



# Trends in Child Care Center Licensing Regulations and Policies for 2011

*This research brief is a joint effort between the Office of Child Care's National Center on Child Care Quality Improvement and the National Association for Regulatory Administration.*

## Introduction

State child care licensing regulations and monitoring and enforcement policies help 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. States have regulations that include the requirements facilities must comply with and policies to support the enforcement of those regulations.

### Terminology Used in this Brief

**Child Care Center:** A nonresidential facility that generally provides child care services for fewer than 24 hours per day per child, unless care in excess of 24 hours is due to the nature of parents' work. States may define child care centers differently in their licensing regulations.

**Differential Monitoring:** 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.

**Licensing/Licensed:** 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.

**Licensing Policies:** The processes and policies in each State related to licensing program staffing, facility monitoring, and enforcement of licensing regulations.

**Regulation:** A State's official promulgated licensing rules that are used to evaluate a child care program's operation.

The purpose of this research brief is to report on two aspects of child care licensing for all 50 States and the District of Columbia<sup>1</sup>: **state child care center licensing regulations** and **child care center licensing policies**. Using data compiled from state child care licensing regulations and the results of a survey of state licensing agencies, the National Center on Child Care Quality Improvement has conducted an analysis that examines the state of licensing in 2011, and identifies trends that have become apparent during several years of data collection.

## Methodology

---

All data regarding child care center **regulations** 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>. 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). This study 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 study to review all laws that pertain to child care programs.

The data about States' **licensing policies**, including monitoring and enforcement of licensing regulations, were gathered by the National Association for Regulatory Administration (NARA)<sup>2</sup> 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.

This brief also includes a comparison of data collected for 2011 with data collected on licensing regulations and policies in previous years. For the most part, *The 2005 Child Care Licensing Study* was used for this analysis, since it was the first study to use these same methodologies—a compilation of data from regulations and a survey of the state licensing agencies. The *2005 Child Care Licensing Study* was conducted through a collaboration of the National Child Care Information and Technical Assistance Center (NCCIC) and NARA. NCCIC was a previous contract with the Office of Child Care, Administration for Children and Families, DHHS. The collaboration of NCCIC and NARA also produced comparable licensing studies in 2007 and 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](http://www.naralicensing.org/Licensing_Study).

---

<sup>1</sup>For purposes of this research brief, the District of Columbia (DC) is considered 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, Alaska; New York City; and the counties in Florida that have their own licensing programs.

<sup>2</sup>For more information about NARA, visit <http://naralicensing.org> or email [admin@naralicensing.org](mailto:admin@naralicensing.org).

## Summary of Key Findings

In the period of 2009 through 2011, more than half of States made changes to their **licensing regulations** for child care centers. A number of significant trends have emerged in the types of regulations that have changed since 2005.

- 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).
- States have increased the preservice training requirements for center directors, and increased the number of ongoing training hours for all center staff roles. The median number of ongoing training hours has increased from 12 to 15 hours per year.
- The number of States requiring Federal fingerprints and checks of the sex offender registry have increased dramatically.
- A small number of States lowered the child-staff ratios for at least one age group of children since 2005. In that same time period, a few States lowered the group size for at least one age group.
- States have added requirements about fences for outdoor space, transportation, and emergency preparedness, and more States prohibit firearms in child care centers.

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

- There has been a large increase in the frequency of inspections in child care centers. 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 from 2005 to 2011.
- 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.

## Trends in State ChildCareCenter Licensing Regulations

### *Child Care Centers Licensed*

- Fifty States, including the District of Columbia, license child care centers. One State, Idaho, does not have child care licensing at the state level.

### *Dates and Types of Regulations*

- There is a wide range of effective dates for child care center licensing regulations.
  - ◆ Twenty-seven States made changes to their child care center licensing regulations from 2009 through 2011 (i.e., since data were collected for The 2008 Child Care Licensing Study).
  - ◆ There is one State (Nebraska) that has not changed its regulations since 1998. Rhode Island, which last updated its regulations in 1993, is currently in the process of revising its regulations.

- In addition to their center regulations, many States have separate sets of regulations for specific types of care, such as
  - ◆ School-age care in 13 States—California, Colorado, Hawaii, Indiana, Kansas, New Mexico, New York, North Dakota, Oklahoma, Rhode Island, South Dakota, Vermont, and Washington; and
  - ◆ Infant and toddler care in three States—California, Hawaii, and Montana.

