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Trends in Family Child Care Home Licensing Requirements for 2020

Brief #2



NATIONAL CENTER ON
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Brief #2: Trends in Family Child Care Home Licensing Requirements for 2020

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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 **family child care homes (FCCHs)** for all 50 states and the District of Columbia.² The term “state” will be used for all 51 jurisdictions.

States may define FCCHs differently in their licensing requirements. For the purpose of categorizing the types of FCCH settings states regulate, the following definition is used:

One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’ work (National Center on Early Childhood Quality Assurance, 2015).

In other briefs in this series, licensing requirements for child care centers and group child care homes (GCCH) 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 **family child care home 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

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.

² This type of family child care home may also be called “small family child care home.” This brief uses the same terminology as the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. <https://www.acf.hhs.gov/occ>

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.

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 emerge from reviewing and comparing all the 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](#)³ and the [Child Care and Development Fund \(CCDF\) Program final rule](#) (2016).⁴ 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 Family Child Care Homes

Trends about changes to licensing requirements have emerged in three key areas: **ongoing training, health and safety training, and safe sleep practices**. These specific trends and others are as follows:

- ◆ Three states increased the number of ongoing training hours for FCCH providers. The median number of required training hours increased from 12 to 15 hours per year.
- ◆ Three states added an ongoing training requirement for assistant providers.
- ◆ Five states added requirements that both FCCH providers and assistants must complete first aid and cardiopulmonary resuscitation (CPR) training.
- ◆ Sixteen 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: administration of medication, handling and storage of hazardous materials, food allergies, building safety, and recognition and reporting of child abuse and neglect.

³ 42 U.S.C. § 9858c(c)(2)(I) (2015).

⁴ Child Care and Development Fund, 45 C.F.R. § 98.41 (2016).

- ◆ The number of states that require FCCH providers to complete training in all health and safety topics tracked in this study went from 10 in 2017 to 19 in 2020.
- ◆ Two states added requirements that address immunization records for homeless families.
- ◆ Three states added requirements about breastfeeding or feeding breast milk to children in care
- ◆ Two states added requirements about the amount of physical activity for children in care.
- ◆ Two states added requirements for FCCHs that infants must be placed on their backs to sleep. Four more states prohibit soft bedding, blankets, and toys in cribs, and nine added the federal safety requirements for cribs to their licensing regulations.
- ◆ Three states added requirements about suspending or expelling children to their regulations for FCCHs.
- ◆ Four states added requirements about environmental testing for toxic substances in FCCHs.

Trends in State Licensing Requirements for Family Child Care Homes

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

Family Child Care Homes Licensed

- ◆ Forty-four states (including the District of Columbia) license FCCHs, defined as one adult caring for a group of children in the provider's residence.
 - Seven states do not license FCCHs as defined above: Arizona, Idaho, Indiana, Louisiana, New Jersey, Ohio, and South Dakota.
 - Most of these states license home-based providers that meet the definition of a group child care home.⁵
 - Louisiana, New Jersey, and South Dakota do not have mandatory licensing requirements for any home-based providers, whether defined as a family child care home or a group child care home.⁶

Dates of Regulations

- Of the 44 states that license FCCHs, 32 states (73 percent) issued new FCCH licensing regulations since the data were last collected in 2017. Of these 32 states, 28 had new regulations go into effect in 2019 and 2020.

