

July 2022

Trends in Child Care Center Licensing Requirements for 2020

Brief #1



NATIONAL CENTER ON
Early Childhood Quality Assurance

Acknowledgements

This document was developed by the National Center on Early Childhood Quality Assurance with funds from Grant #90TA0002-05-02 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, and Office of Head Start. This resource may be duplicated for noncommercial uses without permission.

Brief #1: Trends in Child Care Center Licensing Requirements for 2020

Contents

Introduction	2
Scope and Purpose	2
Methodology	2
Comparative Analysis	3
Summary of Key Findings	3
Trends in State Licensing Requirements for Child Care Centers	4
Child Care Centers Licensed	4
Definition of Licensed Child Care Centers	4
Licensing Exemptions	5
Staff Roles and Age Requirements	5
Staff Education and Ongoing Training Requirements	6
Orientation Training	8
Health and Safety Topics Required in Preservice and Orientation Training	9
Staff Health and Hiring Requirements	11
Child-Staff Ratios and Group Sizes	11
Supervision of Children	12
Health Requirements and Medical Care	13
Nutrition and Maintaining Healthy Weight	14
Activities, Equipment, and Materials	15
Family Involvement	15
Behavioral Guidance and Discipline	16
Child Assessment	16
Safe Sleep Practices	16
Care of Infants and Toddlers	17
Care of School-Age Children	17
Care of Children with Disabilities or Other Special Needs	18
Care During Evening or Overnight Hours	18
Transportation	19
Facility Health and Safety Requirements	19
Conclusion	21
References	22

Introduction

Within the early care and education system, licensing provides the baseline of protection for children and covers the broadest content, the largest number of children from birth to school age, and the largest population of providers. Licensing helps prevent various forms of harm to children such as 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, unless the type of facility is identified as exempt.¹ States have regulations with which facilities must comply and policies to support the enforcement of those regulations. Some states may call their regulatory processes “certification” or “registration,” but for consistency, this brief uses the terms “licensing” and “licensed” to represent all regulatory processes.

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

Scope and Purpose

The purpose of this brief is to report on the licensing requirements for **child care centers** for all 50 states and the District of Columbia. The term “state” will be used for all 51 jurisdictions.

States may define child care centers differently in their licensing requirements. To categorize the types of center-based child care settings states regulate, the following definition is used:

Child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent(s)’ work (National Center on Early Childhood Quality Assurance, 2015).

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

Using data compiled from state child care licensing regulations, the National Center on Early Childhood Quality Assurance conducted an analysis that examines the state of licensing requirements in 2020 and identifies trends that have emerged since data were last collected in 2017.

Methodology

For this research, all data regarding **child care center requirements** were compiled from the regulations posted in the [National Database of Child Care Licensing Regulations](#) that were in effect as of **December 31, 2020**. The licensing requirements data presented in this brief include information only from state child care licensing regulations. Additional requirements for child care facilities may be in state statutes; administrative codes; or other local, state, or federal laws. It was not in the scope of this work to review all laws that pertain to child care facilities.

¹“Licensing” or “licensed” is defined as permission that providers must obtain from a state to operate a child care facility, which requires meeting specific program standards. State statutes and regulations define several operational elements of the child care program that allow it to be legally exempt from licensing. Unless a program’s operation includes a type of exemption defined by the state, it is required to obtain a license to operate legally.

Comparative Analysis

This brief includes a comparison with the findings from the [2017 Child Care Licensing Study \(CCLS\)](#). During the comparative analysis, some adjustments were made to the data from the 2017 CCLS to better align the definitions of specific variables and assure consistency in coding between the 2017 and 2020 versions.

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



If there is no arrow next to a finding, the number or percentage of states changed by a very small amount or stayed the same from 2017 to 2020.

Summary of Key Findings

Key findings emerged from review and comparison of all data collected in 2017 and 2020. The data for these findings and many other indicators are detailed in the remaining sections of this brief. While the number of states that made changes may be small, the national trends are moving closer to 100 percent on some key requirements that can protect children from harm in out-of-home settings.

In addition, during this time states were implementing federal requirements enacted in the [Child Care and Development Block Grant \(CCDBG\) Act of 2014](#)² and the [Child Care and Development Fund \(CCDF\) Program final rule](#) (2016).³ States are required to have health and safety requirements in 11 different topic areas, as well as preservice and ongoing training on those topics. Although most of the federal requirements apply only to the subset of providers that receive payments from the CCDF subsidy program, the findings from this study show that the federal law had an impact on changes states made to licensing requirements that apply to the larger population of child care settings that are required to obtain a license to operate.

Findings: Licensing Requirements for Child Care Centers

Trends about changes to licensing requirements have emerged in four key areas: **preservice qualifications and ongoing training, health and safety training, physical activity and screen time, and safe sleep practices**. These specific trends and others are as follows:

- ◆ Four states have increased the minimum amount of preservice training required for center directors (separate from health and safety training).
- ◆ Five states increased the number of annual training hours for at least one center role. The median number of required training hours for all center roles is 15.
- ◆ Nine states added requirements that all staff must complete first aid and cardiopulmonary resuscitation (CPR) training, instead of only one staff member on duty needing to complete the training.
- ◆ Thirteen states added preservice or orientation training requirements in health and safety topics between 2017 and 2020. The largest number of states added training requirements in these topics: handling and storage of hazardous materials, administration of medication, transportation, food allergies, and building safety.
- ◆ The number of states that require center staff to complete training in all health and safety topics tracked in this study went from 12 in 2017 to 19 in 2020.

