TRLECE
The Role of Licensing in Early Care and Educa ion

# Child Care and Early Education Licensing Literature Review

# Child Care and Early Education Licensing Literature Review

OPRE Report #2024-199

September 2024

Kelly Maxwell, Brenda Miranda, Phoebe Harris, Nina Johnson, Christina Padilla, Patti Banghart, Alexandra Verhoye, and Diane M. Early

Submitted to:
Ivelisse Martinez-Beck, Ph.D., Contracting Officer's Representative
Tracy Carter Clopet, Ph.D., Project Officer
Laura Cutler, Ph.D., and Shannon Warren, Ph.D., Project Monitors
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHSP2332015000341-75P00119F37007

Project Directors:
Kelly Maxwell and Brenda Miranda
Child Trends
12300 Twinbrook Parkway, Suite 234, Rockwell, MD 20852



Suggested citation: Maxwell, K., Miranda, B., Harris, P., Johnson, N., Padilla, C., Banghart, P., Verhoye, A., & Early, D.M. (2024). *Child care and early education licensing literature review*. OPRE Report #2024-199. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.



This report and other products sponsored by the Office of Planning, Research and Evaluation are available at www.acf.hhs.gov/opre.

Acknowledgements: The *Child Care and Early Education Licensing Literature Review* was produced through the Understanding the Role of Licensing in Early Care and Education (TRLECE) project funded by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. The authors wish to thank Tracy Carter Clopet, Laura Cutler, Ivelisse Martinez-Beck, and Shannon Warren for their helpful feedback, and Amie Lapp Payne and Sonya Stevens for their review of an earlier draft. The TRLECE team would also like to thank the following individuals for providing insightful input into the child care and early education licensing conceptual framework: Niki Gill Adams, Nicole Allen, Daphna Bassok, Angela Crowley, Dionne Dobbins, Richard Fiene, Sheri Fischer, Debbie Groff, Dana Mukamel, Tara Orlowski, Vasanthi Rao, Jamie Rechkemmer, Katie-Marie Roycroft, Jessica Sager, Sonya Stevens, Bryan Stokes, Lillian Taylor, and Kelli Walker.

# Table of Contents

# Overview

## Introduction

**Child care and early education**[1] (CCEE) **licensing** plays a critical role in state and territory CCEE systems, establishing standards for **CCEE providers** to legally operate. Licensing touches a large number and wide array of providers serving young children. Thus, it is important for the CCEE field to understand licensing and the research about licensing. This report provides a comprehensive review of over 200 articles and reports about CCEE licensing from 1999 to 2019.

The report begins with an overview of licensing, including a section about the history of licensing in the United States. It also includes a conceptual framework that situates licensing in the larger state context. The report describes research findings on CCEE **licensing regulations**, **monitoring**, **compliance**, **enforcement**, consumer education and communication, **licensing staff** qualifications and supports, and licensing overall. The conclusions section identifies gaps in the literature and recommends future research.

## Purpose

The purpose of this report is to synthesize the research about CCEE licensing to inform the field's understanding of licensing. The report may help readers better understand licensing and its research evidence. It also may help researchers identify gaps in the literature that could be addressed in future studies.

## Research questions

Four research questions guided this literature review on CCEE licensing.

1. Which aspects of CCEE licensing are addressed in the literature?
2. What are the research findings about aspects of licensing?
3. What outcomes are addressed in the licensing literature (e.g., provider quality, children's health), and what is the research evidence about the relationship between aspects of licensing and outcomes?
4. What are the gaps in research about licensing?

## Methods

This report synthesizes the literature about CCEE licensing in the United States between 1999 and 2019. The literature includes peer-reviewed journal articles, reports from state agencies, reports from the federal government, and reports from non-governmental organizations. We used ERIC, Google Scholar, ProQuest Psychology, ProQuest Health, and Research Connections to search for literature. The review includes a review of 229 articles and reports.

## Key findings and highlights

- Much of the literature on CCEE licensing focused on licensing functions (e.g., regulations, monitoring) rather than management (e.g., staff management and support). Research most often focused on regulations. Additional research is needed on other components of licensing beyond regulations.

[1] The first time we use a term that is defined in the glossary, it will appear in bold purple text. View the glossary section toward the end of this document for definitions.

- Few studies focused on outcomes. Studies that examined outcomes focused primarily on provider outcomes, such as quality practices. A few studies examined the effects of regulations on child outcomes, like injuries. A few studies examined the effects of licensing on family outcomes, like cost of care.
- More research is needed to better understand provider perceptions of licensing and family experiences with licensing.
- Much of the literature on CCEE licensing is descriptive. More hypothesis-driven research that examines associations between variables (e.g., links between frequency of **inspections** and **violations**) could help build the evidence base for licensing.

# Introduction

Child care and early education[2] (CCEE) licensing plays a critical role in state or territory CCEE systems, establishing standards for CCEE providers to legally operate. As such, licensing touches a large number and wide array of providers serving young children. For example, this includes community-based **CCEE centers** (which we'll refer to as "centers" throughout the report), **family child care** (FCC) homes, and sometimes Head Start or pre-Kindergarten programs. Each state and territory has its own CCEE licensing system, with variations in who is licensed, what is regulated, and how providers are monitored and supported. Research has described licensing policies, practices, and regulations across states/territories or examined particular elements of licensing. The current report presents a conceptual framework that describes state or territory CCEE licensing and its connections with other CCEE entities. The report uses this framework to organize the synthesized literature for individual elements and outcomes of licensing, which helps identify gaps and areas for future research.