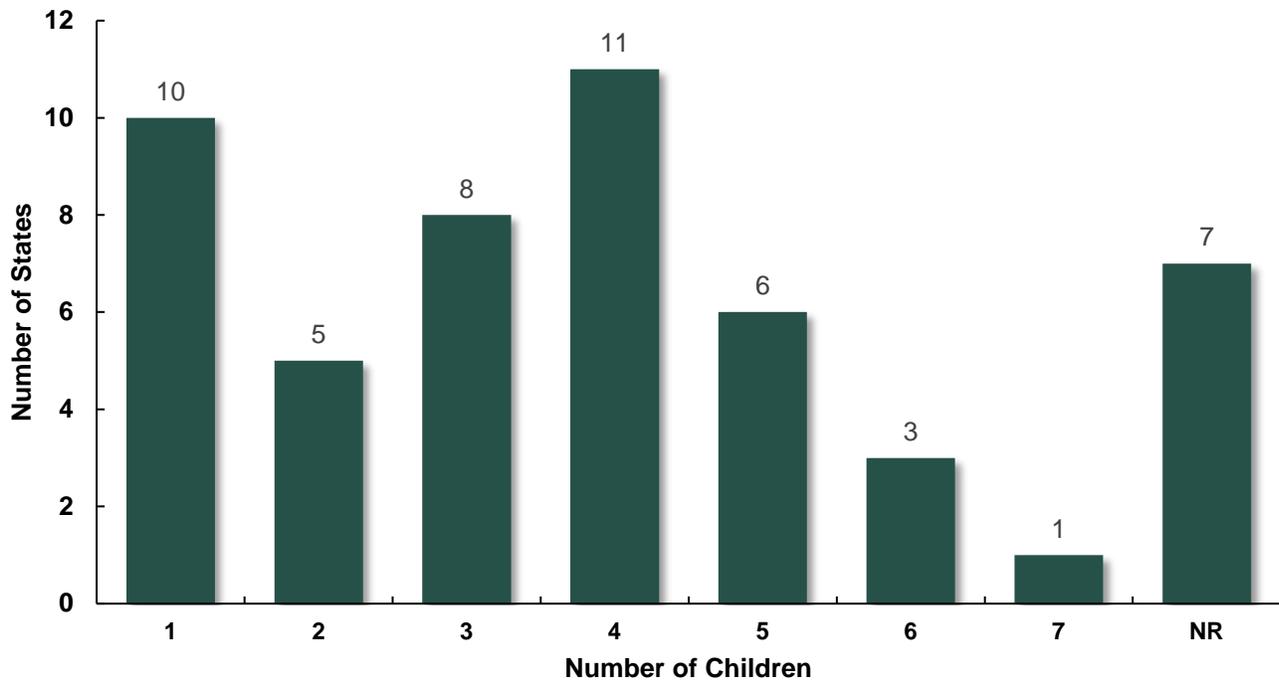
⁵ A group child care home (GCCH) is defined as two or more adults caring for a group of children in the provider's residence.

⁶ Louisiana, New Jersey, and South Dakota allow home-based child care providers to apply for a license voluntarily and have requirements for these providers if they receive payment from public funds.

Licensing Threshold

- ◆ As shown in Figure 1, 10 states require FCCHs to be licensed if there is just 1 child in care who is not related to the provider: Alabama, Connecticut, Delaware, the District of Columbia, Kansas, Maryland, Massachusetts, Michigan, Oklahoma, and Washington.
- ◆ Most states set the licensing threshold for FCCHs as at least three or four children.

Figure 1. Licensing Thresholds for Family Child Care Homes, 2020



Notes: *N* = 51 states (including the District of Columbia).
NR = Facility type not licensed.

Maximum Number of Children

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

- ◆ Of the 44 states that license FCCHs, 11 (25 percent) allow no more than 6 children in the home.
- ◆ Thirteen states (30 percent) allow six preschool children plus additional school-age children. These states allow from two to six additional school-age children in care during before- and after-school hours or during school vacations. Most allow three or four additional children. In a few states, an additional adult is needed when additional school-age children are in care.
- ◆ Ten states (23 percent) allow ten or more preschool-age children in FCCHs.
- ◆ Nearly all states (93 percent) set a limit on the number of infants and toddlers that can be in FCCHs.
- ◆ Of the 44 states that license FCCHs, all (100 percent) count providers' children or other children living in family child care homes in the maximum numbers allowed.

↑ Since 2017, Missouri added this requirement for FCCHs.

Staff Roles and Age Requirements

- ◆ All states that license FCCHs have requirements for the **provider** role. Twenty-nine states (66 percent) have requirements for the **assistant provider** role in place for when providers choose to hire additional caregivers.

Defining Family Child Care Home Roles

The **provider** is the person responsible for getting a license with the state, operating the FCCH business in his or her home, and caring for the children. Some providers choose to hire an **assistant** to help with the operation of the home and care of the children.

- ◆ The most common age requirement is that providers and assistant providers be at least 18 years old.

Staff Education and Ongoing Training Requirements

- ◆ Eighteen states (41 percent) require FCCH providers to have a high school diploma or General Educational Development (GED) certificate, as shown in Table 1. Only 4 states require assistant providers to have a diploma or GED.

