



## RESEARCH BRIEF #3: TRENDS IN GROUP CHILD CARE HOME 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 third 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

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#### **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.<sup>1</sup> 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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<sup>1</sup> “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.<sup>2</sup> 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.<sup>3</sup>

### **Figure 1: Health and Safety Requirements for Child Care Providers in the CCDBG Act of 2014<sup>4</sup>**

- Requires States<sup>5</sup> 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 preservice 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 prelicensure 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.

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<sup>2</sup> 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>.

<sup>3</sup> *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>.

<sup>4</sup> *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>.

<sup>5</sup> 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 **group child care homes (GCCHs)** 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 GCCHs differently in their licensing requirements. For the purpose of categorizing the types of GCCH settings States regulate, the following definition from the CCDF Final Rule<sup>6</sup> is used:

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

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

Using data compiled from state child care licensing regulations and the results of NARA’s survey of state licensing agencies, 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 **GCCH 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 include 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 #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2011*.<sup>7</sup> The 2013 brief includes a comparison of the 2011 data with previous

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<sup>6</sup> The CCDF Final Rule is available at <http://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-part98.pdf>.

<sup>7</sup> *Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2011* (2013), by NCCCQI, is available at <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011>.

Child Care Licensing Studies from 2007 and 2008. These reports are available at <http://www.naralicensing.org/child-care-licensing-study>.

## Summary of Key Findings

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In reviewing all the data, some key finding emerged that 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 58 percent of States have made changes to their **licensing regulations** for GCCHs, and a number of trends have emerged.

- More States require preservice qualifications for GCCH providers and assistants.
- States have increased the number of annual training hours for GCCH providers. The median number of required training hours for GCCH providers is 18.
- More States require checks of criminal history records, Federal fingerprint records, and the sex offender registry for GCCH providers.
- More States have requirements in their GCCH regulations to help with preventing obesity and maintaining healthy weight in young children.
- The number of States requiring GCCHs to place infants on their backs to sleep to reduce incidences of SIDS has increased. States have also added training requirements about reducing SIDS.
- The number of States with requirements about emergency preparedness has increased.

### *Licensing Policies*

There are several positive trends in child care **licensing policies** about monitoring and enforcement in GCCHs 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.

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## Trends in State GCCH Licensing Regulations

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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.

### ***Group Child Care Homes Licensed***

- Forty-one (41) States, including the District of Columbia, Guam, and the Virgin Islands, license GCCHs, defined as two or more adults caring for a group of children in the provider's residence.<sup>8</sup>
  - ◆ Twelve (12) States do not license GCCHs as defined above—Arkansas, Kentucky, Louisiana, Maine, Massachusetts, New Jersey, North Carolina, South Dakota, Vermont, Virginia, Washington, and Wisconsin.
    - Louisiana, New Jersey, and South Dakota do not have mandatory licensing requirements for home-based providers.

