

July 2022

Trends in Group Child Care Home Licensing Requirements for 2020

Brief #3



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 #3: Trends in Group Child Care Home 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 Group Child Care Homes	4
Group Child Care Homes Licensed	4
Licensing Threshold	5
Staff Roles and Age Requirements	6
Staff Education and Ongoing Training Requirements	6
Orientation Training	8
Health and Safety Topics Required in Preservice and Orientation Training	8
Provider Health and Hiring Requirements	10
Child-Staff Ratios in Group Child Care Homes	10
Supervision of Children	11
Health Requirements and Medical Care	11
Nutrition and Maintaining Healthy Weight	12
Activities, Equipment, and Materials	13
Family Involvement	14
Behavioral Guidance and Discipline	14
Child Assessment	14
Safe Sleep Practices	14
Care of Infants and Toddlers	15
Care of School-Age Children	16
Care of Children with Disabilities or Other Special Needs	16
Care During Evening or Overnight Hours	16
Transportation	17
Facility Health and Safety Requirements	17
Conclusion	19
References	19

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

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

Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’ work (National Center on Early Childhood Quality Assurance, 2015).

In other briefs in this series, licensing requirements for child care centers and family child care homes (FCCHs) 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 **group 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 “large family child care home” or “large/group 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 Group 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 GCCH providers and two states increased the number of training hours for assistant providers.
- ◆ Five states added requirements that both GCCH providers and assistants must complete first aid and cardiopulmonary resuscitation (CPR) training.
- ◆ Ten 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, building and physical premises safety, prevention of and response to emergencies due to food and allergic reactions, recognition and reporting of child abuse and neglect, and precautions in transporting children.

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 GCCH providers to complete training in all health and safety topics tracked in this study went from 9 in 2017 to 15 in 2020.
- ◆ Two states added requirements that address immunization records for homeless families.
- ◆ Two states added requirements about breastfeeding or feeding breast milk to children in care.
- ◆ Three states added requirements for GCCHs that infants must be placed on their backs to sleep. Five more states prohibit soft bedding, blankets, and toys in cribs, and eight added the federal safety requirements for cribs to their licensing regulations.
- ◆ Two states added requirements about suspending or expelling children to their regulations for GCCHs.
- ◆ Three states added requirements about environmental testing for toxic substances in GCCHs.

Trends in State Licensing Requirements for Group Child Care Homes

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

Group Child Care Homes Licensed

- ◆ Thirty-eight states, including the District of Columbia, license GCCHs, defined as two or more adults caring for a group of children in the provider's residence.
 - Thirteen states do not license GCCHs as defined above: Arkansas, Georgia, Kentucky, Louisiana, Maine, Massachusetts, New Jersey, North Carolina, South Dakota, Vermont, Virginia, Washington, and Wisconsin.
 - Most of these states license home-based providers that meet the definition of a family 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 38 states that license GCCHs, 26 states (68 percent) issued new GCCH licensing regulations since the data were last collected in 2017. Of these 26 states, 23 had new regulations go into effect in 2019 and 2020.