This study is part of the project The Role of Licensing in Early Care and Education (TRLECE). TRLECE is funded from 2019-2024 by the Office of Planning, Research, and Evaluation in the Administration for Children and Families. The project team includes staff from Child Trends and ICF. The team has conducted a variety of activities to strengthen the field's understanding of child care and early education licensing.

## Purpose and organization of the report

The purpose of this report is to synthesize the literature about CCEE licensing that can inform the field's understanding about CCEE licensing and identify gaps in knowledge that future research could address. Four main questions guided the review:

1. Which aspects of CCEE licensing are addressed in the literature?
2. What are the research findings about aspects of licensing?
3. What outcomes are addressed in the licensing literature (e.g., provider quality, children's health), and what is the research evidence about the relationship between aspects of licensing and outcomes?
4. What are the gaps in research about licensing?

The team also reviewed some literature about licensing outside of CCEE (e.g., nursing homes, assisted living facilities) to learn more about research methods used in these related fields that could inform research in CCEE licensing.

Because of the complexity of CCEE licensing, the report begins with a description and historical review of CCEE licensing. We developed a conceptual framework to help describe licensing and organize the presentation of findings. Findings are presented on regulations, monitoring, compliance, enforcement, consumer education and communication, as well as licensing staff qualifications and support. Information about outcomes is included within each section of the findings and

**State-specific licensing resources**

This report does not provide state-specific information about licensing. To learn more about individual state licensing regulations, policies, and practices, please see:

National Database of Child Care Licensing Regulations

Child Care and Early Education Licensing Information Hub

[2] We use the term *child care and early education* to acknowledge both the care and education aspects of programs for young children, birth to five, who are not attending school, as well as programs providing before- or after-school services for school-age children, through age 13. Historically, the terms "day care," "child care," and "early care and education" have been used to describe nonparental care of children while parents work, attend school, or engage in other activities.

summarized in a separate section toward the end of the report. The final conclusions section includes gaps and recommendations for future research.

# Overview and Conceptual Framework of CCEE Licensing

In the United States, child care and early education (CCEE) services are generally provided in the private sector and regulated by state and territory government through CCEE licensing (see Morgan, 2003 for an overview of CCEE regulatory policy). Child care and early education licensing systems establish regulations that must be met to legally operate a CCEE program serving young children, and monitoring and enforcement practices that ensure programs meet those regulations (Payne, 2011; Morgan, 2003). Though states and territories are responsible for licensing CCEE programs, the federal government provides some guidance and requirements tied to funding through the **Child Care and Development Fund** (CCDF) program, which is authorized by the **Child Care and Development Block Grant Act** of 2014 and the associated **CCDF regulations** (45 C.F.R. § 98, 2016; see the context section of this report and Appendix A for more information).[3] State and territory statutes identify the agency responsible for CCEE licensing and provide broad parameters for the work, such as specifying who must be licensed (National Center on Child Care Quality Improvement [NCCCQI], 2014d). They provide the overarching legal authority and requirements that guide the authorized agency in developing detailed **licensing procedures** and policies to implement the state/territory law. Compared to other countries (i.e., France, Germany, and Sweden), Gormley (2000) describes licensing in the United States as focusing more on facilities rather than children, and compliance rather than **technical assistance** (TA).

States and territories vary in their determination of who must be licensed and who can operate legally without a license (the term **license-exempt** is commonly used to describe these providers). Licensed CCEE providers typically include centers that operate full-day programs for children birth through age five who are not yet in school, as well as family child care (FCC) providers who serve a few children in the provider's home. States and territories set different criteria for determining if a provider can operate legally without a license (Child Care Technical Assistance Network, n.d.c). States may, for example, exempt summer camps, programs run through public schools, or part-day programs. States also vary in determining the threshold for requiring FCC homes to be licensed. As of 2017, 10 states require FCC homes caring for one non-relative child to be licensed. Most states set the threshold at three or four children (National Center on Early Childhood Quality Assurance [NCECQA], 2020k); this pattern of setting the threshold above one child has been consistent since 1999 (Fagnoni, 2000). See Appendix B for more detailed information about licensure