### ***Dates and Types of Regulations***

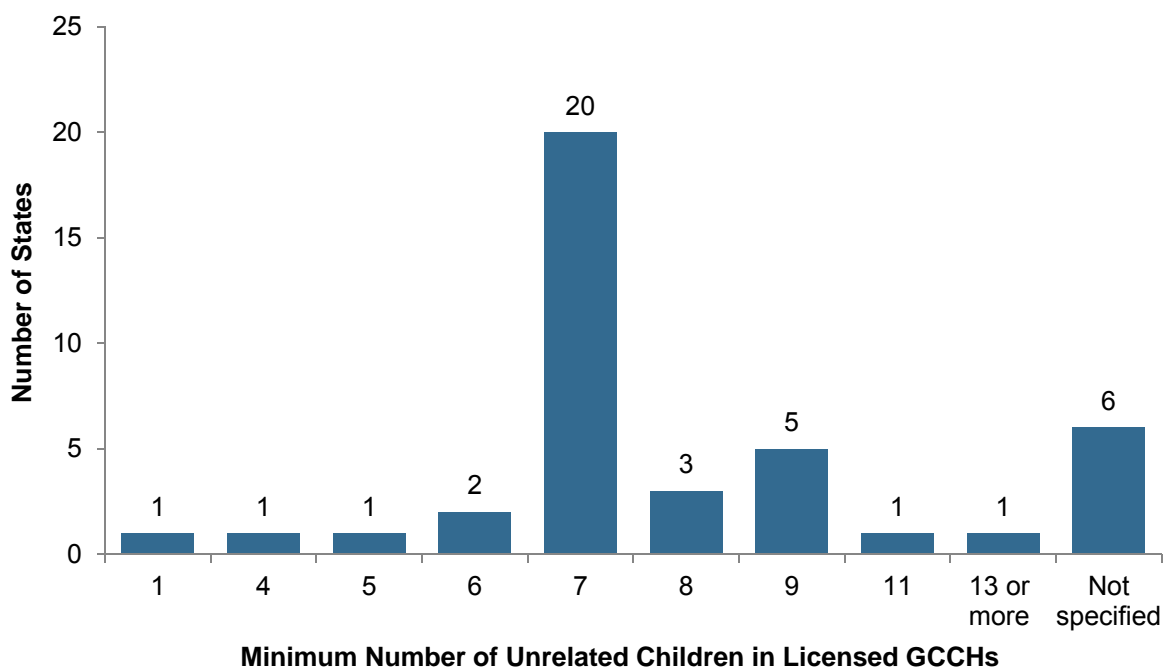
- There is a wide range of effective dates for GCCH licensing regulations.
  - ◆ Twenty-four (24) States made changes to their GCCH licensing regulations from 2012 through 2014 (i.e., since data were collected in 2011).
  - ◆ Three States have not changed their GCCH regulations since the 1980s or 1990s: Guam (1985), South Carolina (1993); and Vermont (1996).

### ***Licensing Threshold***

- As shown in figure 2, most States license a facility as a GCCH when seven or more children are in care.
- Six States do not specify a licensing threshold for GCCHs.

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<sup>8</sup> In the 2011 data, NCCCQI reported that South Dakota and Virginia regulate GCCHs. During 2014 data collection, those States clarified that they do not regulate home-based providers that meet the definition of a GCCH. In 2011, it was reported that the District of Columbia did not regulate GCCHs; however it was later clarified that the District does have this category of licensed facility. These changes are not policy changes; they are a clarification of data. Since 2011, Idaho and Maryland have begun licensing GCCHs statewide, so with the addition of these two States and Guam and the Virgin Islands, this brief will be reporting that 41 States regulate GCCH. The total reported for 2011 was 38 States.

**Figure 2: Licensing Threshold for Group Child Care Homes, 2014**

*N* = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

### ***Maximum Number of Children***

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

- Of the 41 States that license GCCHs, 25 allow no more than 12 children in the home.
- Eight States allow 12 preschool children plus additional school-age children. These States allow from two to five additional school-age children in care during the before- and after-school hours or during school vacations. Most allow three additional children.
- Seven States allow 14 or more (up to 20 in one State) preschool-age children in GCCHs.
- Thirty (30) States count providers' children or other children living in group child care homes in the maximum numbers allowed.

### ***Staff Roles and Age Requirements***

- All States that license GCCHs have requirements in their regulations pertaining to the provider role.
- Thirty-five (35) States have requirements for GCCH assistants.
- The most common age requirements are that providers be a minimum of 18 or 21 years old (17 States for each age). Twenty-three (23) States require assistant providers to be at least 18 years old; however, 10 States allow assistants to be between 13 and 16 years old.

## Staff Qualifications and Ongoing Training Requirements

- Forty-six (46) percent of States require GCCH providers to have a high school diploma or equivalent, as shown in table 1.
- Three States (Indiana, Maryland, and Nebraska) have added a preservice training requirement for GCCH providers since 2011. Two States (Maryland and Wyoming) have added a preservice requirement for assistant providers.
- Maryland has added ongoing training requirements for providers and assistant providers since 2011.