### ***Definition of Licensed Child Care Centers***

- There are several common elements in States' definitions of center-based facilities that are required to be licensed.
  - ◆ Three-quarters of States define a center by the minimum number of children in the facility.
  - ◆ Most States define a center as a facility that operates for less than 24 hours or any part of a 24-hour day.
  - ◆ Half of States also define a center as operating on an ongoing/regular or scheduled basis.
  - ◆ Other common definition elements include services provided for compensation, ages of the children in the facility, and the number of hours services are provided.
- State child care licensing regulations include definitions of the types of center-based facilities that are exempt from licensing.
  - ◆ At least half of States have these common types of exemptions from licensing:
    - Facilities where parents are on the premises (e.g., child care services in a shopping mall or health club);
    - Facilities with a small number of children in care;
    - Recreation programs, instructional classes, and/or club programs; and
    - Facilities operating a small number of hours per day or week.
  - ◆ Twelve States have exemptions for centers operated by religious organizations— Alabama, Arkansas, Florida, Illinois<sup>3</sup>, Indiana, Louisiana, Maryland, Missouri, South Carolina, Tennessee, Utah, Virginia.

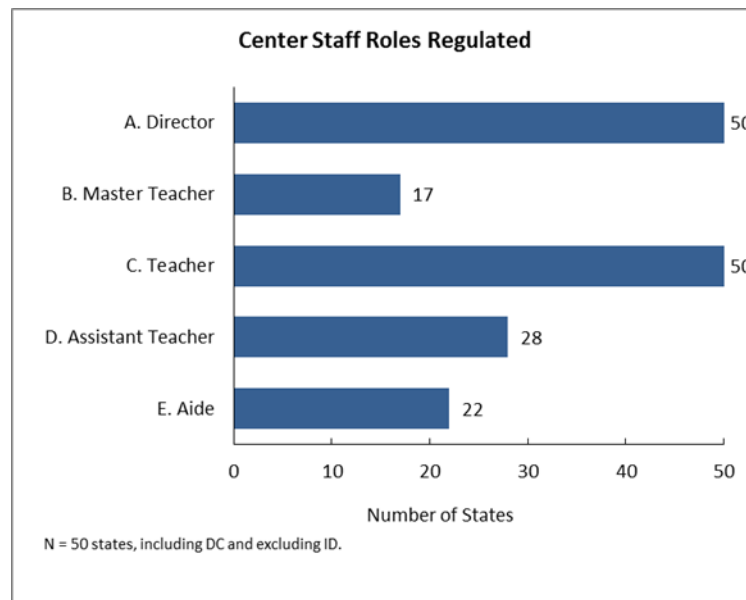
### ***Staff Roles and Age Requirements***

- All States that license child care centers have requirements in their regulations for the director and teacher staff roles, as shown in Figure 1.
  - ◆ Since 2005, three States (Alaska, Delaware, and New Hampshire) have added the role of aide to their regulations. One State (Michigan) has added the role of master teacher.

---

<sup>3</sup> The exemption in Illinois applies to part-day child care programs operated by religious organizations that serve only children over the age of 3.

Figure 1



- The most common minimum age requirements are 21 years of age for directors, 18 for master teachers and teachers, and 16 for assistant teachers and aides.

### ***Staff Qualifications and Ongoing Training Requirements***

- Nearly all States require center directors to have a high school diploma or equivalent, have preservice training or experience, and complete a minimum number of hours of training each year, as shown in Table 1. The same is true for States with requirements for the master teacher role. Since 2005,
  - ◆ Two States (Colorado and Connecticut) have added a requirement for a high school diploma for teachers; and
  - ◆ Five States have added ongoing training requirements for at least one center staff role—District of Columbia, Michigan, Montana, New Hampshire, and North Carolina.