### Development of the Conceptual Framework

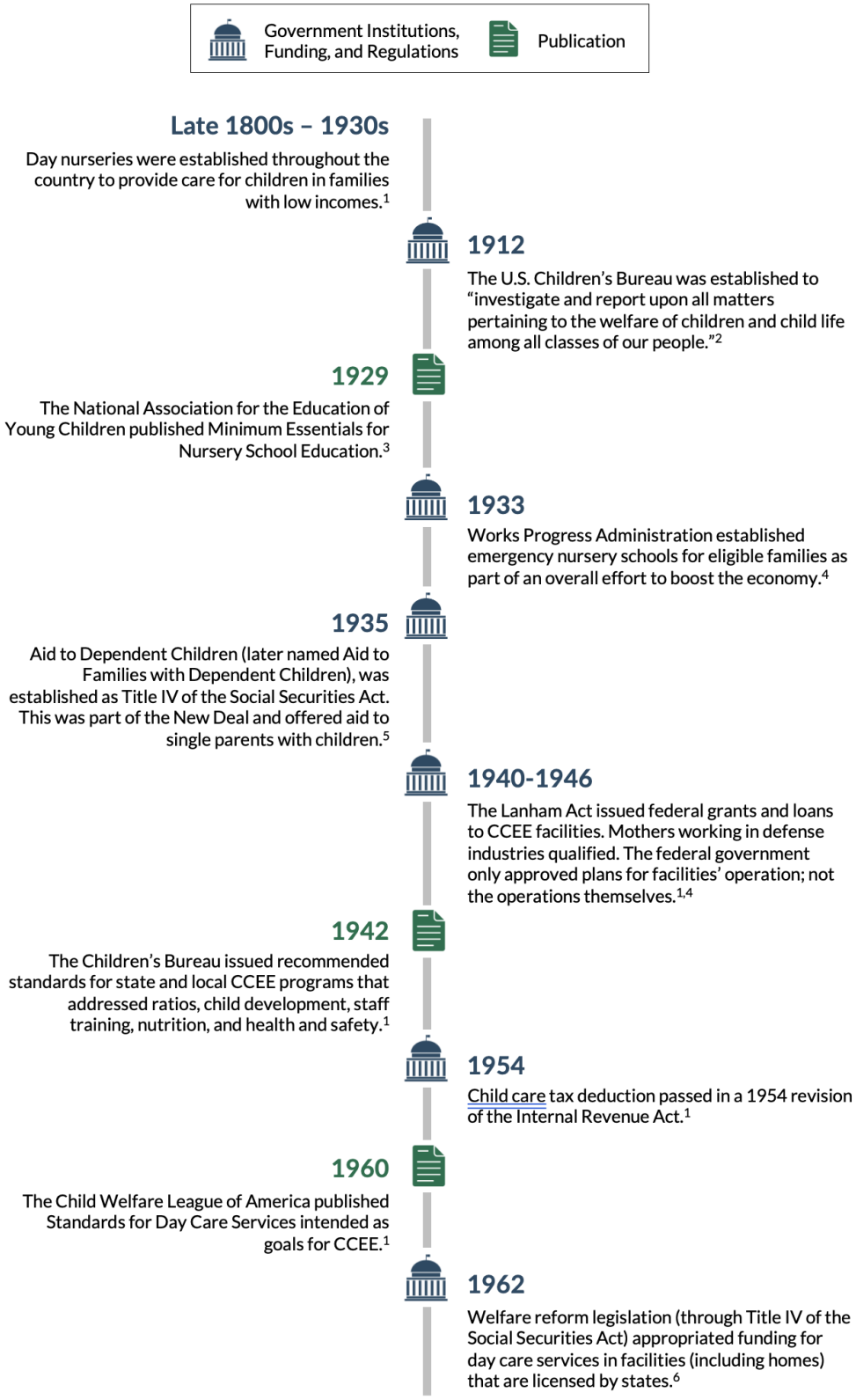
Multiple groups informed the development of the conceptual framework depicted in Figure 2. The original draft drew on Maxwell and Starr (2019) discussions of the role of licensing in supporting quality practice. The TRLECE team shared two previous versions of this framework and gathered feedback from licensing staff, provider organizations, state early childhood leaders, technical assistance providers, and researchers. (See acknowledgements for a list of reviewers.) We also benefited from licensing discussions among the Licensing Expert Panel, facilitated by the National Center on Early Childhood Quality Assurance. All these groups informed the conceptual framework included in this report.

[3] We cite the CCDF regulations that were in place at the time this product was developed. The CCDF regulations were updated in 2024 (Child Care and Development Fund, 45 C.F.R. § 98, [2024]), and we encourage readers to review those for the most up-to-date information about CCDF guidelines.

thresholds. License-exempt providers who choose to receive CCDF subsidies are subject to some requirements through the CCDF program (e.g., annual monitoring visits).

Although CCEE has existed for hundreds of years, the application of consistent standards to CCEE began gaining attention in the middle of the twentieth century. Since then—and through a process of debate and study at the federal level—CCEE licensing has evolved into a multifaceted system driven largely by state and territory governments. See Figure 1 for a timeline of key historical events that included CCEE licensing from the late 1800s through 2020. Appendix A includes a more detailed summary of the history of licensing.

*Figure 1. Child Care and Early Education Licensing History*



**1965**

Head Start was created to provide comprehensive child development preschool services.[7]

**1968**

Federal Interagency Day Care Regulations (FIDCR) were attached to Title IV work support funding. States were required to determine compliance with standards.[8]

**1969**

The Office of Child Development was established within the U.S. Department of Health, Education and Welfare. This, along with two other offices, absorbed the programs formerly administered by the Children's Bureau.[1]

**1973**

The Office of Child Development developed Guides for Day Care Licensing, intending to encourage states to revise their licensing regulations.[1]

**1974**

Title XX of the Social Services Amendments of 1974 allocated funding to CCEE, among other services, and incorporated an amended version of the 1968 FIDCR.[1]

**1978**

The Department of Health, Education and Welfare released the Report on the Appropriateness of Federal Interagency Day Care Requirements.[9]