**Table 1: Number of States with Requirements for High School Diploma or Equivalent, Preservice Qualifications, and Ongoing Training, 2014**

GCCH Role	Role Regulated	High School Diploma or Equivalent	Preservice Qualifications	Ongoing Training
Provider	40	19	34	37
Assistant provider	35	12	16	32

*N* = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

- The most common minimum qualification for GCCH providers is a certain number of hours of training in early childhood education.
  - ◆ Four States (Georgia, Minnesota, Nebraska, and Wyoming) have changed the amount of preservice training required for GCCH providers since 2011.
  - ◆ One State (Wyoming) has changed the amount of preservice training for GCCH assistant providers since 2011.
- The number of ongoing training hours required annually ranges from 5 to 24. The median number of required training hours for GCCH providers is 18. Many States specify the content and delivery methods of ongoing training.
  - ◆ One State (Minnesota) has increased the number of training hours for GCCH providers since 2011.

## Orientation Training

- Thirty-two (32) States that license GCCHs require providers to complete some type of orientation training, with most requiring providers to complete an orientation to the licensing process. Three States (Colorado, Kansas, and New York) have added this requirement since 2011.

## Health and Safety Topics Required in Preservice and Orientation Training

### FIRST AID AND CPR

- As shown in table 2, 41 States require GCCH providers to complete first aid training and 37 States require cardiopulmonary resuscitation (CPR) training before working with children or soon after employment. Thirty-one (31) States 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
<b>First aid training required</b>	<b>40</b>
Training focused on infants and children	17
<b>CPR training required</b>	<b>37</b>
Training focused on infants and children	31

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

## OTHER TRAINING TOPICS

- As shown in table 3, 54 percent of States require GCCH providers to complete preservice or orientation training related to child abuse and neglect. Forty-six (46) percent require GCCH providers to complete training in reducing the risk of SIDS.

**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	22
Reducing the risk of SIDS, safe sleep practices	19
Emergency preparedness and response	15
Spread of communicable disease, universal precautions, hand washing	14
Shaken baby syndrome	11
Administration of medication	10
Child nutrition and feeding	7
Transportation, child safety restraints	7
Care of sick children	6
Fire safety	4
Special health care needs	3

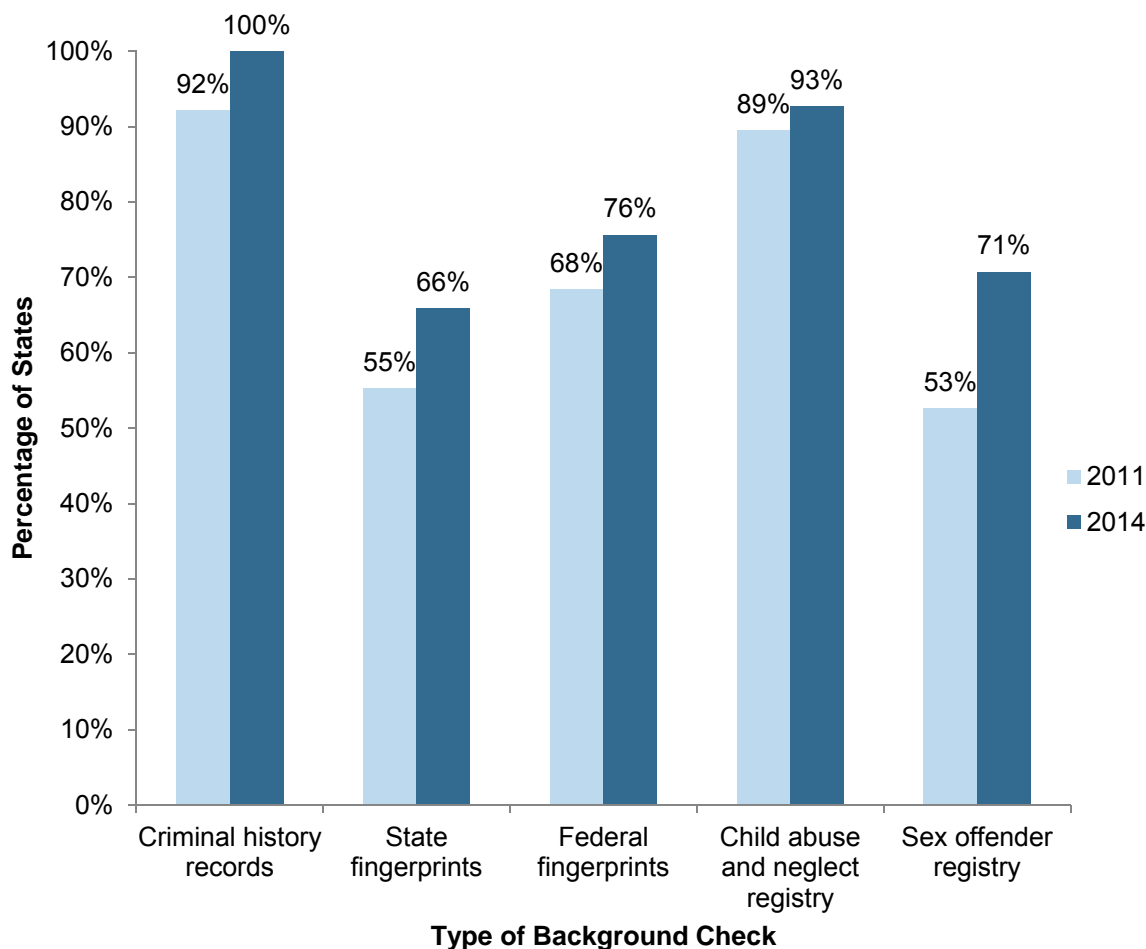
N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.