↑ Since 2017, Washington added a requirement that FCCH assistant providers must have a high school diploma or GED.

Table 1. Number of States with Requirements for High School Diploma or GED, Preservice Qualifications, and Ongoing Training for Family Child Care Home Provider Roles, 2020

FCCH Role	Role Regulated	High School Diploma or GED ^a	Preservice Qualifications	Ongoing Training
Provider	44	18	31	41
Assistant provider	29	4	8	20

Notes: *N* = 44 states (including the District of Columbia) that license FCCHs.

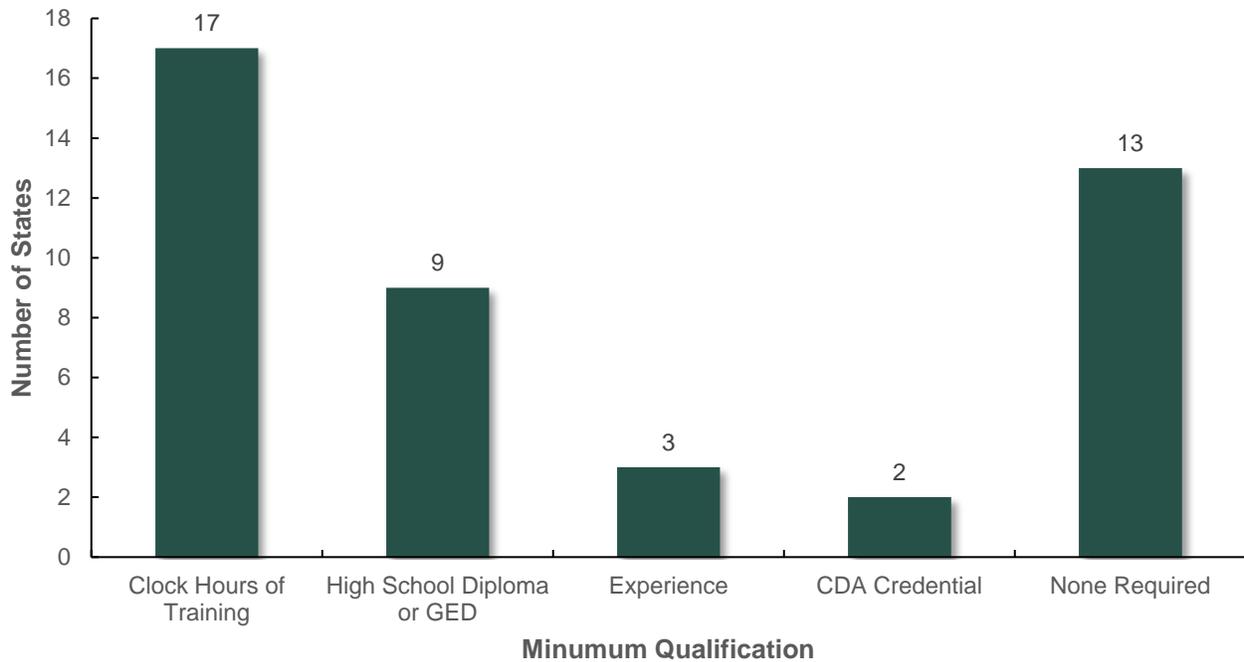
^a Required qualifications vary by role and state. In some cases, only a high school diploma or equivalent is required, but most of the time, other preservice qualifications—such as training, credentials, or experience—are also necessary.

- ◆ As shown in Figure 2, The most common **minimum preservice qualification** is clock hours of training in early childhood education (ECE) topics for FCCH providers (39 percent of states).⁷ A high school diploma is the most common qualification for assistant providers (50 percent).

↑ Tennessee added a requirement for preservice qualifications for *assistant* providers.

⁷ 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.

Figure 2. Minimum Preservice Qualifications for FCCH Providers, 2020



Note: N = 44 states (including the District of Columbia) that license FCCHs.