**1979**

The National Day Care Study analyzed the impact of ratios, group size, and qualifications on federally subsidized CCEE and the cost of care.[10]

**1981**

The Comparative Licensing Study included an analysis of state CCEE licensing regulations. A subsequent study was published in 1982.[11]

**1981**

Social Services Block Grant replaced Title XX, reducing funding for CCEE, combining funding streams, eliminating the requirement that federal funding be tied to regulatory standards, and giving states more latitude in the use of funding.[12]

**1983**

The National Association for the Education of Young Children issued a position statement on "The Licensing and Public Regulation of Early Childhood Programs."[13]

**1988**

Family Support Act was passed, providing child care subsidies (not to exceed the local market rate) for recipients participating in education, training, or work. Centers or homes receiving the funding were required to meet state or local standards. Federal standards were not tied to the funding. Federal grants were available to improve licensing and regulation.[12]

**1990**

The Child Care and Development Block Grant (CCDBG) Act was enacted.[12]

**1992**

Caring for Our Children, which provided the evidence base for specific regulations in multiple topic areas, was first published. (Version 4 was published in 2019).[14]

**1995**

The Child Care Bureau, formerly under the Children's Bureau, was established under the Administration on Children, Youth and Families.

**1995**

The Cost, Quality, and Child Outcomes in Child Care Centers report provided an analysis of child care and children's outcomes.[15]

**1995**

Early Head Start was created.[16]

**1996**

The CCDF program was created. It was authorized under the CCDBG Act of 1990 and combined CCDBG with the child care programs under Aid to Families with Dependent Children.[17]

**1997**

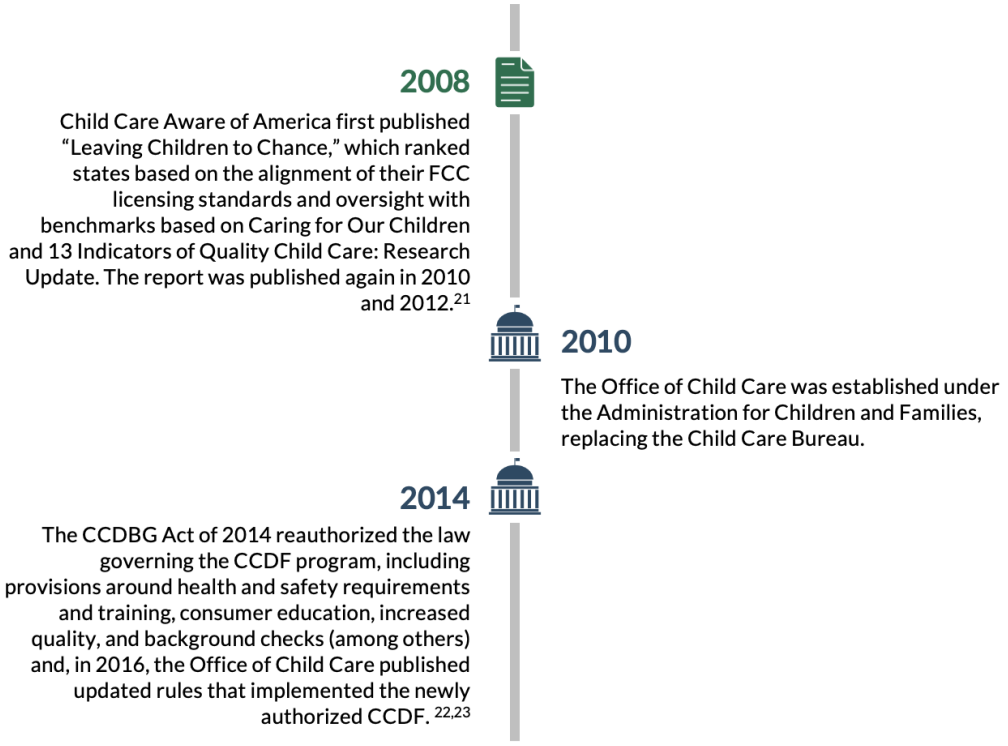
Not by Chance: Creating an Early Care and Education System for America's Children provided recommendations for developing an early care and education system, including "eliminate exemptions and streamline and enforce **facility** licensing."[18]

**2005**

Data on states' CCEE licensing regulations and practices were included in the first Child Care Licensing Study by the National Association for Regulatory Administration and the National Child Care Information Center. Additional studies included data from 2008, 2011, 2014, 2017, and 2020 (regulations only).[19]

**2007**

Child Care Aware of America first published "We Can Do Better," which ranked states based on the alignment of their center-based licensing standards and oversight with best practices. The report was updated in 2009, 2011, and 2013.[20]




Sources: [1]Nelson (1982); [2]Bradbury & Eliot (1956); [3]NAEYC & Davis (1930); [4]Cahan (1989); [5]ASPE (n.d.); [6]Social Security Act (1962); [7]Early Childhood Learning and Knowledge Center [ECLKC] (2019); [8]Gold (1980); [9]U.S. Department of Health, Education, and Welfare (1978); [10]Ruopp & Smith (1979); [11]Johnson & Associates (1981); [12]Cohen (1996); [13]NAEYC (1983); [14]American Academy of Pediatrics et al. (2019); [15]Helburn (1995); [16]Office of Head Start (2023); [17]Bipartisan Policy Center [BPC] (2019); [18]Kagan & Cohen (1997); [19]NARA & National Child Care Information and Technical Assistance Center (2006); [20] National Association of Child Care Resource and Referral Agencies (2007); [21]National Association of Child Care Resource and Referral Agencies (2008); [22]CCDBG, 42 U.S.C. §§ 9857–9858, (2015); [23]CCDF, 45 C.F.R. § 98, (2016).