² 42 U.S.C. § 9858c(c)(2)(I) (2015).

³ Child Care and Development Fund, 45 C.F.R. § 98.41 (2016).

- ◆ One state lowered child-staff ratios for at least one age group, and two states added group size requirements to their regulations.
- ◆ Two states added requirements that address immunization records for homeless families.
- ◆ Four states added requirements about the amount of physical activity and screen time limits for children in centers.
- ◆ All states now require infants to be placed on their backs to sleep. Three more states prohibit soft bedding, blankets, and toys in cribs, and six added the federal safety requirements for cribs to their licensing regulations.
- ◆ Five states added requirements about suspending or expelling children to their regulations for child care centers.

Trends in State Licensing Requirements for Child Care Centers

The information in this section was compiled and analyzed from the licensing regulations for child care centers posted in the [National Database of Child Care Licensing Regulations](#) that were in effect on December 31, 2020.

Child Care Centers Licensed

- ◆ All states and the District of Columbia license child care centers.

Dates of Regulations

- Thirty-seven states (73 percent) issued new child care center licensing regulations since the data were last collected in 2017. Of these 37 states, 33 had new regulations go into effect in 2019 and 2020.

Definition of Licensed Child Care Centers

There are several common elements in states' definitions of center-based facilities that must be licensed.

- ◆ Three-quarters of states (75 percent) define a center by the minimum number of children in the facility.
- ◆ Most states (69 percent) define a center as a facility that operates for less than 24 hours or for any part of a 24-hour day.
- ◆ Nearly half of states (49 percent) also define a center as operating on an ongoing and 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 that services are provided.

Licensing Exemptions

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

Table 1. Most Common Licensing Exemptions for Child Care Centers, 2020

Licensing Exemptions	Percentage of States
Facilities with a small number of children in care	65%
Facilities where parents are on the premises (for example, child care services in a shopping mall or health club)	63%
Recreation programs, instructional classes, or club programs	61%
Preschool programs operated by public schools or approved by the state's department of education	55%
Summer day camps	47%
Facilities operating a small number of hours per day or week	41%
Programs that offer religious instruction	35%
Child care offered during religious services	33%
Preschool programs operated by private schools	31%

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

- ◆ Fourteen states (27 percent) have various licensing exemptions for child care programs operated by religious organizations:
 - Six states exempt these programs from all licensing requirements and processes: Alabama, Florida, Indiana, Louisiana (if they operate less than 24 hours per week), Missouri, and South Carolina.
 - Five states exempt these programs from licensing but have requirements and processes with which they must comply: Arkansas, Georgia, Maryland, North Carolina, and Virginia.
 - Three states exempt child care programs that are operated by private educational institutions affiliated with religious organizations: Illinois, Tennessee, and Texas.

Staff Roles and Age Requirements

- ◆ All states that license child care centers have requirements that relate to director and teacher staff roles.
- ◆ Twenty states (39 percent) have the role of master teacher in their child care center requirements. States with this role typically require higher qualifications for education than they do for the typical teacher role. States may call this role lead teacher, supervisor, or another title.

- ◆ The most common age requirements are that directors be a minimum of 21 years old; master teachers and teachers be at least 18 years old, and assistant teachers and aides be 16 years of age or older.

Defining Child Care Center Roles

The child care center **director** is the administrator who is ultimately responsible for establishing the program, hiring and supervising all other staff, managing both income and expenditures, and maintaining quality.

The role of **master teacher** in this study reflects that this person is required to have more training, experience, or skills than other teachers. This position is often called a lead teacher, head teacher, chief caregiver, fully qualified teacher, child care associate, or supervisor by the states. The **teacher** is the adult in a center classroom who can be solely responsible for a group of children. **Assistant teachers** and **aides** meet fewer qualifications and must always be supervised in their work with children.

Staff Education and Ongoing Training Requirements

- ◆ Nearly all states require center directors to have a high school diploma or General Educational Development (GED) certificate, have preservice training or experience, and complete a minimum number of hours of training each year, as shown in Table 2. This is also true for states with requirements for the master teacher role.

Table 2. Number of States with Requirements for High School Diploma or GED, Preservice Qualifications, and Ongoing Training for Center Staff Roles, 2020

Center Staff Role	Role Regulated	High School Diploma or GED ^a	Preservice Qualifications	Ongoing Training
Director	51	48	49	48
Master teacher	20	17	20	19
Teacher	51	34	41	49
Assistant teacher	29	16	21	26
Aide	20	5	12	13

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

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

- ◆ The most common **minimum preservice qualifications** for center directors are the Child Development Associate (CDA) Credential (29 percent of states) and clock hours of training in early childhood education (ECE) topics (29 percent of states), as shown in Figure 1.⁴ In the 20 states with requirements for master teachers, the most common is the CDA Credential (25 percent). Figure 2 shows that for states that have minimum qualifications for teachers, the most common types are clock hours of training in ECE topics (22 percent) and experience—either alone or with a high school diploma or GED (22 percent). Many states have requirements for the type of experience needed.

