARA and Amie Lapp-Payne. (May 2011). *Strong Licensing: The Foundation for a Quality Early Care and Education System: Preliminary Principles and Suggestions to Strengthen Requirements and Enforcement for Licensed Child Care*. http://www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf

Frequency of Inspections

- As shown in Table 10, most States inspect FCCHs once a year.
 - ◆ Since 2005, 24 percent of States report an increase in the number of inspections conducted each year. More than 70 percent of States conduct inspections more than once a year.
 - ◆ Five (5) States that inspected less than once a year in 2005 report that they inspect at least once a year in 2011—Alabama, Alaska, Georgia, Massachusetts, and New York.

Table 10: Frequency of Licensing Inspections in FCCHs

Frequency of Inspections	Number of States*	
	2005 (N=45)	2011 (N=42)
More than three times a year	2	4
Three times a year	2	2
Twice a year	7	9
Once a year	15	15
Once every 2 years	5	5
Once every 3 years	3	1
Less than once every 3 years	3	1
Facility not inspected	3	3
Other frequency of inspection	5	3

* The total number of States that license FCCHs was 45 in 2005; it was 42 in 2011.

"Other frequency of inspection" includes monitoring based on compliance history or size of the facility.

Monitoring Tools

- Fifty-five (55) percent of States that license FCCHs report using abbreviated compliance forms that shorten the list of requirements that are checked in programs during inspections.
 - ◆ More than 82 percent of these States report that the selection of rules for inclusion in abbreviated compliance forms is based on those rules considered most critical to protecting children's health and safety.
- Fifty (50) percent of States that license FCCHs report having a method for determining the frequency and/or depth of monitoring based on an assessment of a facility's level of compliance with regulations, also known as "differential monitoring."¹⁵
 - ◆ The number of States using differential monitoring has increased significantly from 8 States in 2005 to 21 States in 2011.
- Twelve (12) States that license FCCHs report having a system of weighted licensing requirements in which rules are ranked for relative risk of harm.

¹⁵ "Differential monitoring" is defined as a method for determining the frequency and/or depth of monitoring based on an assessment of a facility's level of compliance with regulations. This process may also be called "risk assessment monitoring" or "risk-based monitoring" and can be used to determine the number of inspections needed for a particular facility and the content of inspections.

- Thirty-two (32) States report using portable devices to help staff efficiently inspect and monitor licensed facilities, such as laptops, portable digital assistants, and tablets with specific software for capturing information during licensing inspections.
 - ◆ Since 2005, 19 additional States have begun using these devices.
- Nearly all States report providing technical assistance and consultation during monitoring activities to help FCCs achieve compliance with regulations; 73 percent of States that provide technical assistance report that they assist facilities to improve quality and exceed minimum licensing regulations.

Enforcement Actions

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

Table 11: Use of Enforcement Actions in Child Care Facilities

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

N = 50 States, including DC and excluding ID.

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

Licensing Information on the Internet

- Thirty (30) States report that they post licensing information about child care facilities on the Internet for parents and the general public to access.
 - ◆ Ten (10) States posted licensing information on the Internet in 2005, with eight of those States posting information about complaints, as shown in Table 12.

Table 12: Licensing Information Posted on the Internet

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

N = 50 States, including DC and excluding ID.

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

Types of Licensing Complaints

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

Licensing Fees

- More than 60 percent of States charge FCCHs a fee to obtain a license. Licensing fees for FCCHs are most often a flat fee.
 - ◆ Slightly more than half of the States that charge a licensing fee use the revenue to support the licensing agency. In the remaining States, the revenue from licensing fees goes into the States’ general funds.

Licensing Staff Requirements

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

Conclusion

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

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

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