- ◆ The number of **ongoing training hours** required annually for FCCH providers ranges from 4 to 30, and from 5 to 18 for assistant providers. The median number of required training hours for FCCH providers is 15 and for assistant providers it is 12. More than three-quarters of states that require ongoing training specify the content of the training for providers (34; 83 percent). More than two-thirds specify the content of ongoing training for assistant providers (14; 70 percent). Table 2 shows the number of states with requirements in ranges of annual training hours.
- ▲ Three states increased the number of ongoing training hours for FCCH providers—Kansas, Montana, and Tennessee.
- ▲ The median number of required training hours for FCCH providers increased from 12 to 15 hours per year.
- ▲ Three states added an ongoing training requirement for assistant providers—Kentucky, North Dakota, and Tennessee. One state (Montana) increased the number of ongoing training hours for assistant providers.

Table 2. Number of Annual Training Hours for Family Child Care Home Provider Roles, 2020

Number of Annual Training Hours	Required for Providers by this Number of States	Required for Assistant Providers by this Number of States
1–5 hours	1	2
6–11 hours	9	6
12–15 hours	19	9
16–20 hours	10	3
21–25 hours	1	0
26–30 hours	1	0
Ongoing training not required	3	9

Note: N = 44 states that have requirements for the FCCH provider role and 29 states that have requirements for the FCCH assistant provider role.

Orientation Training

- ◆ Thirty-one states (70 percent) that license FCCHs require providers to complete some type of orientation training, with most of these requiring providers to complete an orientation to the licensing process (23; 74 percent).
- ↑ Missouri has added a requirement for orientation training since 2017. Three states added a requirement for FCCH providers to complete an orientation to the licensing process: Missouri, Montana, and Tennessee.

Health and Safety Topics Required in Preservice and Orientation Training

First Aid and CPR

- ◆ As shown in Table 3, 42 states require FCCH providers to complete first aid training, and 41 states require CPR training before working with children or soon after employment. Thirty-six of the states requiring CPR training (88 percent) specify that the training must focus on infants and children.
- ↑ Since 2017, 3 states added a requirement that CPR training must be focused on infants and children: Arkansas, North Dakota, and Rhode Island.
- ↑ Three states added a requirement that first aid training must be focused on infants and children: Alaska, Rhode Island, and Texas.
- ↑ Six states added a requirement for first aid training for FCCH assistants: Alaska, Montana, North Dakota, Tennessee, Texas, and Washington.
- ↑ Five states added a requirement for CPR training for FCCH assistants: Alaska, Montana, North Dakota, Tennessee, and Washington.

Table 3. Number of States with First Aid and CPR Training Included in Preservice or Orientation Licensing Requirements for Family Child Care Homes, 2017 and 2020

First Aid and CPR Training	2017	2020
First aid training required	42	42
Training focused on infants and children	17	19
Training required for assistants	19	25
CPR training required	40	41
Training focused on infants and children	33	36
Training required for assistants	20	25

Note: $N = 44$ states (including the District of Columbia) that license FCCHs.

Health and Safety Training Topics

- ◆ As shown in Table 4, in 2020, 75 percent of states that license FCCHs required providers to complete preservice or orientation training about the prevention of sudden infant death syndrome (SIDS) and the use of safe sleeping practices. Seventy-three percent of states required providers to complete training related to detecting and reporting child abuse and neglect, and 66 percent required training in emergency preparedness, prevention of shaken baby syndrome, and administration of medication.
- ↑ Table 4 also shows that large numbers of states added preservice or orientation training requirements for FCCH providers in all health and safety topics between 2017 and 2020. The topics where 8 or more states added requirements are as follows:
 - Administration of medication: 11 states
 - Handling and storage of hazardous materials: 11 states
 - Prevention of and response to emergencies due to food and allergic reactions: 10 states
 - Building and physical premises safety: 9 states
 - Recognition and reporting of child abuse and neglect: 8 states
- ↑ A total of 15 states added requirements in one or more of the health and safety topics: Alaska, Arkansas, Colorado, Delaware, Maine, Michigan, Missouri, Montana, Oklahoma, Oregon, Tennessee, Utah, Washington, Wisconsin, and West Virginia.
- ↑ In 2017, 10 states (23 percent) had licensing regulations that included requirements for FCCH providers to complete all health and safety training topics listed in Table 4. In 2020, that number increased to 19 states (43 percent).