**Table 1: States With Requirements About High School Diploma and/or GED, Preservice Qualifications, and Ongoing Training for Child Care Center Staff Roles**

Center Staff Role	Number of States			
	Role Regulated	High School Diploma or GED*	Preservice Qualifications	Ongoing Training
Director	50	47	49	46
Master teacher	17	15	17	16
Teacher	50	32	39	48
Assistant teacher	28	11	17	23
Aide	22	6	9	13

N=50 States, including DC and excluding ID

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

- The most common minimum qualification for both center directors and master teachers is the Child Development Associate (CDA) Credential™. For States that have minimum qualifications for teachers, the most common type is experience—either alone or with a high school diploma or General Educational Development (GED) credential. Many States have requirements for the type of experience needed.<sup>4</sup>
  - ◆ Seven States have changed the preservice requirements for directors since 2005—Connecticut, District of Columbia, Illinois, Iowa, Missouri, New Hampshire, and New Mexico.
  - ◆ One State (Colorado) changed the preservice requirements for teachers in the same time period.
- Across the States and center roles, the number of ongoing training hours required annually ranges from 3 to 30. The median number of required training hours for most roles 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 2005.
  - ◆ Ten States have increased the number of training hours for at least one center role since 2005— Arizona, Arkansas, Colorado, Delaware, District of Columbia, Maryland, Michigan, Montana, New Hampshire, and North Carolina.

### ***Health and Safety Training***

- Forty-seven States require center staff to complete first aid training, and 46 States require CPR training. Thirty-two States specify that CPR training must focus on infants and children. More than half of States require center staff to complete training on child abuse and neglect (27 States) or the prevention of communicable diseases (25 States).
  - ◆ The number of States that require health and safety training has risen since 2005. Three States (District of Columbia, Maryland, and Mississippi) added requirements for training about child abuse and neglect and

<sup>4</sup> For directors, in most States the high school diploma is required in addition to other preservice qualifications, such as training, credentials, or experience. For teachers, more often high school diplomas are the only qualification or may be paired with experience.

three States (Arizona, District of Columbia, and Delaware) added training about the prevention of communicable diseases.

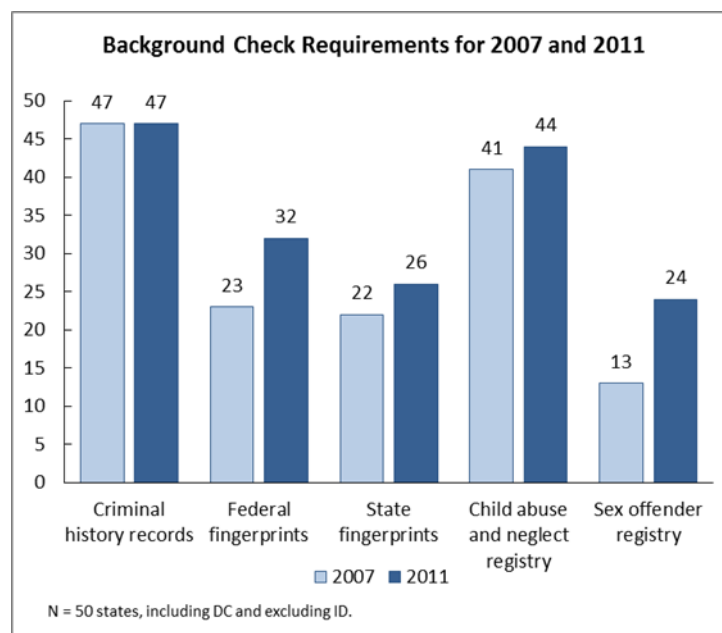
### **Orientation Training**

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

### **Background Checks**

- All States require at least one type of background check for center staff prior to hiring. As shown in Figure 2, the number of States requiring federal fingerprint checks and checks of the sex offender registry has increased dramatically since 2007<sup>5</sup>.

**Figure 2**



Twelve 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 center staff—Alaska, California, Colorado, Hawaii, Illinois, Michigan, Mississippi, North Dakota, South Carolina, South Dakota, Tennessee, and Washington.

- Forty States require center staff to sign statements about criminal status.

<sup>5</sup>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.

## Staff Hiring Requirements

- Thirty-two States require center staff to have a physical exam or provide a health statement from a physician prior to working with children.
- Thirty-eight States require center staff to have a tuberculosis screening.
- Half of States require references when hiring center directors and/or other staff.