Figure 2 depicts the key features, partners, and outcomes of CCEE licensing systems. This conceptual framework represents hypothesized elements and relationships to describe current or aspirational aspects of licensing systems. The level of evidence varies for the importance of the elements, their relationships with each other, and their effects on provider, family, and child outcomes. The CCEE Licensing Conceptual Framework serves as a guide and organizing structure for this literature review as well as a tool to support discussions among researchers, licensing staff, federal TA staff, and constituents about the role of CCEE licensing in supporting providers, families, and children. Each piece of the figure is described in the following sections.

***Figure 2. CCEE licensing conceptual framework***

# Context

The context of states, territories, and communities influences child care and early education (CCEE) licensing. Figure 2 lists five contextual aspects that influence licensing: funding, governance, culture, political climate, and structural racism.

## Funding

Funding influences the functioning and success of licensing. The level of funding dictates the resources available to the **licensing agency**, including staffing. If funding levels are high and stable over time, the licensing agency may be more likely to make long-term investments that strengthen licensing, like hiring new staff or upgrading their **licensing data system**. If funding is low or varies from year to year, then licensing staff may have higher **caseloads** that make it difficult to meet inspection timelines or provide technical assistance (TA) and continue using old, limited data systems.

In 2017, state and territory licensing agencies reported the sources of funding used to hire and support their CCEE licensing staff. The top three sources were: the federal CCDF (92%), general state funds (67%), and licensing fees from providers (21%; National Association for Regulatory Administration [NARA], 2020a).

The Child Care and Development Block Grant (CCDBG) Act of 2014 (Pub. L. 113-186; 42 U.S.C. 9858) reauthorized CCDF, which is the largest federal funding source for CCEE. States and territories that use CCDF program funds must comply with its requirements. The 2016 CCDF regulations (45 C.F.R. § 98, 2016) delineated policy changes in four broad areas: 1) health and safety, 2) consumer education, 3) access to high-quality care for families with low incomes (e.g., 85% of state median income), 4) quality improvement and support for the CCEE workforce (Office of Child Care, 2016; see CCDF Final Rule Resources for additional information). Some of these changes related to licensing, such as requiring annual unannounced monitoring visits of all licensed CCEE providers and making inspection reports available to the public (e.g., posting on websites). License-exempt providers who choose to receive CCDF subsidies are subject to some requirements through the CCDF program (e.g., annual monitoring visits). In 2017, licensing in 26 states was responsible for monitoring license-exempt providers who received subsidies (NARA, 2020a).

## CCEE governance

The CCEE governance structure varies across states and territories; often, multiple agencies manage different programs and funding streams (see Regenstein & Lipper 2013 for a description of various governance models). As of 2015, licensing was primarily housed in health or human services departments (Child Care State Systems Specialist Network, 2015). The location of licensing in relation to other CCEE governing entities may affect coordination: co-location may make it easier to coordinate (e.g., faster communication, use of shared data system).

Most states use CCDF program funds for licensing, quality, and **subsidy**. If the same agency manages all three, then coordination and alignment might be stronger than if they were in separate agencies. For instance, if the CCDF program is interested in supporting quality across its licensing practices, subsidy policies, and quality initiatives, then it may be easier to implement changes across all three areas if they are managed by the same agency. As of 2015, licensing was co-located with quality and subsidy programs in about 75% of states and territories (Child Care State Systems Specialist Network, 2015). As of 2017, 52% of states and territories reported that licensing (rather than another agency) was responsible for monitoring license-exempt providers receiving CCDF subsidies; this may make it easier to be more consistent in monitoring across licensed and license-exempt providers (NARA, 2020a).

## Culture

Culture is "the way of life, especially the general customs and beliefs, of a particular group of people at a particular time" (Cambridge Dictionary, n.d.). Licensing staff interact with CCEE providers who are located in multiple communities, with their own culture that can influence the implementation of licensing regulations. Licensing staff may live in communities with a culture that is similar, or different, from the culture of providers in the communities they serve. The licensing agency has its own culture, which is depicted separately in the conceptual framework and described below.

## Political climate

The broader political climate can also influence licensing. Federal political leaders influence federal budgets and laws that affect licensing (e.g., CCDF reauthorization). State political leaders pass laws and budgets that affect state licensing resources and policies. Local laws and ordinances (e.g., about zoning, building safety), influenced by the political climate of a county or community, also affect licensing. Political leaders may view regulations as helpful or a hindrance. Shapiro (2002) conducted case studies in eight states to examine factors that influence revisions of CCEE regulations. Shapiro found that politicians, agency staff, and interest groups (e.g., providers, professional organizations) all influenced the content of regulations, whereas politicians and interest groups most influenced the timing of changes in regulations.

## Structural racism

Lawrence et al. (2004) defined structural racism as

> … a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions in our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time (p. 11).