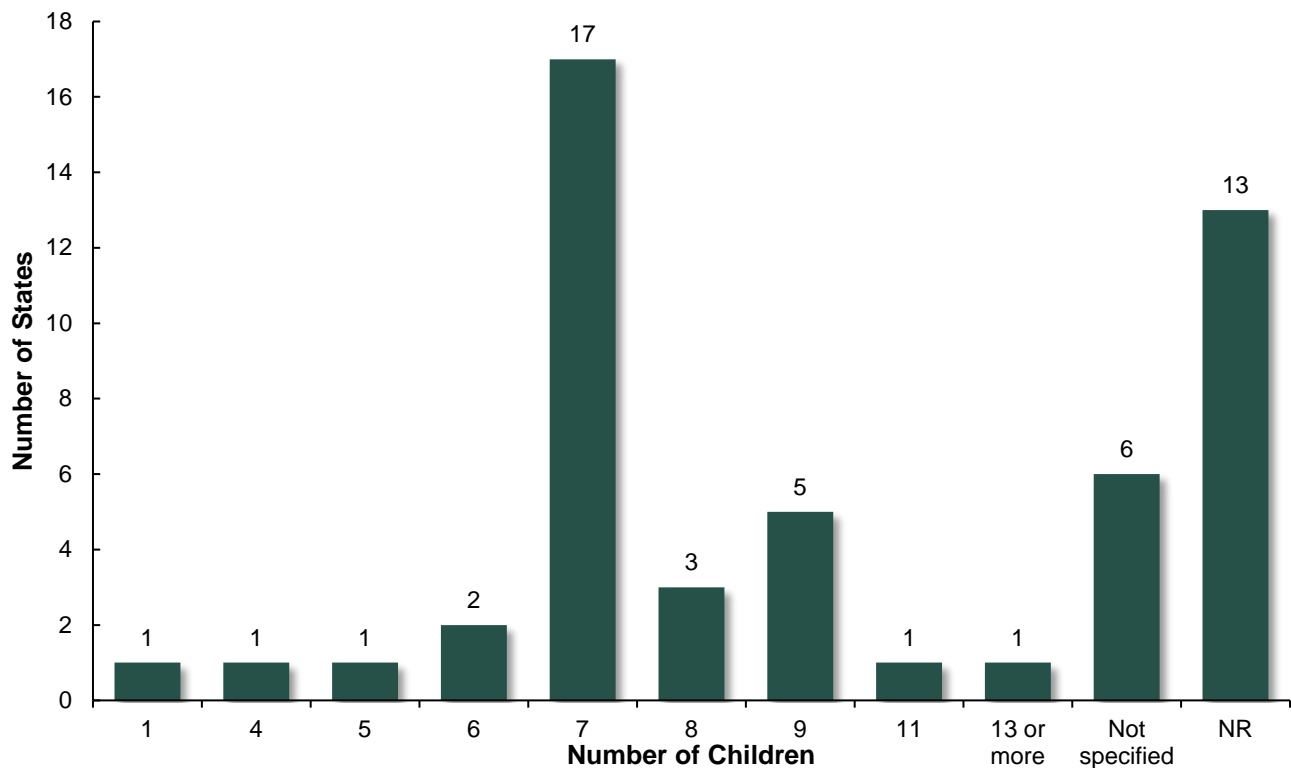
⁵ A family child care home (FCCH) is defined as at least one adult caring for a group of children in the provider's residence.

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, most states license a facility as a GCCH when at least 7 or more children are in care.
- ◆ Six states do not specify a licensing threshold for GCCHs.

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



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

Maximum Number of Children

Typically, GCCHs have two adult providers caring for a group of children. In some states, additional caregivers may be required depending on the size of the group.

- ◆ Of the 38 states that license GCCHs, 23 (61 percent) allow no more than 12 children in the home.
- ◆ Eight states allow twelve preschool children plus additional school-age children. These states allow from two to five additional school-age children in care during the before- and after-school hours or during school vacations. Most allow three additional children.
- ◆ Five states allow fourteen or more (up to thirty in one state) preschool-age children in GCCHs.
- ◆ Thirty-one states count providers' children or other children living in group child care homes in the maximum numbers allowed.

Staff Roles and Age Requirements

- ◆ All states that license GCCHs have requirements for the **provider** role. Thirty-two states (84 percent) have requirements for the **assistant provider** role.

Defining Group Child Care Home Roles

The **provider** is the person responsible for getting a license with the state, operating the GCCH business in his or her home, and caring for the children. GCCHs, by definition, are required to have at least two adults caring for the children. Some states require GCCHs have two adults caring for children who meet the qualifications for a provider and some states allow GCCHs to hire an **assistant** that meets fewer requirements.

- ◆ 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 (47 percent) require GCCH providers to have a high school diploma or General Educational Development (GED) certificate, as shown in Table 1. Ten states (31 percent) require assistant providers to have a diploma or GED.