## Child-Staff Ratios and Group Size

- All States that license child care centers have requirements for child-staff ratios. Eleven States do not regulate group size for any age groups. An additional 10 States do not regulate group size for at least one age group.
  - ◆ Six States lowered the child-staff ratios for at least one age group of children since 2005— Delaware, Maine, Michigan, South Carolina, North Carolina, and Virginia.
  - ◆ Four States lowered the group size for at least one age group since 2005— Maine, Ohio, Utah, Wisconsin. Michigan added a requirement for group size for infants and toddlers.
- Tables 2 and 3 show that only the few States with the lowest child-staff ratios and group sizes meet or exceed the recommendations in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-home Child Care Programs, 3rd Edition* (CFOC)<sup>6</sup>.

**Table 2: Range of State Child-staff Ratio Requirements for Child Care Centers**

Age of Children	Lowest Required Ratio	Number of States	Highest Required Ratio	Number of States	Most Common Ratio	Number of States	CFOC Guidelines
<b>Infants</b>							
6 weeks	3:1	3	6:1	4	4:1	33	<b>3:1</b>
9 months	3:1	3	6:1	5	4:1	32	<b>3:1</b>
<b>Toddlers</b>							
18 months	3:1	1	9:1	3	6:1	14	<b>4:1</b>
27 months	4:1	4	12:1	2	8:1	10	<b>4:1</b>
<b>Preschool-age children</b>							
3 years	7:1	2	15:1	4	10:1	23	<b>7:1</b>
4 years	8:1	1	20:1	2	10:1	17	<b>8:1</b>
<b>School-age children</b>							
5 years	9:1	1	25:1	2	15:1	14	<b>8:1</b>
10 years	10:1	1	26:1	1	15:1	16	<b>12:1</b>

N=50 States, including DC and excluding ID

<sup>6</sup>American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition*. <http://nrckids.org/CFOC3/index.html>.



**Table 3: Range of State Group Size Requirements for Child Care Centers**

Age of Children	Lowest Required Group Size	Number of States	Highest Required Group Size	Number of States	Most Common Group Size	Number of States	CFOC Guidelines
<b>Infants</b>							
6 weeks	6	1	20	1	8	20	6
9 months	6	1	20	1	8	20	6
<b>Toddlers</b>							
18 months	8	8	20	2	12	12	8
27 months	8	2	22	1	12, 14	8, 8	8
<b>Preschool-age children</b>							
3 years	14	2	30	2	20	18	14
4 years	20	18	36	1	20	18	16
<b>School-age children</b>							
5 years	20	9	40	2	30	11	16
10 years	20	2	50	1	30	15	24

N=50 States, including DC and excluding ID

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

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

- More than 90 percent of States have requirements for staff on the supervision of children in care. Among those States, some specify that staff must be able to see or hear children at all times or that staff must be free of other duties while supervising children.
- All States that license child care centers have specific requirements about the supervision of children during at least one of the times/activities listed in Table 4.

**Table 4: Supervision Requirements for Child Care Centers**

Time/Activities	Number of States
Transportation in vehicles	48
Field trips	44
Naptime	41
Swimming/water activities	41
Evening/overnight care	35
Outdoor play	31
Large group activities	17

N=50 States, including DC and excluding ID

## Health Requirements and Medical Care

- All States that license centers require children to have immunizations to enroll in centers. However, most States allow exemptions from immunization requirements if written statements are provided from either a physician or parent.
- Thirty States require children to have a physical exam to enroll.
- All States that license centers have requirements about the administration of medication to children. Centers in nearly all States must obtain permission from parents to administer medications, keep records of medications given to children, and get written instructions about how to give the medication to children.
  - ◆ Ten States require center staff to complete training about the administration of medication— Colorado, Connecticut, Delaware, Indiana, Maryland, New York, Utah, Vermont, West Virginia, Wyoming.
  - ◆ Two States (Delaware and Maryland) have added this requirement since 2005.
- Three-quarters of States require centers to exclude children who are mildly ill, meaning that they must be kept at home until they are well enough to return to programs.

## Nutrition and Maintaining Healthy Weight

- All States that license centers have requirements about the nutritional content of meals and snacks served to children.
- Table 5 shows that growing number of States are adding requirements to their licensing regulations that would help with preventing obesity and maintaining healthy weight in young children.