Structural racism and disparities are evident across multiple systems, including human services (McDaniel et al., 2017), the judicial system, banking, immigration, and K-12 education (Agénor et al., 2021). Structural racism is part of the local, state, and federal context in which licensing is situated and influences its policies and practices. Vieira and Hill (2019), for example, describe how policies related to affordable housing, homeownership, and zoning can negatively affect FCC providers. Although these policies may affect FCC providers of all races and ethnicities, these challenges may be more likely to be present in communities of color because of structural racism.

# Licensing cultural values

The culture of the licensing agency pervades everything the licensing staff do. The Child Care and Early Education (CCEE) Licensing Conceptual Framework identifies three cultural values of CCEE licensing to support:

- Child well-being
- Quality
- **Equity**

While these values are described separately below, we acknowledge their interconnectedness and the need to consider all of them in the work of licensing. It can be challenging to determine how best to simultaneously protect children, support quality, and ensure equity. Within this culture of protection, equity, and quality support, licensing leaders and staff are ideally intentional in how they implement these

cultural values; reflect on how well the policies, procedures, and actions align with the values; and strive to continuously improve.

## Support child well-being

The National Association for Regulatory Administration (NARA, 2020a) describes regulations—and regulators—as protecting vulnerable individuals, including children (NARA, 2020a). Licensing was developed to prevent children from harm (see the history section in Appendix A). We phrase this differently in this report—as supporting child well-being—to convey a collaborative approach in working with providers to support children. Thus, this cultural value may be the most foundational to the licensing agency. This value is evident in the large number of health and safety regulations and enforcement actions, including closure of licensed settings if children are at significant risk of harm.

## Support quality

While there is no consensus on a definition of quality in CCEE (and quality is being reconsidered in light of structural racism and the COVID-19 pandemic), quality historically has been categorized into process or structural features (see Burchinal, 2017; Burchinal et al., 2015). Process features (e.g., relationships, conversations) focus on the interaction between adults and children; structural features (e.g., staff-child ratios) are those that can be more easily regulated and are considered necessary, but not sufficient, for high quality. Some other conceptualizations of quality have focused on what is taught and how it is taught (instructional quality; Maier et al., 2020) as well as features beyond the classroom, such as organizational leadership and capacity (Dennis & O'Connor, 2012; Douglass, 2017). Professional organizations, like the National Association for the Education of Young Children (NAEYC), provide guidance about high quality features through, for example, position statements on developmentally appropriate practice (NAEYC, 2020) and standards for accreditation (NAEYC, 2019b).

Although protecting children from harm was the driving force in establishing licensing systems, the role of licensing in supporting quality has been noted—though not necessarily fully realized—since the 1920s (see the history summary in Appendix A for additional information). Maxwell and Starr (2019) provide a framework for how licensing can support CCEE quality and describe how each licensing component can address quality. For example, they note that in states and territories that include more or stricter licensing regulations related to quality—and enforce compliance with those regulations—licensing staff may be more likely to support providers in meeting quality regulations and implementing other quality practices. They also describe examples of licensing staff activities that support quality (e.g., provide TA, encourage licensed providers to participate in quality improvement initiatives). In this conceptualization, licensing regulations can be viewed as a subset of quality standards, and licensing policies can not only support licensing compliance but also quality, more generally.

## Support equity

Addressing equity, especially related to race and ethnicity, may be viewed as an aspirational value that licensing administrators and staff are striving toward within current licensing systems, as awareness of racism in CCEE has increased (e.g., Austin et al., 2019; Meek et al., 2020; Sethi et al.,2020).

CCEE licensing agencies may consider various characteristics when addressing equity, including setting type (e.g., FCC), geography (e.g., rural), race (e.g., providers who are African American or Asian),ethnicity (e.g., providers who enroll children who are Hispanic or Latino), poverty (e.g., providers who serve families earning low incomes), and language (e.g., providers serving children who are dual language learners). Each state or territory may have its own definition of equity; see pull-out box for three possible definitions. A 2021 resource includes questions for consideration when addressing equity within licensing (NCECQA, 2021).

# Licensing management

The management of the licensing agency influences its ability to successfully perform its functions and encompasses several tasks and responsibilities (see NARA, 2015 and Payne, 2011 for a more detailed discussion of licensing management). The Child Care and Early Education (CCEE) Licensing Conceptual Framework highlights four dimensions of management that support its success:

1. Equitable policies and procedures
2. Staff management and support
3. Quality assurance
4. Data-informed decision making

## Equitable policies and procedures

While state and territory statutes provide the broad definitions and legal responsibilities for the licensing agency, the agency must develop an array of policies and procedures to interpret and implement the law in an equitable manner. As noted by NARA (2015), these policies and procedures focus both on organizational management (e.g., finances, staff development) and regulatory management (e.g., regulations, enforcement). They shape the *what* (e.g., enforcement actions) as well as the *how* (e.g., inclusion of providers and families when revising regulations) of the work of licensing.

This is the first dimension of management highlighted in the Conceptual Framework because nearly every aspect of management requires policies and procedures. *Equitable* is included to underscore the need to have licensing policies and procedures that adapt to the needs of the CCEE workforce. We acknowledge that states and territories likely vary in how they define equity and the extent to which their CCEE licensing policies and procedures are equitable.