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

GCCH Role	Role Regulated	High School Diploma or GED ^a	Preservice Qualifications	Ongoing Training
Provider	38	18	33	34
Assistant provider	32	10	15	26

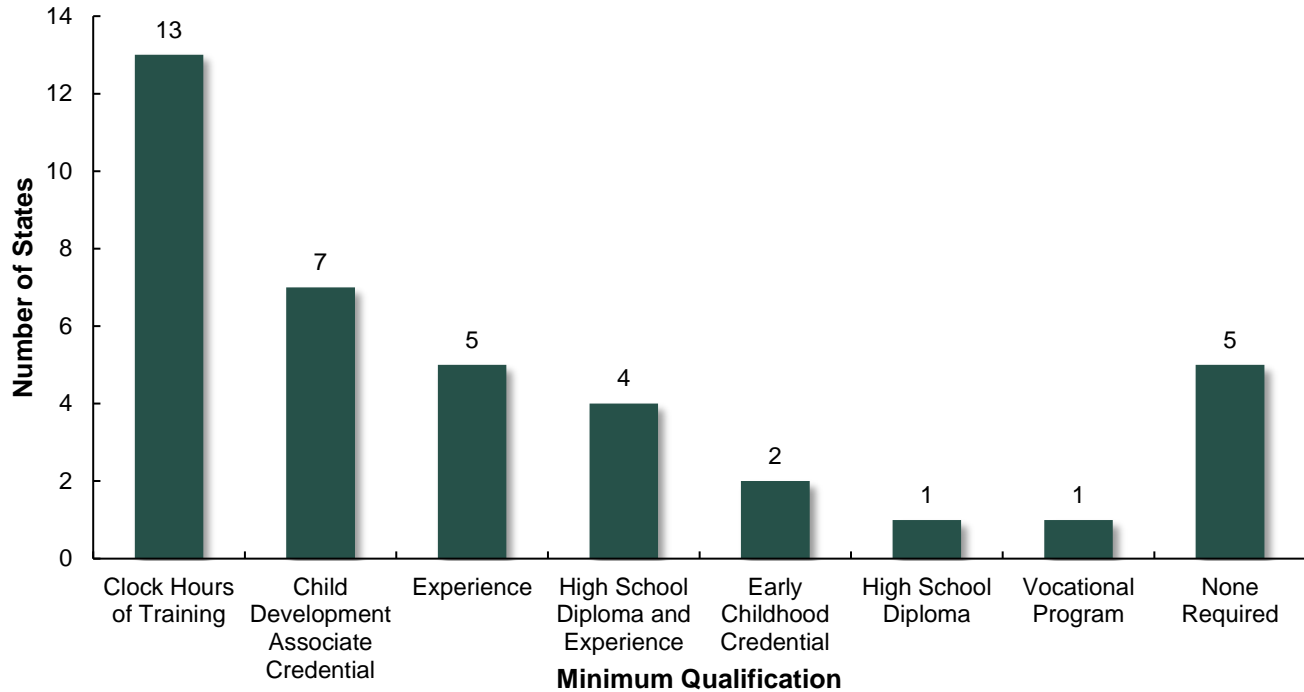
Notes: *N* = 38 states (including the District of Columbia) that license GCCHs.

^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 GCCH providers.⁷ Clock hours of training in ECE and experience are the most common qualifications for GCCH 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 GCCH Providers, 2020



Note: N = 38 states (including the District of Columbia) that license GCCHs.

- ◆ The number of **ongoing training hours** required annually for GCCH providers ranges from 6 to 30, and from 5 to 24 for assistant providers. The median number of required training hours for GCCH providers is 15 and for assistant providers it is 12. More than 90 percent of states that require ongoing training specify the content of the training for providers (31; 91 percent). More than three-quarters specify the content of ongoing training for assistant providers (23; 88 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 GCCH providers: Kansas, Montana, and Tennessee.
- ▲ Two states (Montana and Tennessee) increased the number of ongoing training hours for assistant providers.

Table 2. Number of Annual Training Hours for Group 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	0	1
6–11 hours	5	7
12–15 hours	18	14
16–20 hours	8	3
21–25 hours	1	1
26–30 hours	1	0
Number of hours not specified	1	0
Ongoing training not required	4	6

Note: *N* = 38 states that have requirements for the GCCH provider role and 32 states that have requirements for the GCCH assistant provider role.