**Table 5: Obesity Prevention Requirements for Child Care Centers**

Obesity Prevention Requirement*	Number of States
<b>Nutrition</b>	
Drinking water must be freely available to children throughout the day	40
Requirements about breastfeeding or feeding breast milk to children in care	37
Fruit or vegetables must be served at every meal	19
Soft drinks or other sugary drinks are prohibited	6
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	2
Meals are eaten family style	1
No fried foods are served	0
<b>Physical Activity</b>	
Daily outdoor play is required when weather permits	46
Duration of daily physical activity is specified	8

Obesity Prevention Requirement*	Number of States
<b>Screen Time</b>	
State has rules about children's use of television, computers, and/or other electronic media	22
Content of electronic media is age-appropriate, educational, non-violent, etc.	16
State sets limits on the amount of screen time	11
Use of electronic media is prohibited with children under age 2	5

N=50 States, including DC and excluding ID.

\*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***

- Forty-two States specify the types of discipline or behavior guidance that centers are allowed to use with children, and all States specify forms of discipline centers are not allowed to use with children.
  - ◆ Two States (Louisiana and South Carolina) allow corporal punishment by specifically listing it as a form of acceptable discipline in their licensing regulations. In 2007, the District of Columbia changed its regulations to add a prohibition of corporal punishment. Until then, DC had allowed corporal punishment by not specifically prohibiting it.

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

- Forty-nine States specify the types of activities, such as outdoor play, active play, quiet play, naptime, and group activities, that must be included in the daily schedule for children.
- Forty-one States specify that the domains of children's development must be addressed in activities. Most of these States require centers to address children's social, physical, language/literacy, cognitive/intellectual, and emotional development. Nearly half of States require centers to address cultural development.
- Eighty percent of States have requirements for the types of equipment/materials centers must have for children, such as indoor/outdoor gross motor equipment, fine motor manipulatives, books and other literacy materials, and art supplies.

### ***Child Assessment***

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

### ***Parent Involvement***

- Nearly half of States have requirements for centers regarding parent involvement, including requiring centers to provide opportunities for parents to be involved in program activities.

- Forty-five States have requirements about communication with parents, with half of States requiring centers to keep logs of children’s care and communicate with parents, and more than a third requiring centers to hold regularly scheduled meetings with parents.
- Forty-seven States require centers to provide parents with access to the facility at all times when their child is present.
  - ◆ Four States (District of Columbia, Kentucky, South Carolina, and Utah) have added this requirement since 2005.

### ***Transportation***

- Forty-eight States have requirements about transporting children in vehicles.
  - ◆ As shown in Table 6, there has been a small increase in the number of States that have each of these requirements since 2005.

**Table 6: Transportation Requirements for Child Care Centers**

Transportation Requirements	Number of States	
	2005	2011
Requirements for transporting children in vehicles	48	49
Safety restraints for children (e.g., seat belts, car seats)	41	43
Driver requirements (e.g., driver’s license, minimum age requirements)	38	42
Specific child-staff ratio requirements for transporting children in vehicles	37	38
Supervision of children when they board and exit vehicles	23	23
Attendance records of children being transported	14	19
Additional checks for children remaining on board are conducted once vehicles are unloaded	4	7

N=50 States, including DC and excluding ID.

### ***Care of Infants and Toddlers***

- The number of States requiring centers to place infants on their backs to sleep to prevent Sudden Infant Death Syndrome (SIDS) has increased by 18 States since 2005, as shown in Table 7. 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.

**Table 7: SIDS Prevention Requirements for Child Care Centers**

SIDS Prevention Requirements	Number of States	
	2005	2011
Infants must be placed on their backs to sleep	24	42
Physicians may authorize different sleep positions for infants	20	35
Soft bedding/materials must not be used in cribs	17	25
Staff are required to complete training about SIDS prevention	7	7
Parents can authorize a different sleep position for infants	5	5

N=50 States, including DC and excluding ID.

- Among the 49 States that have requirements for infant and toddler care, 23 require that centers assign a primary, consistent caregiver to each child. This has not changed since 2005.
- Forty-eight States have requirements about how to feed infants; and 37 have requirements about breastfeeding or feeding breast milk to children in care.
- Seventeen States have specific qualifications for staff that work with infants and toddlers, that include training on how to care for these age groups.