**Definitions of equity**

The National Association for the Education of Young Children 2019 position statement, Advancing Equity in Early Childhood Education, defines equity as "the state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic ... Equity is not the same as equality. Equal treatment given to individuals at unequal starting points is not equitable" (p. 17).

The 2021 White House Executive Order 13985 defines equity as "the consistent and systemic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality" (p. 7009; Exec. Order No. 13985, 2021).

Race Forward's Race Reporting Guide (2015) states that "Equity means fairness and justice and focuses on outcomes that are most appropriate for a given group, recognizing different challenges, needs, and histories. It is distinct from diversity, which can simply mean variety (the presence of individuals with various identities). It is also not equality, or 'same treatment,' which doesn't take differing needs or disparate outcomes into account. Systemic equity involves a robust system and dynamic process consciously designed to create, support and sustain social justice." (p. 27).

## Staff management and support

Licensing staff implement the licensing policies and procedures and are key to the success of the agency. Management includes determining the number of licensing staff needed, the qualifications of staff, as well as staff caseloads. Licensing staff from racial, cultural, and linguistic groups similar to those of licensed providers may help licensing better understand historical inequities and strengthen policies and practices to support equity.

Licensing staff need ongoing support to perform their job well and attend to the licensing agency's cultural values of supporting children's well-being, ensuring equity, and promoting quality. Support includes orientation and on-the-job training, supervision, professional development, and mentorship. It can also include written guidelines to help interpret licensing regulations (for examples, see NCECQA, 2017b).

## Quality assurance

To ensure that licensing performs its functions effectively, efficiently, and in a way that is aligned with its cultural values, the licensing agency needs a system to evaluate its performance. This system is sometimes referred to as quality assurance (*quality* in this phrase is about the quality of the licensing agency's performance rather than the quality of CCEE). This system describes the data to be collected—including information from providers and families—and the process for using the data to make decisions. Ideally, this is an ongoing process that supports continuous improvement of the licensing agency. Quality assurance includes, for example, calculating inter-rater agreement between licensing staff (by periodically sending two licensing staff to monitor a facility and comparing the extent to which they agree on whether regulations were met). If agreement is lower than expected, additional clarification or training may be needed. Quality assurance could also include routinely requesting feedback from providers after licensing inspections and then using that information to improve the inspection process, develop guidance to help licensing staff interpret regulations, or supervisory observations during licensing visits (NCCCQI, 2014h). Data from the 2017 Child Care Licensing Study (CCLS) suggest that 64% of states and territories use their licensing database to evaluate the licensing program (NARA, 2020a).

## Data-informed decision making

While data are critical to quality assurance processes, data can be used more broadly to make decisions within the licensing agency. For instance, as of 2017, 94% of states and territories reported using data to manage caseloads of licensing staff, 82% reported using data to assess licensing staff performance, 70% reported using data to examine regional differences, and 55% reported using data to guide licensing revisions (NARA, 2020a). A 2017 NCECQA report describes the type of data licensing units might collect and provides examples of how data could be used to support various decisions (NCECQA, 2017a).

# Licensing functions

There are five primary functions of child care and early education (CCEE) licensing depicted in the Conceptual Framework:

1. Set, review, and revise regulations
2. Monitor providers
3. Enforce compliance with regulations
4. Provide training and technical assistance (TA) to providers
5. Educate consumers

## Set, review, and revise regulations

Licensing regulations are set by states and territories and represent the minimum requirements for CCEE programs to operate legally (NCECQA, 2015e). The National Association for Regulatory Administration (NARA)—the professional organization for CCEE, nursing home, and other human service regulatory agencies—lists the following categories of regulations in its 2020 *Best Practices for Human Care Regulation*: application, background screening, behavior and guidance, environment, family engagement, food preparation and service, health, personnel training, ratio and group size, safety requirements, supervision, and transportation (NARA, 2020a, p. 50). This demonstrates the breadth of topics covered under licensing regulations. States and territories vary on the content as well as the stringency of their licensing regulations. The National Database of Child Care Licensing Regulations (NCECQA, n.d.) allows users to review state- or territory-specific licensing regulations.

The number, breadth, and stringency of CCEE licensing regulations are thought to influence the supply of CCEE (Gormley, 1991; Morgan, 2003). If licensing regulations are too strict, then there may not be as many licensed providers to meet parental demand. If licensing regulations are too lenient, then there may be enough supply to meet demand, but the quality may be poor and harmful to children. Licensing balances the need to protect children with the need to have an adequate supply. Gormley (1991) notes two other characteristics of licensing regulations that could affect the supply of licensed CCEE: the costliness and intrusiveness of regulations. Gormley argues that regulations that are costly and intrusive to providers may reduce the supply of licensed CCEE.

Although states are responsible for establishing licensing regulations, they are influenced by federal requirements. For example, the Child Care and Development Fund (CCDF) regulations require states and territories to include health and safety training requirements for licensed providers and license-exempt providers receiving CCDF funds (45 C.F.R. § 98.41, 2016).

Regulations typically change over time. States and territories establish processes for regularly reviewing and revising regulations and associated guidance, as needed. Having processes in place to regularly review policies and procedures and to gather feedback from constituents can help ensure that the licensing system is continually improving, reaching its goals, and responding to changes in the CCEE system and communities.