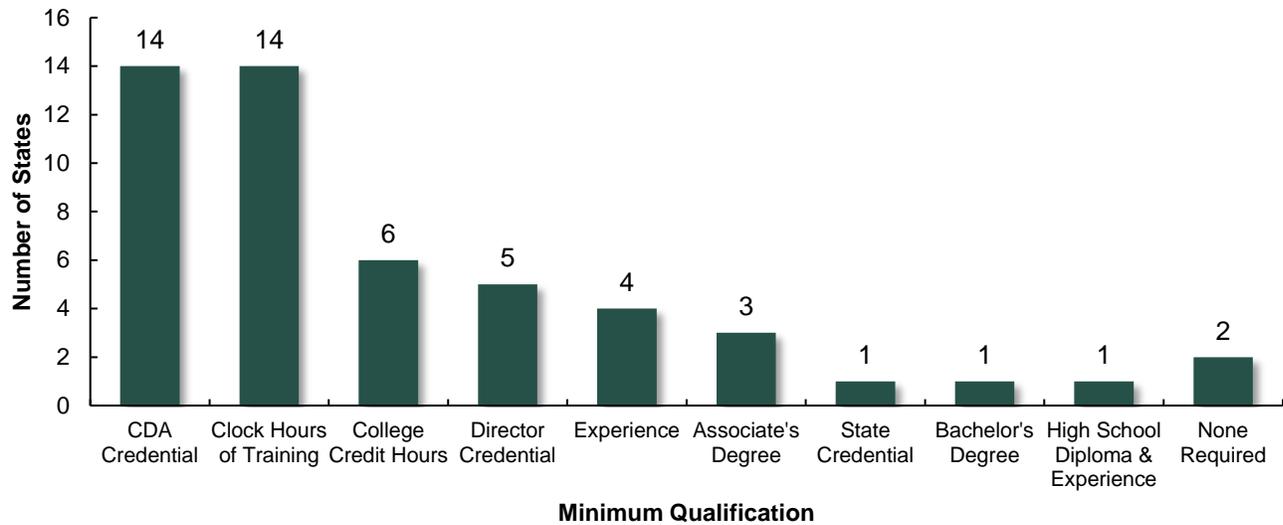


Four states have changed the amount of preservice training or education required for directors since 2017: Louisiana, Montana, South Carolina, and Washington.

⁴ Preservice qualifications are the clock hours of training, college-level courses, credentials, college degrees, and amount of experience that licensing regulations specify as needed to be completed before being hired for the role. This training and education are typically in early childhood education topics and related fields and vary by staff role; they are separate requirements from the preservice/orientation training in the health and safety topics which often do not vary by staff role.

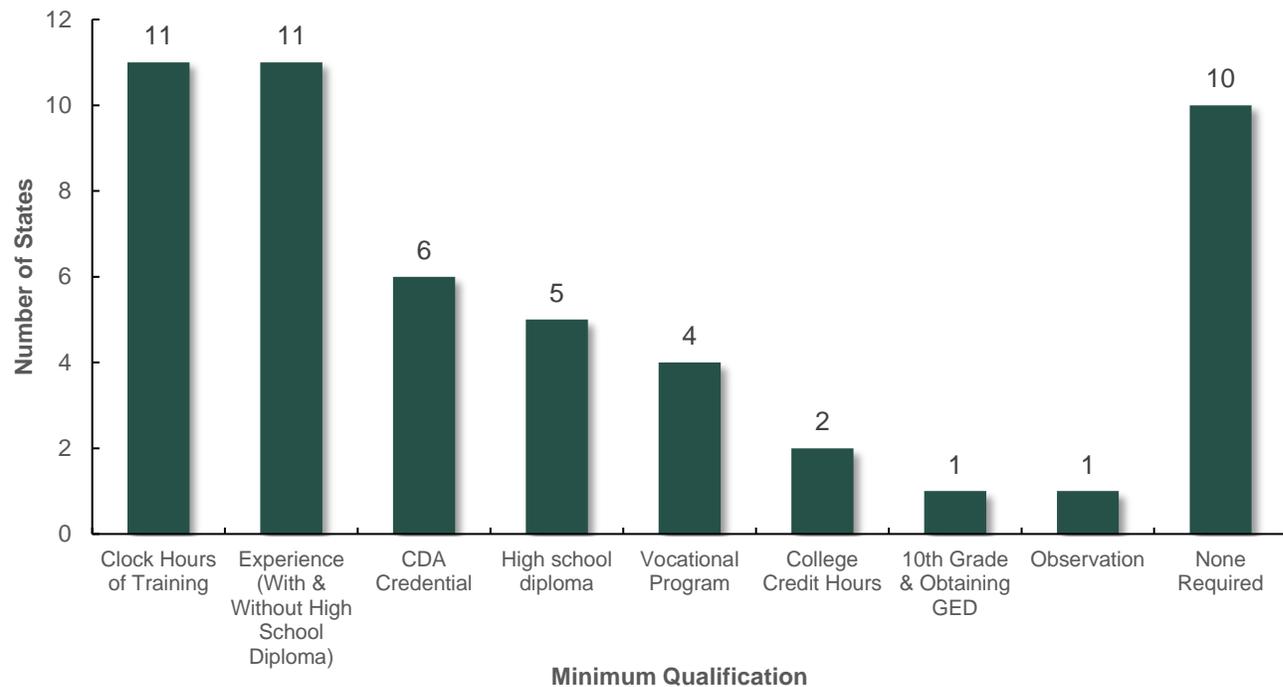
↑ Two states changed the amount of preservice training or education required for teachers since 2017: Montana and Washington.