Orientation Training

- ◆ Thirty states (79 percent) that license GCCHs require providers to complete some type of orientation training, with most of these requiring providers to complete an orientation to the licensing process (24; 80 percent).
- ↑ Missouri has added a requirement for orientation training since 2017. Three states added a requirement for GCCH 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, all states (38; 100 percent) that license GCCHs require GCCH providers to complete first aid training, and 36 states (95 percent) require CPR training before working with children or soon after employment. Thirty of the states requiring CPR training (83 percent) specify that the training must focus on infants and children.
- ↑ Since 2017, three states added a requirement that first aid training must be focused on infants and children: Alaska, Rhode Island, and Texas.
- ↑ Two states (North Dakota and Rhode Island) added a requirement that CPR training must be focused on infants and children.
- ↑ Six states added a requirement for first aid training for GCCH assistants: Alaska, Montana, North Dakota, Oregon, Tennessee, and Texas.
- ↑ Five states added a requirement for CPR training for assistants: Alaska, Montana, North Dakota, Oregon, and Tennessee.

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

First Aid and CPR Training	2017	2020
First aid training required	38	38
Training focused on infants and children	14	17
Training required for assistants	18	24
CPR training required	36	36
Training focused on infants and children	28	30
Training required for assistants	18	23

Notes: $N = 38$ states (including the District of Columbia) that license GCCHs.

Health and Safety Training Topics

- ◆ As shown in Table 4, in 2020, more than 75 percent of states that license GCCHs required providers to complete preservice or orientation training about detecting and reporting child abuse and neglect. Sixty-eight percent of states required providers to complete training about prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices, and 61 percent required training in emergency preparedness and prevention and control of infectious diseases.

↑ Table 4 also shows that large numbers of states added preservice or orientation training requirements for GCCH providers in all health and safety topics between 2017 and 2020. The topics where 5 or more states added requirements are as follows:

- Administration of medication: 9 states
- Handling and storage of hazardous materials: 7 states
- Building and physical premises safety: 7 states
- Prevention of and response to emergencies due to food and allergic reactions: 6 states
- Recognition and reporting of child abuse and neglect: 5 states
- Precautions in transporting children: 5 states

↑ A total of 10 states added requirements in one or more of the health and safety topics: Alaska, Colorado, Michigan, Missouri, Montana, Oklahoma, Oregon, Tennessee, Utah, and West Virginia.

↑ In 2017, 9 states (24 percent) had licensing regulations that included requirements for GCCH providers to complete all health and safety training topics listed in Table 4. In 2020, that number increased to 15 states (39 percent).

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

Health and Safety Training Topics	2017	2020
Recognition and reporting of child abuse and neglect	24	29
Prevention of SIDS and use of safe sleeping practices	23	26
Emergency preparedness and response planning	19	23
Prevention and control of infectious diseases	19	23
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	20	22
Administration of medication	14	20
Precautions in transporting children	13	18
Handling and storage of hazardous materials and the appropriate disposal of biocontaminants	9	17
Prevention of and response to emergencies due to food and allergic reactions	10	16
Building and physical premises safety	9	16

Notes: $N = 38$ states (including the District of Columbia) that license GCCHs.

Provider Health and Hiring Requirements

- ◆ Twenty-six states (68 percent) require GCCH providers to have a physical exam or provide a health statement from a physician before working with children.
- ◆ Twenty-one states (55 percent) require GCCH providers to have a tuberculosis screening.
- ◆ Ten states (26 percent) require references from providers at initial licensure.

Child-Staff Ratios in Group Child Care Homes

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

There is great variability in these requirements across states, which makes them difficult to summarize. Some states have child-staff ratios for entire groups of children (for example, six children to one staff member, or 6:1) that equal two adults present when the maximum number of children allowed are present (such as a maximum of twelve children). Some states have ratios based on the ages of children in the group. For example, a state may require a child-staff ratio of 4:1 for children younger than 3 years old and a ratio of 10:1 for children aged 3 years and older.

Supervision of Children

- ◆ Of the 38 states that license GCCHs, all (100 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 (11; 29 percent), to hear the children (10; 26 percent), or that providers must be free of other duties while supervising children (2; 5 percent).
- ◆ Thirty-seven states (97 percent) that license GCCHs have specific requirements about the supervision of children during at least one of the times or activities listed in Table 5.