Table 4. Number of States with Health and Safety Training Topics Included in Preservice or Orientation Licensing Requirements for Family Child Care Homes, 2017 and 2020

Health and Safety Training Topics	2017	2020
Prevention of SIDS and use of safe sleeping practices	26	33
Recognition and reporting of child abuse and neglect	24	32
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	23	29
Emergency preparedness and response planning	22	29
Administration of medication	18	29
Prevention and control of infectious diseases	17	24
Handling and storage of hazardous materials and the appropriate disposal of biocontaminants	12	23
Precautions in transporting children	16	22
Prevention of and response to emergencies due to food and allergic reactions	12	22
Building and physical premises safety	12	21

Note: $N = 44$ states (including the District of Columbia) that license FCCHs.

Provider Health and Hiring Requirements

- ◆ Thirty-one states (70 percent) require FCCH providers to have a physical exam or provide a health statement from a physician before working with children.
 - ◆ Twenty-four states (55 percent) require FCCH providers to have a tuberculosis screening.
 - ◆ Thirteen states (30 percent) require references from providers at initial licensure.
-  Since 2017, three states removed the requirement for references from FCCH providers at initial licensure: Maine, Tennessee, and Washington.

Number of Children Allowed with One Provider

- ◆ All states that license FCCHs have requirements about the maximum number of children (including infants, toddlers, preschoolers, and additional school-age children) that can be cared for by one adult provider.
 - The largest number of states allow one provider to care for either six or eight children.
 - The average number of children allowed per provider is nine.
- ◆ Table 5 shows that 75 percent of states that license FCCHs allow one provider to care for more than six children.
 - Eighteen states (41 percent) allow the total number of children to increase for the care of school-age children during part of the day.
 - Forty-one states (93 percent) set limits on the number of infants and toddlers allowed in the group.

Table 5. Maximum Number of Children Allowed with One Provider in Family Child Care Homes, 2020

Number of Children Allowed	Number of States
6	11
7	1
8	11
9	4
10	8
12	8
16	1

Note: $N = 44$ states (including the District of Columbia) that license FCCHs.

Supervision of Children

- ◆ Of the 44 states that license FCCHs, 43 (98 percent) have requirements for providers about the supervision of children in care. Among those states, some specify that providers must always be able to see the children (18; 41 percent), to hear the children (17; 39 percent), or that providers must be free of other duties while supervising children (4; 9 percent).



Since 2017, one state (Georgia) added requirements that providers must always be able to see and hear the children in care.

- ◆ Forty-two states (95 percent) that license FCCHs have specific requirements about the supervision of children during at least one of the times or activities listed in Table 6.

Table 6. Supervision Requirements for Family Child Care Homes, 2020

Times and Activities	Number of States
Transportation in vehicles	42
Swimming or water activities	40
Field trips	35
Outdoor play	34
Evening or overnight care	29
Naptime	24

Note: $N = 44$ states (including the District of Columbia) that license FCCHs.

Health Requirements and Medical Care

- ◆ Twenty-seven states (61 percent) require children to have a physical exam when enrolling in an FCCH.
 - ◆ As shown in Table 7, all states except one require children to have immunizations to enroll in FCCHs. However, most of these states allow exemptions from immunization requirements if a physician provides a medical reason (84 percent) or families have an objection to immunization for religious or personal beliefs (72 percent).
- ↑ Since 2017, two states (Connecticut and Rhode Island) added requirements that address an increased amount of time to obtain immunization records from homeless families.

Table 7. Immunization Requirements for Children in Family Child Care Homes, 2020

Immunization Requirements	Number of States
Immunization requirements for children	
Children are required to have immunizations to enroll in an FCCH	43
State sets time for when immunization records must be submitted to the FCCH after enrollment	14
State has requirements that address immunization records for homeless families	10
Immunization exemptions for children	
State allows physicians to provide a written statement for exemption from immunizations for medical need	36
State allows exemption for families' religious or personal beliefs	31
State allows FCCHs to exclude children until immunization records or exemption statements are provided	8
State allows FCCHs to accept a child on a conditional basis if not all immunizations are complete	8
State allows FCCHs to refuse to accept children who have been exempted from immunization by parents	1

Note: *N* = 44 states (including the District of Columbia) that license FCCHs.