Figure 1. Minimum Preservice Qualifications for Center Directors, 2020



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

Figure 2. Minimum Preservice Qualifications for Center Teachers, 2020



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

- ◆ The number of **ongoing training hours** required annually ranges from 4 to 33 for center directors and 4 to 30 for teachers. The median number of required training hours for is 16 for center directors and master teachers and 15 for all other roles. Many states specify the content of ongoing training, especially for teachers (90 percent) and directors (88 percent). Table 3 shows the number of states with requirements in ranges of annual training hours for directors and teachers.
- ▲ Five states have increased the number of ongoing training hours for at least one center role since 2017: Kansas, Minnesota, Montana, Tennessee, and Washington.
- ▲ Two states added an ongoing training requirement for assistant teachers: Montana and Washington. In addition, Washington added an ongoing training requirement for master teachers and aides.
- ▲ Two more states specify the content of ongoing training for teachers: Tennessee and Washington.

Table 3. Number of Annual Training Hours for Child Care Center Directors and Teachers, 2020

Number of Annual Training Hours	Required for Directors by this Number of States	Required for Teachers by this Number of States
1–5 hours	1	1
6–11 hours	7	7
12–15 hours	14	19
16–20 hours	15	13
21–25 hours	7	7
26–30 hours	2	1
31–35 hours	1	0
Number of hours not specified	1	1
Ongoing training not required	3	2

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

Orientation Training

- ◆ Forty-five states (88 percent) require child care center staff to complete **orientation training**. Of the states that require orientation training, 82 percent require the training to be about the policies and procedures of working in the center and 76 percent require training about the state licensing regulations.
- ◆ Of the 45 states that require orientation training, 27 (60 percent) require centers to provide the training to new employees and volunteers. Orientation training is often the responsibility of the center director.
- ▲ Since 2017, Michigan added requirements for orientation training about the policies and procedures of working in a center and state licensing regulations. Also, Missouri and Montana added requirements for training about the policies and procedures of working in a center.

Health and Safety Topics Required in Preservice and Orientation Training

First Aid and CPR

- ◆ As shown in Table 4, 51 states require center teachers to complete first aid training, and 50 states require CPR training before working with children or soon after employment. Forty-two of the states requiring CPR training (82 percent) specify that the training must focus on infants and children.
 - ↑ Since 2017, two states (Texas and Washington) added the requirement that first aid training must focus on infants and children; and two states (Arkansas and North Dakota) added the requirement that CPR training must focus on infants and children.
 - ↑ Nine states added the requirement that all staff in a center complete first aid training: Alaska, Colorado, Delaware, Minnesota, North Dakota, Tennessee, Texas, Utah, and Washington. In 2020, fewer states required only one staff member on duty to complete first aid training.
 - ↑ Nine states added the requirement that all staff in a center complete CPR training: Alaska, Colorado, Delaware, Minnesota, North Dakota, Tennessee, Texas, Utah, and Washington. In 2020, fewer states required only one staff member on duty to complete CPR training.
 - ↓ Since the number of states that require all staff to complete first aid and CPR training increased, the number of states that require at least one staff member with training to always be on duty decreased.

Table 4. Number of States with First Aid and CPR Training Included in Preservice or Orientation Licensing Requirements for Child Care Centers, 2017 and 2020

First Aid and CPR Training	2017	2020
First aid training required	51	51
Training focused on infants and children	24	26
Require all staff to complete training	14	23
Require all staff who work with children to complete training	6	6
Require at least one staff member with training to always be on duty	29	22
Require at least one staff member with training in each group of children	3	0
CPR training required	50	50
Training focused on infants and children	41	43
Require all staff to complete training	13	22
Require all staff who work with children to complete training	5	5
Require at least one staff member with training to always be on duty	30	23
Require at least one staff member with training in each group of children	3	0

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

Health and Safety Training Topics

- ◆ As shown in Table 5, in 2020, 44 states (86 percent) required center staff to complete preservice or orientation training related to detecting and reporting child abuse and neglect. Forty states (78 percent) require center staff to complete training in emergency preparedness, and 38 states (75 percent) require training in preventing the spread of infectious disease.