Table 5. Supervision Requirements for Group Child Care Homes, 2020

Times and Activities	Number of States
Transportation in vehicles	35
Swimming or water activities	34
Field trips	30
Evening or overnight care	27
Outdoor play	24
Naptime	24

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

Health Requirements and Medical Care

- ◆ Twenty-four states (63 percent) require children to have a physical exam when enrolling in a GCCH.
 - ◆ As shown in Table 6, all states (100 percent) require children to have immunizations to enroll in GCCHs. 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 (74 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 6. Immunization Requirements for Children in Group Child Care Homes, 2020

Immunization Requirements	Number of States
Immunization requirements for children	
Children are required to have immunizations to enroll in an GCCH	38
State sets time for when immunization records must be submitted to the GCCH after enrollment	11
State has requirements that address immunization records for homeless families	10

Immunization Requirements	Number of States
Immunization exemptions for children	
State allows physicians to provide a written statement for exemption from immunizations for medical need	32
State allows exemption for families' religious or personal beliefs	28
State allows GCCHs to exclude children until immunization records or exemption statements are provided	9
State allows GCCHs to accept a child on a conditional basis if not all immunizations are complete	7
State allows GCCHs to refuse to accept children who have been exempted from immunization by parents	1

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

- ◆ Thirty-seven states (97 percent) that license GCCHs have requirements about the administration of medication to children. GCCHs in nearly all these states must
 - obtain permission from parents to administer medications (36 states; 97 percent),
 - keep records of medications given to children (31 states; 84 percent), and
 - get written instructions about how to give the medication to children (34 states; 92 percent).
- ◆ Twenty states (53 percent) require GCCH providers to complete training about the administration of medication.
 - ↑ Six states added requirements for GCCH providers to complete training about the administration of medication: Alaska, Michigan, Missouri, Montana, Oklahoma, and Tennessee.
- ◆ Ten states (26 percent) require GCCHs to conduct a daily health screening when children arrive at the home.
- ◆ Twenty-six states (68 percent) allow GCCHs to exclude children who are mildly ill, meaning that GCCH providers can require children to stay at home until they are well enough to return to the program.
- ◆ Four states (11 percent) require GCCHs to have a health consultant available to the GCCH for medical advice and other medical services: Connecticut, Hawaii, Maryland, and New York.

Nutrition and Maintaining Healthy Weight

- ◆ Thirty-six states (95 percent) have requirements for GCCHs about the nutritional content of meals and snacks served to children.
- ◆ Table 7 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:
 - ↑ Two states (Michigan and Tennessee) added requirements about breastfeeding or feeding breast milk to children in care.

Table 7. Number of States with Requirements about Maintaining Healthy Weight in Children for Group Child Care Homes, 2017 and 2020

Healthy Weight Requirement	2017	2020
Nutrition		
Water for drinking must be freely available to children throughout the day	22	23
Requirements are in place about breastfeeding or feeding breast milk to children in care	21	23
Fruits or vegetables must be served at every meal	10	10
Soft drinks or other sugary drinks are prohibited	5	5
Providers must limit servings of 100% juice to one 4- to 6-ounce serving per day	4	4
Low-fat or nonfat milk must be served to children aged 2 and older	4	5
Physical activity		
Daily outdoor play is required when weather permits	33	33
Duration of daily physical activity is specified	10	11
Screen time		
State has rules about children's use of television, computers, or other electronic media	21	21
State requires that content of electronic media is age-appropriate, educational, nonviolent, and the like	16	16
State sets limits on the amount of screen time allowed	12	12
Use of electronic media is prohibited for children younger than age 2	4	5

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

Activities, Equipment, and Materials

- ◆ Thirty-five states (92 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 states (79 percent) specify that the domains of children's development must be addressed in activities. Most of these states require GCCHs to address children's social, physical, language and literacy, cognitive and intellectual, and emotional development.
- ◆ Twenty-three states (61 percent) have requirements for the types of equipment and materials GCCHs must have for children, such as indoor and outdoor gross-motor equipment, fine-motor manipulatives, books and other literacy materials, and art supplies.