## Background Checks

- All States require at least one type of background check for GCCH providers. As shown in figure 3, the percentage of States requiring fingerprint checks against state and Federal records and sex offender registry checks has increased since 2011.<sup>9</sup>

**Figure 3: Background Check Requirements for Group Child Care Homes, 2011 and 2014**



*N* = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. *N* = 38 States in 2011.

- 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 GCCH providers—Alabama, Alaska, Arizona, California, Colorado, the District of Columbia,

<sup>9</sup> Note that some of the increases are due to the addition of requirements from Idaho, Maryland, Guam, and the Virgin Islands to the 2014 data and the clarification of data for the District of Columbia, South Dakota, and Virginia (see note 8 on page 5).

Hawaii, Idaho, Michigan, Mississippi, Nevada, New Mexico, Oklahoma, South Carolina, Tennessee, and Utah.

- Twenty-nine (29) States require GCCH providers to sign criminal-status statements.

### ***Additional Provider Requirements***

- Twenty-nine (29) States require GCCH providers to have a physical exam or provide a health statement from a physician before working with children.
- Twenty-three (23) States require GCCH providers to have a tuberculosis screening.
- Twelve (12) States require references from providers at initial licensure.

### ***Child-Staff Ratios***

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

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

### ***Supervision of Children***

- Of the 41 States that license GCCHs, 39 have requirements for providers about the supervision of children in care. Among those States, some specify that providers must be able to see or hear children at all times or that providers must be free of other duties while supervising children.
- Thirty-nine (39) States that license GCCHs have specific requirements about the supervision of children during at least one of the times or activities listed in table 4.

**Table 4: Supervision Requirements for Group Child Care Homes, 2014**

Times and Activities	Number of States
Transportation in vehicles	35
Swimming or water activities	34
Field trips	31
Evening or overnight care	27
Outdoor play	24
Naptime	22

*N* = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

## Health Requirements and Medical Care

- Twenty-five (25) States require children to have a physical exam when enrolling in a center.
- As shown in table 5, of the 41 States that license GCCHs, 40 require children to have immunizations to enroll in care. However, most States allow exemptions from immunization requirements if written statements are provided from either a physician or parent.