↑ Table 5 also shows that states added preservice or orientation training requirements in all the health and safety topics between 2017 and 2020. The topics where 7 or more states added requirements are as follows:

- Handling and storage of hazardous materials: 8 states
- Administration of medication: 7 states
- Precautions in transporting children: 7 states
- Prevention of and response to emergencies due to food and allergic reactions: 7 states
- Building and physical premises safety: 7 states

↑ A total of 13 states added requirements in one or more of the health and safety topics: Alaska, Arkansas, Delaware, Florida, Michigan, Missouri, Montana, Oregon, Tennessee, Utah, Washington, West Virginia, and Wisconsin.

↑ In 2017, 12 states' (24 percent) licensing regulations included requirements for center staff to complete all health and safety training topics listed in Table 5. In 2020, that number increased to 19 states (37 percent).

Table 5. Number of States with Health and Safety Training Topics Included in Preservice or Orientation Licensing Requirements for Child Care Centers, 2017 and 2020

Health and Safety Training Topics	2017	2020
Recognition and reporting of child abuse and neglect	42	44
Emergency preparedness and response planning	37	40
Prevention and control of infectious diseases	35	38
Reduction of SIDS and use of safe sleeping practices	33	35
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	28	31
Administration of medication	24	31
Precautions in transporting children	20	27
Prevention of and response to emergencies due to food and allergic reactions	16	23
Building and physical premises safety	15	22
Handling and storage of hazardous materials and the appropriate disposal of biocontaminants	15	23

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

Staff Health and Hiring Requirements

- ◆ Thirty states (59 percent) require center staff to have a physical exam or provide a health statement from a physician before working with children.
- ◆ Thirty-two states (63 percent) require center staff to have a tuberculosis screening.
- ◆ Nearly half of states (25; 49 percent) require references when hiring center directors or other staff.

Child-Staff Ratios and Group Sizes

- ◆ All states have requirements for child-staff ratios.
 - ↑ Since 2017, one state (South Carolina) lowered child-staff ratios for at least one age group.
- ◆ Thirty-seven states (73 percent) regulate group sizes for all age groups (see “Age of Children” column in Table 7). An additional 7 states (14 percent) regulate group sizes for at least 1 age group, and 7 states (14 percent) do not regulate group sizes.
 - ↑ In 2017, 35 states (69 percent) regulated group size for all age groups, 7 states (14 percent) regulated group size for at least 1 age group, and 9 states (18 percent) did not regulate group sizes. Since 2017, Louisiana and Montana added group-size requirements for all age groups.
- ◆ Tables 6 and 7 show that only a 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](#) (American Academy of Pediatrics et al., 2021).

Table 6. Range of State Child-Staff Ratio Requirements for Child Care Centers, 2020

Age of Children	Lowest Required Ratio	Number of States	Highest Required Ratio	Number of States	Most Common Ratio	Number of States	CFQC Guidelines
Infant							
6 weeks	3:1	3	6:1	2	4:1	33	3:1
11 months	3:1	3	6:1	3	4:1	32	3:1
Toddler							
18 months	3:1	1	9:1	2	6:1	15	4:1
35 months	4:1	2	12:1	1	8:1	14	4:1
Preschool							
3 years	6:1	1	15:1	4	10:1	22	7:1
4 years	8:1	1	20:1	2	10:1	17	8:1
School age							
5 years	9:1	1	25:1	2	15:1	13	8:1
10 years	10:1	1	26:1	1	15:1	16	12:1

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

Table 7. Range of State Group-Size Requirements for Child Care Centers, 2020

Age of Children	Lowest Required Group Size	Number of States	Highest Required Group Size	Number of States	Most Common Group Size	Number of States	CFOC Guidelines
Infant							
6 weeks	6	1	20	1	8	20	6
11 months	6	1	20	1	8	19	6
Toddler							
18 months	8	6	21	1	12	15	8
35 months	8	2	22	2	16	9	8
Preschool							
3 years	14	1	30	2	20	18	14
4 years	20	17	36	1	20	17	16
School age							
5 years	20	9	40	2	30	13	16
10 years	20	2	50	1	30	16	24

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

- ◆ Forty-eight states (94 percent) allow child care centers to have mixed-age groups of children. Of these 48 states, all have requirements about child-staff ratios for mixed-age groups, and 30 (63 percent) have requirements about group sizes for mixed-age groups. Just over half of states base mixed-age group ratios (25 of 48 states; 52 percent) and group sizes (16 of 30 states; 53 percent) on the age of the youngest child in the group.

Supervision of Children

- ◆ Fifty states (98 percent) have requirements for staff on the supervision of children in care. Among those states, some specify that staff must always be able to see the children (22; 43 percent), to hear the children (17; 33 percent), or that staff must be free of other duties while supervising children (13; 25 percent).
- ◆ All states have specific requirements about the supervision of children during at least one of the times or activities listed in Table 8.