- ◆ Forty-two states (95 percent) that license FCCHs have requirements about the administration of medication to children. FCCHs in nearly all these states must
 - obtain permission from parents to administer medications (41 states; 98 percent),
 - keep records of medications given to children (35 states; 83 percent), and
 - get written instructions about how to give the medication to children (38 states; 90 percent).
 - ◆ Twenty-nine states (66 percent) require FCCH providers to complete training about the administration of medication.
- ↑ Eleven states added requirements for FCCH providers to complete training about the administration of medication: Alaska, Arkansas, Maine, Michigan, Missouri, Montana, Oklahoma, Tennessee, Washington, West Virginia, and Wisconsin.

- ◆ Eleven states (25 percent) require FCCHs to conduct a daily health screening when children arrive at the home.
- ◆ Twenty-four states (55 percent) allow FCCHs to exclude children who are mildly ill, meaning that FCCH providers can require children to stay at home until they are well enough to return to the program.
- ◆ Two states (5 percent) require FCCHs to have a health consultant available to the FCCH for medical advice and other medical services: Hawaii and New York.

Nutrition and Maintaining Healthy Weight

- ◆ Forty-two states (95 percent) have requirements for FCCHs about the nutritional content of meals and snacks served to children.
- ◆ Table 8 shows the number of states with requirements in their licensing regulations that help with preventing obesity and maintaining healthy weight in young children. The following have changed since 2017:
 - ▲ Three states added requirements about breastfeeding or feeding breast milk to children in care: Georgia, Michigan, and Tennessee.
 - ▲ Two states (Delaware and Georgia) added requirements about drinking water being available for children throughout the day. Delaware also added requirements about the types of milk served to children.
 - ▲ Two states (Tennessee and Washington) added requirements about the duration of daily physical activity. Tennessee also added requirements about prohibiting the use of electronic media with children younger than age 2.

Table 8. Number of States with Requirements about Maintaining Healthy Weight in Children for Family Child Care Homes, 2017 and 2020

Healthy Weight Requirement	2017	2020
Nutrition		
Water for drinking must be freely available to children throughout the day	26	28
Requirements are in place about breastfeeding or feeding breast milk to children in care	24	27
Fruits or vegetables must be served at every meal	11	11
Soft drinks or other sugary drinks are prohibited	4	4
Providers must limit servings of 100% juice to one 4- to 6-ounce serving per day	3	3
Low-fat or nonfat milk must be served to children aged 2 and older.	4	5
Physical activity		
Daily outdoor play is required when weather permits	37	37
Duration of daily physical activity is specified	14	16

Healthy Weight Requirement	2017	2020
Screen time		
State has rules about children's use of television, computers, or other electronic media	26	26
State requires that content of electronic media is age-appropriate, educational, nonviolent, and the like	20	20
State sets limits on the amount of screen time allowed	18	18
Use of electronic media is prohibited for children younger than age 2	5	6

Note: *N* = 44 states (including the District of Columbia) that license FCCHs.

Activities, Equipment, and Materials

- ◆ Thirty-nine states (89 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.
- ◆ Thirty-three states (75 percent) specify that the domains of children's development must be addressed in activities. Most of these states require FCCHs to address children's social, physical, language and literacy, cognitive and intellectual, and emotional development.
- ◆ Twenty-six states (59 percent) have requirements for the types of equipment and materials FCCHs 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

- ◆ Seven states (16 percent) have family involvement requirements for FCCHs: Alaska, Arkansas, the District of Columbia, Kentucky, New Mexico, Pennsylvania, and Washington. Three of these states—Kentucky, Pennsylvania, and Washington—require FCCHs to provide opportunities for families to be involved in activities.
- ▲ There were six states with family involvement requirements in 2017. Washington has added these requirements since 2017.
- ◆ Of the 44 states that license FCCHs, 39 (89 percent) have requirements about communication with families.
 - Seven states (16 percent) require FCCHs to keep logs of children's care and to communicate with families: Delaware, Georgia, Massachusetts, Mississippi, Rhode Island, Tennessee, and Washington.
 - Four states require FCCHs to hold regularly scheduled meetings with families: Hawaii, Massachusetts, Tennessee, and Washington.
 - ▲ Tennessee and Washington have added requirements for care logs and scheduled meetings since 2017.
- ◆ Thirty-eight states (86 percent) require FCCHs to always provide families with access to the facility when their child is present.