### ***Care of School-age Children***

- Thirteen States have separate sets of regulations for facilities that care for only school-age children. However, 47 States have requirements for the care of school-age children incorporated into the regulations for child care centers.
  - ◆ Only one State (Alabama) has added requirements for school-age children to its center regulations since 2005.
- Of the 47 States with requirements in center regulations, 28 States have specific qualifications for staff that work with school-age children.
- Forty-three States specify the types of activities centers should provide for school-age children. Twenty-eight States require centers to have specific types of equipment for school-age children.
- Twenty States have requirements specifically for the supervision of children in this age group.

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

- Thirty-five States have requirements about the care of children with special needs in their child care center regulations.
- Of the 35 States, the largest number of States—26—have requirements related to facility records and policies. The following table includes some of the most common requirements for child care centers.

**Table 8: State Requirements About the Care of Children with Disabilities or Special Needs for Child Care Centers**

Requirements About the Care of Children with Disabilities	Number of States
Facility must keep information about disabilities or special needs in children's records	19
Facility must obtain information from parents about children's disabilities or special needs	18
For children identified as having a disability or special need, facility must keep IEP's or IFSP's in records	10

N=50 States, including DC and excluding ID.

IEP = Individual Education Plan

IFSP = Individual Family Services Plan

- Seventeen States require centers to develop activity plans or accommodate existing plans for children with disabilities or special needs.
- Ten States require centers to communicate with families about children's progress concerning special needs, while nine States require centers to develop plans for caring for the children with disabilities or special needs.

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

- As shown in Table 9, there has been an increase in the number of States that have some common health and safety requirements for child care centers between 2005 and 2011.
  - ◆ Six States have added requirements about fences or other enclosures around outdoor spaces—Arkansas, Delaware, Maine, Massachusetts, Michigan, and South Carolina.
  - ◆ Five States have added requirements about emergency preparedness—Delaware, District of Columbia, Florida, New Hampshire, and South Carolina.
  - ◆ Since 2005, five more States have specifically prohibited firearms in child care centers—Arkansas, Connecticut, District of Columbia, Delaware, and North Carolina.

**Table 9: State Requirements About Health and Safety for Child Care Centers**

State Health and Safety Requirements for Center-Based Facilities	Number of States	
	2005	2011
<b>Environmental Tests and Inspections</b>		
Environmental tests (i.e., lead paint, lead in water, asbestos, radon)	12	13
Environmental inspections (i.e., fire, health, building code)	39	39
<b>Indoor and Outdoor Space</b>		
Amount of indoor space per child is 35 square feet	42	41
Amount of outdoor space per child is 75 square feet	29	31
Fence or other enclosure around outdoor space	34	40
<b>Fire Safety and Emergency Preparedness</b>		
Requirements for fire safety	45	46
Fire drills	37	39
Emergency preparedness (i.e., weather, utility-related, acts of terrorism)	33	38
<b>Security</b>		
Daily attendance records kept	34	37
Procedures for accepting and releasing children (i.e., signing in and out)	27	27
<b>Insurance</b>		
Liability insurance	21	25
Automobile insurance	26	28
<b>Reporting to the Licensing Agency</b>		
All serious injuries that occur to children in programs	34	34
All deaths that occur to children in programs	31	33
<b>Hand Washing</b>		
Hand washing for staff	44	46
Hand washing for children	41	45
<b>Diapering</b>		
Requirements for diapering	47	49
Sanitation of diapering area	39	42
Specify when diapers are changed	30	32
<b>Smoking Policies</b>		
Smoking not allowed in facility	31	33
<b>Firearms</b>		
Firearms not allowed in facility	17	22

N=50 States, including DC and excluding ID

## Trends in State Child Care Center Licensing Policies

### *Number of Licensed Child Care Centers*

- There is a total of 107,286 licensed child care centers in the United States, with a total of 312,254 licensed facilities, as shown in Table 10.<sup>7</sup>
  - ◆ The number of child care centers has increased just slightly since 2008. However, 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 Centers*

- There are more than 10 million licensed child care slots in the United States as shown in Table 10.<sup>8</sup> Licensed capacity has decreased by one percent since 2008.
- More than three-quarters of slots are in center-based programs.
  - ◆ The number of licensed slots in child care centers has decreased slightly (0.6 percent).