Table 8. Supervision Requirements for Child Care Centers, 2020

Times and Activities	Number of States
Transportation in vehicles	49
Naptime	46
Field trips	44
Swimming or water activities	43
Evening or overnight care	37
Outdoor play	32
Large-group activities	16

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

Health Requirements and Medical Care

- ◆ Thirty-two states (63 percent) require children to have a physical exam when enrolling in a center.
- ◆ As shown in Table 9, all states require children to have immunizations to enroll in centers. However, most of these states allow exemptions from immunization requirements if families have an objection for religious or personal beliefs (69 percent) or a physician provides a medical reason (71 percent).

↑ Since 2017, two states (Connecticut and Michigan) added requirements that address an increased amount of time to obtain immunization records from homeless families.

Table 9. Immunization Requirements for Children in Child Care Centers, 2020

Immunization Requirements	Number of States
Immunization requirements for children	
Children are required to have immunizations to enroll in a center	51
State sets time for when immunization records must be submitted to the center after enrollment	25
State has requirements that address immunization records for homeless families	11
Immunization exemptions for children	
State allows exemption for families' religious or personal beliefs	35
State allows physicians to provide a written statement for exemption from immunizations for medical need	36
State allows centers to exclude children until immunization records or exemption statements are provided	21
State allows centers to accept a child on a conditional basis if not all immunizations are complete	10
State allows centers to refuse to accept children who have been exempted from immunization by parents	2

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

- ◆ All states have requirements about the administration of medication to children. Centers in nearly all these states must
 - obtain permission from parents to administer medications (51 states; 100 percent),
 - keep records of medications given to children (49 states; 96 percent), and
 - get written instructions about how to give the medication to children (47 states; 92 percent).
- ◆ Thirty-one states (61 percent) require center staff to complete training about the administration of medication.
 - ↑ Seven states added requirements for staff to complete training about the administration of medication: Alaska, Michigan, Missouri, Montana, Tennessee, Washington, and Wisconsin.
- ◆ More than one-third of states (18; 35 percent) require centers to conduct a daily health screening when children arrive at the center.
- ◆ Forty-one states (80 percent) allow centers to exclude children who are mildly ill, meaning that centers can require children to stay at home until they are well enough to return to the program. Eighteen states (35 percent) have requirements that include a list of the symptoms of illness that can be used to determine whether a child should be at home.
- ◆ More than half of states (29; 57 percent) require centers to have a room or space to care for mildly ill children that is separate from the other children in care.
- ◆ Thirteen states (25 percent) require centers to have a health consultant available to the center for medical advice and other medical services.

Nutrition and Maintaining Healthy Weight

- ◆ All states have requirements for centers about the nutritional content of meals and snacks served to children.
- ◆ Table 10 shows the number of states with requirements in their licensing regulations that help with preventing obesity and maintaining healthy weight in young children.
 - ↑ Since 2017, four states have added requirements about the amount of time children spend in physical activities: Colorado, Tennessee, Vermont, and Washington.
 - ↑ States added limits on screen time for children from 2017 to 2020:
 - ↑ Four states added requirements about prohibiting screen time for children younger than age 2: Colorado, Tennessee, Vermont, and Washington.
 - ↑ Three states added requirements about the amount of screen time for children: Colorado, Vermont, and Washington.
 - ↑ Two states added requirements about the content of electronic media: Colorado and Washington.

Table 10. Number of States with Requirements about Maintaining Healthy Weight in Children for Child Care Centers, 2017 and 2020

Healthy Weight Requirement	2017	2020
Nutrition		
Water for drinking must be freely available to children throughout the day	43	43
Requirements are in place about breastfeeding or feeding breast milk to children in care	44	44
Fruits or vegetables must be served at every meal	19	18
Soft drinks or other sugary drinks are prohibited	6	6
Providers must limit servings of 100% juice to one 4- to 6-ounce serving per day	3	4
Low-fat or nonfat milk must be served to children aged 2 years and older	6	7
Physical activity		
Daily outdoor play is required when weather permits	46	46
Duration of daily physical activity is specified	14	18
Screen time		
State has rules about children's use of television, computers, or other electronic media	28	29
State requires that content of electronic media is age-appropriate, educational, nonviolent, and the like	15	21
State sets limits on the amount of screen time allowed	20	23
Use of electronic media is prohibited for children younger than age 2	19	19

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

Activities, Equipment, and Materials

- ◆ Forty-nine states (96 percent) specify the types of activities—such as outdoor play, active play, quiet play, naptime, and group activities—that must be included in children's daily schedules.
- ◆ Forty-one states (80 percent) specify that the domains of children's development must be addressed in activities. Most of these states require centers to address children's social, physical, language and literacy, cognitive and intellectual, and emotional development.
- ◆ Thirty-nine states (76 percent) have requirements for the types of equipment and materials centers must have for children, such as indoor and outdoor gross-motor equipment, fine-motor manipulatives, books and other literacy materials, and art supplies.

Family Involvement

- ◆ Twenty-three states (45 percent) have family involvement requirements for centers, including requiring centers to provide opportunities for parents to be involved in program activities.
- ◆ Forty-five states (88 percent) have requirements about communication with families. Of these 45 states, more than half (27; 60 percent) require centers to keep logs of children's care and communicate with families. More

than a third of these states (19; 42 percent) require centers to hold regularly scheduled meetings with families.