Behavioral Guidance and Discipline

- ◆ Thirty-two states (73 percent) specify the types of discipline or behavioral guidance that FCCH providers can use with children.
 - One state (South Carolina) does not have a requirement that prohibits the use of corporal punishment in FCCHs.
- ◆ Of the 44 states that license FCCHs, 43 (98 percent) specify forms of discipline that FCCHs are not allowed to use with children. All of these states (100 percent) prohibit physical or corporal punishment; 41 states (95 percent) prohibit abusive language; 39 states (91 percent) prohibit ridicule or shaming; and 38 states (88 percent) prohibit denial of food.
- ◆ Twenty-six states (59 percent) require FCCHs to have a written policy about behavioral guidance and discipline.
- ◆ Ten states (23 percent) require FCCHs to have policies about suspending or expelling children from FCCHs: Alaska, Colorado, Florida, Illinois, New Hampshire, New Mexico, Tennessee, Vermont, Washington, and Wyoming.
- ↑ Three states added requirements about suspension or expulsion of children for FCCHs since 2017: Illinois, Washington, and Wyoming.

Child Assessment

- ◆ Three states (Massachusetts, Nevada, and Vermont) require FCCHs 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

- ◆ Forty-two states (95 percent) require that infants be put on their backs to sleep to reduce incidences of SIDS. As shown in Table 9, 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 Tennessee) added back-to-sleep requirements.
- ↑ Four states added requirements about soft bedding or materials used in cribs: California, Rhode Island, Tennessee, and Utah.
- ↑ Seven states added requirements for FCCH providers to complete training about reducing SIDS: Arkansas, Colorado, Maine, Montana, Oregon, Washington, and West Virginia.
- ↑ Nine states added the U.S. Consumer Product Safety Commission requirements for cribs⁸ to their licensing regulations: Alabama, California, Delaware, Maine, Michigan, Missouri, Rhode Island, Tennessee, and Wisconsin.

⁸ 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>

Table 9. Number of States with Requirements about Reducing the Risk of SIDS for Family Child Care Homes, 2017 and 2020

SIDS Reduction Requirements	2017	2020
Infants must be placed on their backs to sleep	40	42
Physicians may authorize different sleep positions for infants	36	38
Soft bedding or materials must not be used in cribs	33	37
Regulations include the U.S. Consumer Product Safety Commission requirements for infant cribs	26	35
Staff must check on or visually observe sleeping infants	26	28
Staff are required to complete preservice or orientation training about reducing SIDS	26	33
Parents can authorize a different sleep position for infants	3	3

Note: *N* = 44 states (including the District of Columbia) that license FCCHs.

Care of Infants and Toddlers

- ◆ Of the 44 states that license FCCHs, 43 (98 percent) have requirements for the care of infants and toddlers in FCCHs.
- ◆ About one-quarter of states (10; 23 percent) have requirements for FCCHs about supervising infants and toddlers.
- ◆ Twenty-two states (50 percent) have requirements about how FCCH providers 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 (29; 66 percent) for infants and toddlers and equipment (31; 70 percent) needed for their care.
- ◆ Thirty-eight states (86 percent) have requirements about how to feed infants, and 27 (61 percent) have requirements about breastfeeding or feeding breast milk to children in care.

↑ Since 2017, three states have added requirements for FCCHs about breastfeeding or feeding breast milk to children in care: Georgia, Michigan, and Tennessee.

Care of School-Age Children

- ◆ Of the 44 states that license FCCHs, 19 (43 percent) have incorporated requirements for the care of school-age children into the regulations for FCCHs. Of these 19 states,
 - 13 states (68 percent) specify the types of activities FCCHs should provide for school-age children,
 - 7 states (37 percent) have requirements specific to the supervision of children in this age group, and
 - 7 states (37 percent) require FCCHs to have specific types of equipment for school-age children.

Care of Children with Disabilities or Other Special Needs

- ◆ Thirty-six states (82 percent) have requirements in their FCCH regulations about the care of children with special needs. Table 10 includes some of the most common requirements for FCCHs.