Family Involvement

- ◆ Six states (16 percent) have family involvement requirements for GCCHs, including requiring them to encourage families to be involved in program activities or to offer activities for families: Alaska, Connecticut, the District of Columbia, New Mexico, Pennsylvania, and West Virginia.
- ◆ Of the 38 states that license GCCHs, 32 (84 percent) have requirements about communication with families.
 - Five states (16 percent) require GCCHs to keep logs of children's care and to communicate with families: Delaware, Mississippi, Ohio, Rhode Island, and Tennessee.
 - Two states (Hawaii and Tennessee) require GCCHs to hold regularly scheduled meetings with families.
- ◆ Thirty-four states (89 percent) require GCCHs to always provide families with access to the facility when their child is present.

Behavioral Guidance and Discipline

- ◆ Twenty-nine states (76 percent) specify the types of discipline or behavior guidance that GCCH providers can use with children.
 - Only one state (South Carolina) does not have a requirement that prohibits the use of corporal punishment in in GCCHs.
- ◆ Of the 38 states that license GCCHs, 37 (97 percent) specify forms of discipline that GCCHs are not allowed to use with children. Nearly all of these states (36; 97 percent) prohibit physical or corporal punishment and abusive language, and 33 (89 percent) prohibit denial of food.
- ◆ Twenty-five states (66 percent) require GCCHs to have a written policy about behavioral guidance and discipline.
- ◆ Nine states require GCCHs to have policies about the expulsion of children from GCCHs: Alaska, Colorado, Connecticut, Florida, Illinois, New Hampshire, New Mexico, Tennessee, and Wyoming.
- ▲ Two states added requirements about suspension or expulsion of children for GCCHs since 2017: Illinois and Wyoming.

Child Assessment

- ◆ One state (Nevada) requires GCCHs 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

- ◆ Thirty-seven states (97 percent) require that infants be put on their backs to sleep to reduce incidences of SIDS. As shown in Table 8, 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:

- ▲ Three states added back-to-sleep requirements: California, Idaho, and Tennessee.










-  Five states added requirements about soft bedding or materials used in cribs: California, Oregon, Rhode Island, Tennessee, and Utah.
-  Three states added requirements for GCCH providers to complete training about reducing SIDS: Colorado, Montana, and Oregon.
-  Eight states added the U.S. Consumer Product Safety Commission requirements for cribs⁸ to their licensing regulations: Alabama, California, Delaware, Michigan, Missouri, Oregon, Rhode Island, and Tennessee.

Table 8. Number of States with Requirements about Reducing the Risk of SIDS for Group Child Care Homes, 2017 and 2020

SIDS Reduction Requirements	2017	2020
Infants must be placed on their backs to sleep	34	37
Physicians may authorize different sleep positions for infants	30	33
Soft bedding or materials must not be used in cribs	28	33
Regulations include the U.S. Consumer Product Safety Commission requirements for infant cribs	20	28
Staff must check on or visually observe sleeping infants	21	22
Staff are required to complete preservice or orientation training about reducing SIDS	23	26
Parents can authorize a different sleep position for infants	1	1

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

Care of Infants and Toddlers

-  Of the 38 states that license GCCHs, all (100 percent) have requirements for the care of infants and toddlers in GCCHs.
-  About one-quarter of states (9; 24 percent) have requirements for GCCHs about supervising infants and toddlers.
-  Seventeen states (45 percent) have requirements about how GCCH 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 (27; 71 percent) for infants and toddlers and equipment (30; 79 percent) needed for their care.
-  Thirty-one states (82 percent) have requirements about how to feed infants, and 23 (61 percent) have requirements about breastfeeding or feeding breast milk to children in care.
-  Since 2017, two states (Michigan and Tennessee) added requirements about breastfeeding or feeding breast milk to children in care.

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>

Care of School-Age Children

- ◆ Of the 38 states that license GCCHs, 21 (55 percent) have incorporated requirements for the care of school-age children into the regulations for GCCHs. Of these 21 states,
 - 16 states (76 percent) specify the types of activities GCCHs should provide for school-age children,
 - 8 states (38 percent) have requirements specific to the supervision of children in this age group, and
 - 7 states (33 percent) require GCCHs to have specific types of equipment for school-age children.