**Table 5: Immunization Requirements for Children in Group Child Care Homes, 2014**

Immunization Requirements for Children	Number of States
Children are required to have immunizations to enroll in a GCCH	40
State sets time for when immunizations records must be submitted to the GCCH after enrollment	12
Immunization Exemptions for Children	
State allows parents/guardians to provide a written statement that they do not wish to have their child immunized	25
State allows medical professionals to provide a written statement for exemption from immunizations for medical need	23
State allows GCCHs to exclude children until immunization records or exemption statements are provided	11
State allows GCCHs to accept children on a conditional basis if not all immunizations are complete	6
State allows GCCHs to refuse to accept children who have been exempted from immunization by their parents	1

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

- Thirty-eight (38) States that license GCCHs have requirements about the administration of medication to children. GCCHs in most States must obtain permission from parents to administer medications, keep records of medications given to children, and get written instructions about how to give the medication to children.
  - ◆ Ten (10) States require providers to complete training about the administration of medication—Colorado, Connecticut, Delaware, Georgia, Maryland, Nevada, New Hampshire, New York, West Virginia, and Wyoming.
- Twenty-five (25) States allow GCCHs to exclude children who are mildly ill, meaning that they are kept home until they are well enough to return to care.

## Nutrition and Maintaining Healthy Weight

- Thirty-five (35) States have requirements for GCCHs about the nutritional content of meals and snacks served to children.
- Table 6 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 6: Number of States with Requirements for Group Child Care Homes about Maintaining Healthy Weight in Children, 2011 and 2014**

Healthy Weight Requirement*	2011 (N 38)	2014 (N 41)
<b>Nutrition</b>		
Drinking water must be freely available to children throughout the day	24	25
Requirements about breastfeeding or feeding breast milk to children in care	18	19
Fruit or vegetables must be served at every meal	11	11
Soft drinks or other sugary drinks are prohibited	5	6
Limit servings of 100% juice to one 4 to 6 ounce serving per day	4	4
Low-fat or nonfat milk must be served to children age 2 and older	2	3
Meals are eaten family style	0	0
No fried foods are served	0	0
<b>Physical activity</b>		
Daily outdoor play is required when weather permits	32	35
Duration of daily physical activity is specified	5	6
<b>Screen time</b>		
State has rules about children's use of television, computers, or other electronic media	16	16
Content of electronic media is age-appropriate, educational, nonviolent, etc.	16	16
State sets limits on the amount of screen time	9	10
Use of electronic media is prohibited with children younger than age 2	1	1

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. N = 38 States in 2011.

Note: Some of the increases are due to the addition of requirements from Idaho, Maryland, Guam, and the Virgin Islands to the 2014 data and clarification of data for the District of Columbia, South Dakota, and Virginia (see note 8 on page 5).

\*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***

- Twenty-eight (28) States specify the types of discipline or behavior guidance that GCCH providers are allowed to use with children, and 38 States specify forms of discipline home providers are not allowed to use with children.
  - ◆ One State (South Carolina) and one Territory (Guam) have no requirements that prohibit the use of corporal punishment in in GCCHs.

## ***Activities and Equipment and Materials***

- Thirty-six (36) States specify the types of activities—such as outdoor play, active play, quiet play, naptime, and group activities—that must be included in the daily schedule for children.
- Twenty-eight (28) States specify that the domains of children’s development must be addressed in activities. Most of these States require GCCHs to address children’s social, physical, language and literacy, cognitive and intellectual, and emotional development. Ten (10) States require GCCHs to address cultural development in activities.
- Twenty-four (24) States have requirements for the types of equipment and materials GCCHs must have for children, such as indoor and outdoor gross-motor equipment, fine-motor manipulatives, books and other literacy materials, and art supplies.

## ***Parent Involvement***

- Five States have parent involvement requirements for GCCHs—Connecticut, the District of Columbia, New Mexico, Pennsylvania, and West Virginia. One of these States—Pennsylvania—requires GCCHs to provide opportunities for parents to be involved in activities
- Of the 41 States that license GCCHs, 32 have requirements about communication with parents.
  - ◆ Two States—Georgia and Rhode Island—require homes to keep logs of children’s care and to communicate with parents.
  - ◆ One State—Hawaii—requires GCCHs to hold regularly scheduled meetings with parents.
- Thirty-six (36) States require GCCHs to provide parents with access to the facility at all times when their child is present.