Table 10. Requirements about the Care of Children with Disabilities or Special Needs for Family Child Care Homes, 2020

Requirements for the Care of Children with Disabilities	Number of States
The FCCH must keep information about disabilities or special needs in children's records	15
The FCCH must obtain information from parents about children's disabilities or special needs	11
The FCCH must obtain information from physicians about children's disabilities or special needs	9
The FCCH must develop activity plans or accommodate existing plans for children with disabilities or special needs	10
The FCCH must develop plans for caring for children with disabilities or special needs	9
For children identified as having a disability or special need, the FCCH must keep individualized education program plans or individual family services plans in records	6

Note: *N* = 44 states (including the District of Columbia) that license FCCHs.

Care During Evening or Overnight Hours

- ◆ Thirty-four states (77 percent) have requirements for FCCHs about caring for children during evening or overnight hours. Of these 34 states,
 - 29 states (85 percent) have requirements about equipment needed for evening or overnight hours care,
 - 22 states (65 percent) have requirements about activities for children during evening or overnight hours, and
 - 19 states (56 percent) have requirements about the building space and facilities specifically needed for providing care during evening or overnight hours.
- ◆ Twenty-nine states (66 percent) have requirements about supervising children during evening or overnight hours care, including 12 states (41 percent) that require providers to be awake when children are in care.

Transportation

- ◆ Of the 44 states that license FCCHs, 43 (98 percent) have requirements about transporting children in vehicles. Table 11 shows other requirements states have for transporting children.

Table 11. Transportation Requirements for Family Child Care Homes, 2020

Transportation Requirements	Number of States
Safety restraints for children (for example, seat belts, car seats)	41
Driver requirements (for example, driver's license, minimum-age requirements)	39
Specific child-staff ratio requirements for transporting children in vehicles	13
Supervision of children when they board and exit vehicles	13
Attendance records of children being transported	11
Additional checks for children remaining on board once vehicles are unloaded	7

Note: *N* = 44 states (including the District of Columbia) that license FCCHs.

Facility Health and Safety Requirements

- ◆ As shown in Table 12, between 2017 and 2020, there were very few increases in the number of states with common health and safety requirements for FCCHs. For most of these requirements, the number of states has either not changed or has increased by one state.

- ↑ Four states added requirements about environmental testing in FCCHs since 2017: Delaware, Florida, Oregon, and Washington.

Table 12. Number of States with Requirements about Health and Safety for Family Child Care Homes, 2017 and 2020

State Health and Safety Requirements	2017	2020
Environmental tests and inspections		
Environmental tests (for example, lead paint, lead in water, radon)	16	20
Indoor and outdoor space		
Amount of indoor space per child is 35 square feet	24	23
Amount of outdoor space per child is 75 square feet	11	11
Surfaces under outdoor play equipment	32	32
Fence or other enclosure around outdoor space	27	29
Protection from bodies of water (for example, ponds, rivers, lakes)	33	34
Swimming pool requirements	41	41
Fire safety and emergency preparedness		
Fire and emergency drills	42	43
Smoke detectors required	37	37

State Health and Safety Requirements	2017	2020
Fire extinguishers required	33	34
Emergency preparedness procedures	39	40
Emergency and evacuation plans	42	42
Security		
Daily attendance records	29	30
Procedures for accepting and releasing children	24	25
Insurance		
General liability insurance	9	9
Automobile insurance	26	27
Reporting injuries, deaths, and child abuse and neglect		
All serious injuries that happen to children reported to licensing agency	36	36
All deaths of children reported to licensing agency	30	32
Suspected child abuse and neglect reported; role as mandated reporter	41	41
Handwashing		
Handwashing for staff	40	40
Handwashing for children	39	39
Diapering		
Requirements for diapering	40	40
Sanitation of diapering area	35	35
Specification of when diapers are changed	29	28
Smoking policies		
Smoking not allowed in the FCCH, in areas used to care for children, or in the presence of children	39	39
Firearms and other hazards		
Firearms allowed in homes but must be in locked containers, closets, or other safe locations	40	40
Firearms not allowed in homes	2	2
Restricted access to hazardous supplies and materials	42	42

Notes: $N = 44$ states (including the District of Columbia) that license FCCHs.

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.

References

- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2020). *Caring for Our Children (CFOC) online standards database*. <https://nrckids.org/CFOC>
- National Center on Early Childhood Quality Assurance. (2015). *Research Brief #2: Trends in family child care home licensing regulations and policies for 2014*. Office of Child Care. <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>

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