↑ From 2017 to 2020, three states added requirements about holding regularly scheduled meetings with families: North Carolina, Tennessee, and Washington.

- ◆ Forty-eight states (94 percent) require centers to provide families with access to the facility any time their child is present.

Behavioral Guidance and Discipline

- ◆ Forty-four states (86 percent) specify the types of discipline or behavior guidance that centers can use with children.

↓ Since 2017, South Carolina removed requirements that allowed corporal punishment for children in centers. In 2020, no states allowed corporal punishment in licensing regulations for centers.

- ◆ Nearly all states (50; 98 percent) specify forms of discipline that centers are not allowed to use with children. All 50 states (100 percent) prohibit physical or corporal punishment; 48 states (96 percent) prohibit denial of food, and 47 states (94 percent) prohibit abusive language.
- ◆ Forty-two states (82 percent) require centers to have a written policy about behavioral guidance and discipline.
- ◆ Eleven states (22 percent) require centers to have policies about suspending or expelling children from centers: Alaska, Colorado, Illinois, Massachusetts, Nebraska, New Hampshire, New Jersey, Rhode Island, Vermont, Washington, and Wyoming.
- ↑ Four states added requirements about suspension or expulsion of children since 2017: Alaska, Illinois, Washington, and Wyoming.
- ◆ Twenty-one states (41 percent) have requirements for centers about positive interactions and relationships between care giving staff and children, such as being responsive and meeting children's emotional needs.

Child Assessment

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

Safe Sleep Practices

- ◆ All 50 states and the District of Columbia (100 percent) require that infants be put on their backs to sleep to reduce incidences of sudden infant death syndrome (SIDS). As shown in Table 11, most states have requirements about physician authorization for different sleep positions and prohibit the use of soft bedding in cribs.

Several states added requirements about safe sleep practices since 2017:

↑ Two states (California and Idaho) added back-to-sleep requirements since 2017.

↑ Three states added requirements about soft bedding or materials used in cribs: California, Oregon, and Utah.

- ↑ Six states added the U.S. Consumer Product Safety Commission requirements for cribs⁵ to their licensing regulations: Alabama, California, Delaware, Missouri, Tennessee, and Wisconsin.

Table 11. Number of States with Requirements about Reducing the Risk of SIDS for Child Care Centers, 2017 and 2020

SIDS Reduction Requirements	2017	2020
Infants must be placed on their backs to sleep	49	51
Physicians may authorize different sleep positions for infants	41	43
Soft bedding or materials must not be used in cribs	40	43
Regulations include the U.S. Consumer Product Safety Commission requirements for infant cribs	35	41
Staff members are required to complete preservice or orientation training about reducing SIDS	33	35
Staff must check on or visually observe sleeping infants	n.d.	22
Parents can authorize a different sleep position for infants	5	5

Notes: *N* = 51 states (including the District of Columbia).
n.d. = Data not collected in 2017.

Care of Infants and Toddlers

- ◆ All states have requirements for the care of infants and toddlers in child care centers.
- ◆ Most states (44; 86 percent) have requirements for centers about supervising infants and toddlers.
- ◆ Twenty-three states (47 percent) require that centers assign a primary, consistent caregiver to each child.
- ◆ Twenty-six states (51 percent) have requirements about how care giving staff interact with infants and toddlers, such as responding to cries, holding, talking, and meeting social and emotional needs.
- ◆ Most states have requirements about the daily activities (43; 84 percent) for infants and toddlers and equipment (44; 86 percent) needed for their care.
- ◆ Fifty states (98 percent) have requirements about how to feed infants, and 44 (86 percent) have requirements about breastfeeding or feeding breast milk to children in care.
- ◆ Eighteen states (35 percent) have specific qualifications for staff who work with infants and toddlers that include training on how to care for these age groups in addition to the required health and safety topics.

Care of School-Age Children

- ◆ Seventeen states have a separate set of regulations for facilities that care for only school-age children: Arkansas, California, Colorado, Florida, Hawaii, Indiana, Kansas, Nebraska, New Mexico, New York, North Dakota, South Dakota, Texas, Utah, Vermont, Washington, and West Virginia.

⁵ Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule, 16 CFR 1219, 1220, and 1500.
<https://www.federalregister.gov/documents/2010/12/28/2010-32178/safety-standards-for-full-size-baby-cribs-and-non-full-size-baby-cribs-final-rule>

- ◆ In addition, 45 states (88 percent) have incorporated requirements for the care of school-age children into the regulations for mixed-age child care centers. From the separate regulations and requirements incorporated in center regulations, we found that of the 45 states,
 - 42 states (93 percent) specify the types of activities centers should provide for school-age children,
 - 40 states (89 percent) have requirements about the building space and facilities specifically needed for school-age children,
 - 34 states (76 percent) have specific qualifications for staff that work with school-age children,
 - 31 states (69 percent) require centers to have specific types of equipment for school-age children, and
 - 27 states (60 percent) have requirements specific to the supervision of children in this age group.

Care of Children with Disabilities or Other Special Needs

- ◆ Forty-four states (86 percent) have requirements in their child care center regulations about the care of children with special needs. Table 12 includes some of the most common requirements for child care centers.