## ***Transportation***

- Of the 41 States that license GCCHs, 39 have requirements about transporting children in vehicles.
  - ◆ As shown in table 7, there has been a small increase in the number of States with these requirements since 2011.

**Table 7: Number of States with Transportation Requirements for Group Child Care Homes, 2011 and 2014**

Transportation Requirements	2011 (N 38)	2014 (N 41)
Requirements for transporting children in vehicles	37	39
Safety restraints for children (e.g., seat belts, car seats)	31	34
Driver requirements (e.g., driver’s license, minimum age requirements)	29	34

Transportation Requirements	2011 (N 38)	2014 (N 41)
Specific child-staff ratio requirements for transporting children in vehicles	15	15
Supervision of children when they board and exit vehicles	15	17
Attendance records of children being transported	7	8
Additional checks for children remaining on board are conducted once vehicles are unloaded	3	6

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. N = 38 States in 2011.

Note: Some of the increases are due to the addition of requirements from Idaho, Maryland, Guam, and the Virgin Islands to the 2014 data and clarification of data for the District of Columbia, South Dakota, and Virginia (see note 8 on page 5).

## Care of Infants and Toddlers

- The number of States requiring GCCHs to place infants on their backs to sleep to reduce incidences of SIDS has increased since 2011, as shown in table 8. Twenty (20) States had this requirement in 2007.
- States have also added requirements about physician authorization for different sleep positions and prohibited the use of soft bedding in cribs. Five (5) States have also added training requirements about reducing SIDS.

**Table 8: Number of States with Requirements for Group Child Care Homes about Reducing the Risk of SIDS, 2011 and 2014**

SIDS Reduction Requirements	2011 (N 38)	2014 (N 41)
Infants must be placed on their backs to sleep	29	34
Physicians may authorize different sleep positions for infants	26	30
Soft bedding or materials must not be used in cribs	17	21
Facilities must use cribs that meet the U.S. Consumer Safety Product Commission requirements	NA	14
Staff are required to complete preservice or orientation training about reducing SIDS	12	18
Parents can authorize a different sleep position for infants	1	1

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. N = 38 States in 2011.

NA = Data not collected in 2011.

Note: Some of the increases are due to the addition of requirements from Idaho, Maryland, Guam, and the Virgin Islands to the 2014 data and clarification of data for the District of Columbia, South Dakota, and Virginia (see note 8 on page 5).

- Thirty-four (34) States have requirements about how to feed infants, and 19 have requirements about breastfeeding or feeding breast milk to children in care.

## Care of School-Age Children

- Of the 41 States that license GCCHs, 21 have incorporated requirements for the care of school-age children into the regulations for GCCHs.

- ◆ Four States have added requirements for school-age children to their GCCH regulations since 2011—Arizona, Georgia, Oklahoma, and Pennsylvania
- Fifteen (15) States specify the types of activities GCCHs should provide for school-age children—Alaska, Arizona, Connecticut, Delaware, the District of Columbia, Georgia, Illinois, Minnesota, Mississippi, Missouri, Nebraska, New York, Tennessee, Texas, and West Virginia.
- Eight States have requirements specific to the supervision of children in this age group—Alaska, Arizona, Illinois, New Hampshire, New York, North Dakota, Utah, and Wyoming.
- Seven States require GCCHs to have specific types of equipment for school-age children—Arizona, Illinois, Mississippi, Oklahoma, Tennessee, Texas, and West Virginia.

### ***Care of Children with Disabilities or Other Special Needs***

- Of the 41 States that license GCCHs, 29 have requirements about the care of children with special needs in their GCCH regulations. Table 9 includes some of the most common requirements for GCCHs.