Care of Children with Disabilities or Other Special Needs

- ◆ Thirty-three states (87 percent) have requirements in their GCCH regulations about the care of children with special needs. Table 9 includes some of the most common requirements for GCCHs.

Table 9. Requirements about the Care of Children with Disabilities or Special Needs for Group Child Care Homes, 2020

Requirements for the Care of Children with Disabilities	Number of States
The GCCH must keep information about disabilities or special needs in children's records	13
The GCCH must obtain information from parents about children's disabilities or special needs	11
The GCCH must develop plans for caring for children with disabilities or special needs	10
The GCCH must obtain information from physicians about children's disabilities or special needs	8
The GCCH must develop activity plans or accommodate existing plans for children with disabilities or special needs	8
For children identified as having a disability or special need, the GCCH must keep individualized education program plans or individual family services plans in records	4

Note: $N = 38$ states (including the District of Columbia) that license GCCHs.

Care During Evening or Overnight Hours

- ◆ Thirty-one states (82 percent) have requirements for GCCHs about caring for children during evening or overnight hours. Of these 31 states,
 - 25 states (81 percent) have requirements about equipment needed for evening or overnight hours care,
 - 19 states (61 percent) have requirements about activities for children during evening or overnight hours, and
 - 18 states (58 percent) have requirements about the building space and facilities specifically needed for providing care during evening or overnight hours.
- ◆ Twenty-seven states (71 percent) have requirements about supervising children during evening or overnight hours care, including 8 states (30 percent) that require providers to be awake when children are in care.

Transportation

- ◆ Of the 38 states that license GCCHs, 37 (97 percent) have requirements about transporting children in vehicles. Table 10 shows other requirements states have for transporting children.

Table 10. Transportation Requirements for Group Child Care Homes, 2020

Transportation Requirements	Number of States
Safety restraints for children (for example, seat belts, car seats)	32
Driver requirements (for example, driver's license, minimum-age requirements)	34
Specific child-staff ratio requirements for transporting children in vehicles	15
Supervision of children when they board and exit vehicles	16
Attendance records of children being transported	7
Additional checks for children remaining on board once vehicles are unloaded	5

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

Facility Health and Safety Requirements

- ◆ As shown in Table 11, between 2017 and 2020, there were very few increases in the number of states with common health and safety requirements for GCCHs. For most of these requirements, the number of states has either not changed or has increased by one state.

- ↑ Three states added requirements about environmental testing in GCCHs since 2017: Delaware, Florida, and Oregon.

Table 11. Number of States with Requirements about Health and Safety for Group 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)	13	16
Indoor and outdoor space		
Amount of indoor space per child is 35 square feet	28	28
Amount of outdoor space per child is 75 square feet	14	14
Surfaces under outdoor play equipment	30	30
Fence or other enclosure around outdoor space	27	28
Protection from bodies of water (for example, ponds, rivers, lakes)	29	30
Swimming pool requirements	37	37
Fire safety and emergency preparedness		
Fire and emergency drills	34	35
Smoke detectors required in GCCHs	27	27

State Health and Safety Requirements	2017	2020
Fire extinguishers required in GCCHs	26	27
Emergency preparedness procedures	31	32
Emergency and evacuation plans	36	36
Security		
Daily attendance records	27	27
Procedures for accepting and releasing children	21	22
Insurance		
Liability insurance	12	12
Automobile insurance	21	21
Reporting injuries, deaths, and child abuse and neglect		
All serious injuries that happen to children reported to licensing agency	29	29
All deaths of children reported to licensing agency	29	30
Suspected child abuse and neglect reported; role as mandated reporter	33	33
Handwashing		
Handwashing for staff	35	35
Handwashing for children	33	33
Diapering		
Requirements for diapering	34	34
Sanitation of diapering area	32	32
Specification of when diapers are changed	21	21
Smoking policies		
Smoking not allowed in the GCCH, in areas used to care for children, or in the presence of children	35	35
Firearms and other hazards		
Firearms allowed in homes, but must be in locked containers, closets, or other safe locations	33	33
Firearms not allowed in homes	3	3
Restricted access to hazardous supplies and materials	36	36

Note: *N* = 38 states (including the District of Columbia) that license GCCHs.

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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