Table 12. Requirements for the Care of Children with Disabilities or Special Needs for Child Care Centers, 2020

Requirements for the Care of Children with Disabilities	Number of States
The facility must keep information about disabilities or special needs in children's records	22
The facility must develop activity plans or accommodate existing plans for children with disabilities or special needs	18
The facility must obtain information from parents about children's disabilities or special needs	16
The facility must develop plans for caring for children with disabilities or special needs	14
For children identified as having a disability or special need, the facility must keep individualized education program plans or individual family service plans in records	11
The facility must obtain information from physicians about children's disabilities or special needs	8
The facility staff must communicate with families about children's progress concerning special needs	7

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

Care During Evening or Overnight Hours

- ◆ Forty-five states (88 percent) have requirements for centers about caring for children during evening or overnight hours. Of these 45 states,
 - 39 states (87 percent) have requirements about equipment needed for evening or overnight hours care,
 - 33 states (73 percent) have requirements about activities for children during evening or overnight hours, and

- 29 states (64 percent) have requirements about the building space and facilities specifically needed for providing care during evening or overnight hours.
- ◆ Thirty-seven states (73 percent) have requirements for supervising children during evening or overnight hours care, including
 - 32 states (86 percent) that require staff to be awake when children are in care; and
 - 17 states (46 percent) that have specific child-staff ratio requirements for evening and overnight care.

Transportation

- ◆ Fifty states (98 percent) have requirements about transporting children in vehicles. Table 13 shows other requirements states have for transporting children.

Table 13. Transportation Requirements for Child Care Centers, 2020

Transportation Requirements	Number of States
Safety restraints for children (for example, seat belts, car seats)	45
Driver requirements (for example, driver's license, minimum-age requirements)	46
Specific child-staff ratio requirements for transporting children in vehicles	38
Supervision of children when they board and exit vehicles	23
Attendance records of children being transported	20
Additional checks for children remaining on board once vehicles are unloaded	7

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

Facility Health and Safety Requirements

- ◆ As shown in Table 14, between 2017 and 2020, there were very few increases in the number of states with common health and safety requirements for child care centers. For most of these requirements, the number of states has either not changed or has increased by one state.

Table 14. Number of States with Requirements about Health and Safety for Child Care Centers, 2017 and 2020

State Health and Safety Requirements	2017	2020
Environmental tests and inspections		
Environmental tests (for example, lead paint, lead in water, asbestos, radon)	19	20
Indoor and outdoor space		
Amount of indoor space per child is 35 square feet	41	42

State Health and Safety Requirements	2017	2020
Amount of outdoor space per child is 75 square feet	30	30
Surfaces under outdoor play equipment	40	40
Fence or other enclosure around outdoor space	46	46
Protection from bodies of water (for example, ponds, rivers, lakes)	34	34
Swimming pool requirements	46	46
Fire safety and emergency preparedness		
Fire and emergency drills	47	48
Smoke detectors required in centers	20	20
Fire extinguishers required in centers	23	24
Emergency preparedness procedures for natural disasters, power outages, active shooters, and other emergency situations	43	44
Emergency and evacuation plans	47	47
Security		
Daily attendance records	45	45
Procedures for accepting and releasing children	33	33
Insurance		
Liability insurance	26	27
Automobile insurance	29	29
Reporting injuries, deaths, and child abuse and neglect		
All serious injuries that happen to children reported to licensing agency	45	45
All deaths of children reported to licensing agency	43	44
Suspected child abuse and neglect reported; role as mandated reporter	49	49
Handwashing		
Handwashing for staff	47	47
Handwashing for children	48	48
Use of hand sanitizer allowed	n.d.	15
Diapering		
Requirements for diapering	50	51
Sanitation of diapering area	46	46
Specification of when diapers are changed	33	34
Smoking policies		
Smoking not allowed in the facility, on the grounds, in areas used to care for children, or in the presence of children	49	49
Firearms and other hazards		
Firearms not allowed in facility	31	31

State Health and Safety Requirements	2017	2020
Restricted access to hazardous supplies and materials	48	48

Notes: *N* = 51 states (including the District of Columbia).
n.d. = Data are not available from 2017.

Conclusion

The role of licensing in the early care and education system is to provide a mandatory baseline of program standards and monitoring that will protect children from physical harm and enhance their 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.

The findings presented in this brief provide evidence that states are making changes in their licensing requirements and policies to protect the health and safety of children in out-of-home care. The data above show a commitment to children’s health and safety by strengthening their licensing requirements in several areas critical to children’s health, from handwashing to safe sleep to preservice training. Many improvements align with federal CCDF requirements that went into effect through the CCDBG Act of 2014 and the 2016 final rule, showing that federal policies are moving state licensing standards forward.

These data and findings can help states and territories assess their licensing requirements and policies against national trends to determine changes they may need to make. A state could also use these national findings as research-based evidence to support changes to its own licensing system. We know that these findings do not answer many questions about the effectiveness of licensing requirements and provider compliance, and hope that this will inspire other researchers to do further analysis.

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

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