**Table 9: Requirements about the Care of Children with Disabilities or Special Needs for Group Child Care Homes, 2014**

Requirements about the Care of Children with Disabilities	Number of States
GCCH provider must keep information about disabilities or special needs in children's records	14
GCCH provider must obtain information from physicians about children's disabilities or special needs	10
GCCH provider must obtain information from parents about children's disabilities or special needs	9
GCCH provider must develop plans for caring for children with disabilities or special needs	7
GCCH provider must develop activity plans or accommodate existing plans for children with disabilities or special needs	5
For children identified as having a disability or special need, GCCH provider must keep IEP plans or IFSPs in records	1

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

IEP = Individualized Education Program.

IFSP = Individual Family Services Plan.

### ***Facility Health and Safety Requirements***

- As shown in table 10, there has been an increase in the number of States with common health and safety requirements for GCCHs. Some of the increases are due to the addition of requirements from Guam and the Virgin Islands to the 2014 data collection and the clarification of data for Kansas and Virginia (see note 8 on page 5).
  - ◆ The area where there seems to be the most change is in the number of States with requirements about emergency preparedness. Five States added requirements about emergency preparedness—Maryland, New Jersey, New Mexico, New York, and North Dakota.

- ◆ Three States added requirements for at least 35 square feet of indoor space per child —Indiana, Maryland, and Montana.
- ◆ Three States added requirements for at least 75 square feet of outdoor space per child—Arizona, Maryland, and Montana.
- ◆ Three States added requirements for a fence around outdoor space—Idaho, Indiana, and Ohio.
- ◆ Idaho, Maryland, and New York added requirements about the presence of firearms in GCCHs. Connecticut, the District of Columbia, Ohio, and the Virgin Islands are the four jurisdictions that do not allow firearms in GCCHs.

**Table 10: Number of States with Requirements about Health and Safety for Group Child Care Homes, 2011 and 2014**

State Health and Safety Requirements for Group Child Care Homes	2011 (N 38)	2014 (N 41)
<b>Environmental inspections</b>		
Environmental health inspections	18	20
<b>Indoor and outdoor space</b>		
Amount of indoor space per child is at least 35 square feet	28	32
Amount of outdoor space per child is at least 75 square feet	13	16
Fence or other enclosure around outdoor space	20	24
<b>Fire safety and emergency preparedness</b>		
Requirements for fire safety	37	39
Fire drills	31	32
Emergency preparedness (e.g., weather, utility-related, acts of terrorism)	27	32
<b>Security</b>		
Daily attendance records kept	26	27
Procedures for accepting and releasing children (i.e., signing in and out)	17	22
<b>Insurance</b>		
Liability insurance	8	10
Automobile insurance	19	21
<b>Reporting to the licensing agency</b>		
All serious injuries that occur to children in programs	25	28
All deaths that occur to children in programs	24	28
<b>Hand washing</b>		
Hand washing for staff	31	36
Hand washing for children	31	35
<b>Diapering</b>		
Requirements for diapering	31	35
Sanitation of diapering area	28	30
Specify when diapers are changed	19	20
<b>Smoking policies</b>		
Smoking not allowed in facility	22	24



State Health and Safety Requirements for Group Child Care Homes	2011 (N 38)	2014 (N 41)
<b>Firearms</b>		
Firearms allowed in homes, but must be in locked containers, closets, or other safe locations	30	32
Firearms not allowed in homes	2	4

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. N = 38 States in 2011.

Note: Some of the increases are due to the addition of requirements from Idaho, Maryland, Guam, and the Virgin Islands to the 2014 data and clarification of data for the District of Columbia, South Dakota, and Virginia (see note 8 on page 5).

## Trends in State GCCH 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 Group Child Care Homes**

- There are a total of 25,846 licensed GCCHs in the United States, with a total of 266,017 licensed facilities (centers and family and group child care homes), as shown in table 12.
  - ◆ The number of GCCHs has decreased by 7 percent since 2011. The total number of licensed centers and homes has decreased by 9 percent.
  - ◆ Many States report that the economy has been a factor in the decrease of licensed facilities. Other factors they report include low enrollment, changing demographics, and increased provider requirements.