**Table 10: Number of Licensed Facilities and Licensed Capacity  
Child Care Centers and Total**

	2008	2011	Difference
<b>Number of Facilities</b>			
Child care centers	107,199	107,286	+87
Total number of licensed facilities	329,882	312,254	-17,628
<b>Licensed Capacity</b>			
Licensed capacity in child care centers	7,760,044	7,715,981	-44,063
Total licensed capacity	10,199,106	10,085,606	-113,500

<sup>7</sup> The total number of licensed facilities and licensed capacity includes child care centers, small and large/group FCC homes, and other types of facilities reported by States (such as, part-day preschools and nursery schools, school-age care facilities, registered FCC homes, Head Start programs, child placing agencies, residential facilities, and others).

<sup>8</sup> See note #7.



### ***Licensing Staff Caseloads***

- Based on information reported from state licensing agencies, there is an average caseload of 103 centers and family child care homes for licensing line staff. Most state licensing agencies assign licensing line staff to inspect both child care centers and family child care 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.<sup>9</sup>

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

- Child care center licenses are valid in most States for either one or two years. Non-expiring licenses are issued in 11 States—Arkansas, California, Colorado, Maryland, Nebraska, North Carolina, Oklahoma, South Dakota, Texas, Washington, and Wisconsin.
  - ◆ Since 2005, two States (Georgia and Kansas) have changed their laws from a non-expiring license to a license that is valid for one year, and one State (Washington) has adopted a non-expiring license.

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

- All States that license child care centers 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.

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

- As shown in Table 11, most States inspect child care facilities once a year.
  - ◆ Since 2005, at least 20 percent of States report an increase in the number of inspections conducted each year. A large percentage of these States now conduct inspections more than once a year.
  - ◆ Four States that inspected less than once a year in 2005 report that they inspect at least once a year in 2011—Alabama, Alaska, Massachusetts, and New York.

---

<sup>9</sup> 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.drvehq.com/publications/Strong\\_CC\\_Licensing\\_2011.pdf](http://www.naralicensing.drvehq.com/publications/Strong_CC_Licensing_2011.pdf)

**Table 11: Frequency of Licensing Inspections in Child Care Centers**

Frequency of Inspections	Number of States	
	2005	2011
More than three times a year	3	4
Three times a year	3	3
Twice a year	7	14
Once a year	27	25
Once every 2 years	6	2
Once every 3 years	0	0
Less than once every 3 years	1	1
Facility not inspected	0	0
Other frequency of inspection	3	1

N = 50 States, including DC and excluding ID.

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

## Monitoring Tools

- More than 55 percent of States report using abbreviated compliance forms that shorten the list of requirements that are checked in programs during inspections.
  - ◆ More than 85 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.
- More than 50 percent of States 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.”
  - ◆ The number of States using differential monitoring has increased significantly from 11 States in 2005 to 26 States in 2011.
- Thirteen States report having a system of weighted licensing requirements in which rules are ranked for relative risk of harm.
- Thirty-two 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 facilities achieve compliance with regulations; 45 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 against facilities 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 12, 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 12: 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 taken against child care facilities. In addition, it is assumed that the number of actions does not show the number of facilities that were in violation with the licensing regulations. Facilities could have been subject to multiple actions during one year.

## Licensing Information on the Internet

- Thirty States report that they post licensing information about child care facilities on the Internet for parents and the general public to access.
  - ◆ There were only ten States that posted licensing information on the Internet in 2005, with eight of those States posting information about complaints, as shown in Table 13.

**Table 13: Licensing Information Posted on the Internet**

Licensing Information Posted on the Internet	Number of States	
	2005	2011
<b>Licensing Inspection Reports</b>		
Full report	7	16
Inspection summary	2	13
<b>Licensing Complaints</b>		
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***

- Two-thirds of States charge child care centers a fee to obtain a license. Licensing fees for child care centers are most often based on the number of children in a facility.
  - ◆ 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 States report that they require licensing line staff to have a bachelor's degree. The content and/or major of the degree or coursework must be early childhood education, child development, or a related topic in 16 States. Twenty-two States also require experience working in a setting with children.
- Twenty-five 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 to hire and support child care licensing staff. Two-thirds of States also use general state funds for this purpose.

## Conclusion

---

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

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

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