### **Licensed Capacity in Group Child Care Homes**

- There are more than 9.8 million licensed child care slots in the United States, as shown in table 11. Capacity in licensed centers and homes has decreased by 2 percent since 2011.
- Three (3) percent of licensed child care slots are in GCCHs.
  - ◆ The number of licensed slots in GCCHs has decreased by 1 percent.

**Table 11: Number of Licensed Facilities and Licensed Capacity in Group Child Care Homes, 2011 and 2014**

Number of Facilities	2011	2014	Difference
Group child care homes	27,813	25,846	-1,967
Total number of licensed facilities	291,865	266,017	-25,848
Licensed Capacity			
Group child care homes	344,057	339,667	-4,390
Total licensed capacity	10,053,124	9,853,135	-199,989

*N* = 41 States (including two Territories, and the District of Columbia) that license GCCHs in 2014. *N* = 38 States in 2011.

### ***Frequency of Licensing***

- GCCH licenses are valid in most States for either one or two years. Nonexpiring licenses are issued in seven States—California, Colorado, Maryland, Nebraska, Ohio, Oklahoma, and Texas.

### ***Types of Inspections***

- As shown in table 12, of the 41 States that license GCCHs, 40 conduct an inspection before issuing a license. Seventy (70) percent of these States only conduct an announced inspection before issuing a license.
- All States make routine compliance inspections, and 66 percent always conduct these inspections unannounced.
- An equal number of States conduct announced and unannounced inspections for license renewal.

**Table 12: Types of Inspections Conducted in Group Child Care Homes, Announced and Unannounced, 2014**

Type of Inspection	Number of States
<b>Inspection conducted before issuing a license</b>	<b>40</b>
Announced only	28
Unannounced only	2
Both announced and unannounced	10
Inspection not conducted	0
<b>Inspection conducted for routine compliance</b>	<b>41</b>
Announced only	1
Unannounced only	27

Type of Inspection	Number of States
Both announced and unannounced	13
Inspection not conducted	0
<b>Inspection conducted for license renewal</b>	<b>32</b>
Announced only	13
Unannounced only	13
Both announced and unannounced	5
Inspection not conducted	2
License is nonexpiring (no renewal)	7
No response	1

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

### ***Frequency of Inspections***

- As shown in table 13, most States inspect GCCHs at least once a year. There has been little change in the frequency of inspections since 2011.

**Table 13: Frequency of Licensing Inspections in Group Child Care Homes, 2014**

Frequency of Inspections	Number of States
More than three times a year	2
Three times a year	3
Twice a year	12
Once a year	18
Once every 2 years	4
Once every 3 years	0
Less than once every 3 years	2
Facility not inspected	0

N = 41 States (including two Territories, and the District of Columbia) that license GCCHs.

## 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-four (24) percent of States report having a method for determining the frequency and/or depth of monitoring based on an assessment of a group child care home’s level of compliance with regulations, also known as “differential monitoring.”<sup>10</sup>
- 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 14 shows the common uses of a risk assessment of licensing requirements as related to monitoring and enforcement efforts.

**Table 14: 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.

<sup>10</sup> “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 15 shows the common uses of these databases.

**Table 15: 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 16, all these actions are used by at least 50 percent of States.
- Of the common enforcement actions listed below, States most frequently impose civil fines, conditional licenses, and license revocations.

**Table 16: 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 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 17, States take various actions against providers found to be operating illegally.

**Table 17: 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 18, 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 sites and dedicated phone numbers for taking licensing complaints. Most States will investigate complaints filed anonymously.

**Table 18: 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 19 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 19: Licensing Information Posted on the Internet, 2005, 2011, and 2014**

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

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

NA = Data not collected in 2005 and 2011.

## ***Licensing Fees***

- Sixty-six (66) percent of States charge GCCHs a fee to obtain a license. Licensing fees for GCCHs are most often a flat fee.
  - ◆ 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 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 20. 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 20: 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 from 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 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 make 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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