## Monitor providers

Licensing agencies monitor providers to ensure compliance with regulations. States and territories determine the monitoring strategies to implement, including the number and type of visits to programs by licensing staff. Monitoring generally involves a series of on-site licensing inspections[4] that can be either announced or unannounced. Multiple types of inspections occur, including:

- Before a provider is licensed as a prerequisite for licensure;
- As part of the process to renew a license;
- As part of the regular, ongoing monitoring of licensed providers (e.g., annually); and
- As a result of a **complaint** made by the public about a licensed provider.

States specify monitoring requirements and practices for centers, family child care (FCC) homes, and **group child care** (GCC) homes. (For additional information on monitoring and inspection policies, see NCCCQI, 2014c). Monitoring can take different forms; for example, some states and territories use **differential monitoring** in which licensing staff monitor a smaller subset of regulations as a proxy for the complete set of regulations (Fiene & Kroh, 2016; NCCCQI, 2014g).

[4] During the COVID-19 pandemic, some states limited their on-site inspections and began doing them virtually. See NARA (2020c) report, Remote Inspections in Child Care Settings.

The CCDF regulations require states and territories to conduct pre-licensure inspections and at least one **unannounced inspection** annually for licensed providers eligible to receive CCDF (Office of Child Care [OCC], 2016). The CCDF regulations also require states and territories to conduct annual inspections to ensure that license-exempt, non-relative providers receiving CCDF funding meet a set of federally-specified health and safety standards (45 C.F.R. § 98.42(b)(2), 2016). In about half of states and territories, the licensing agency oversees the monitoring requirements for license-exempt providers (NARA, 2020a).

## Enforce compliance with regulations

Setting regulations and monitoring providers' implementation of those regulations are necessary but not sufficient for protecting children from harm and ensuring quality. There must also be actions when providers do not meet regulations. Thus, enforcing compliance with regulations is a two-step process: 1) determining compliance, and 2) taking action. The extent to which regulations are clear and measurable affects the ease with which staff can determine compliance and enforce the regulations (Gormley, 1991).

States and territories vary in how they determine whether a program is in compliance with licensing regulations and how compliance is linked to enforcement actions. Many states use *progressive enforcement* when there are licensing violations and consider various factors, such as whether children were harmed or whether it is a repeat violation, when determining the enforcement action (NCCCQI, 2014f). Licensing units using progressive enforcement begin with a low-level consequence (e.g., provide TA) and escalate, as needed, if the issue is not resolved.

Licensing staff document noncompliance with individual licensing regulations and sometimes then determine an overall level of compliance. This overall compliance standing may require providers to meet each and every one of a set of hundreds of regulations or meet a subset of regulations that are identified as being important (e.g., place children most at risk for harm if not met, predictive of compliance with the full set of regulations; NCCCQI, 2014g).

Enforcement strategies for compliance with licensing regulations fall along a continuum from providing TA to emergency closure, with several options in between (e.g., fines, probation; NCCCQI, 2014f). Enforcement actions may be needed following routine inspections or substantiated complaints. Using TA as an enforcement strategy for some violations may communicate an expectation of continuous quality improvement (Maxwell & Starr, 2019; see also NCCCQI, 2014f.). In an equitable licensing system, the frequency with which licensing staff issue an emergency closure enforcement action would be similar across various subgroups of providers; membership in a particular group (e.g., Black, rural) would not predict the likelihood of a specific enforcement action.

## Provide training and TA to providers

Licensing also provides training to help providers understand licensing regulations and support quality practices. The agency that oversees licensing may provide the training itself or contract with another organization, such as a Child Care Resource and Referral agency, to do so. Training and TA may be offered to providers applying for a license, licensed providers, as well as license-exempt providers receiving CCDF subsidies. Some of the training is guided by CCDF regulations, which require non-relative providers receiving CCDF subsidies to complete pre-service or orientation training as well as ongoing training on specific health and safety topics (45 C.F.R. § 98.41, 2016; NCECQA, 2016; see also Lin et al., 2020 for more information about implementation of the 2016 CCDF regulations). Licensing staff may provide TA during monitoring visits to support compliance with licensing regulations or to support quality practices more generally. In 2017, more than 85% of states reported that licensing staff provide TA to support compliance with licensing regulations; slightly fewer states reported providing TA about aspects of quality beyond licensing regulations (67% of states provide this TA to centers and 60% provide to FCC homes; NARA, 2020a). In 2017, most states and territories reported that licensing staff refer providers to other organizations for TA (90% do so for centers and 86% do so for FCC homes; NARA, 2020a).

## Educate consumers

Providing information to families about licensed CCEE programs is an important licensing function that supports families in choosing the care that best meets the needs of their child and family. Providing the information in multiple languages helps ensure equitable access among families who speak various languages. Information can include a list of providers in an area, an explanation of what licensing does and why it is important, as well as provider-specific information about licensing compliance and violations.

The CCDF regulations require state and territory Lead Agencies to develop a consumer education website that includes licensing policies and procedures, provider-specific information about licensing status and findings from monitoring and inspection reports. It also requires information about annual aggregate numbers of substantiated instances of child abuse, serious injuries, and deaths that occurred in CCEE settings. This information is to be provided electronically and in an easily accessible format. States and territories must include local lists of all licensed providers and may choose to also include license-exempt providers receiving CCDF funds (45 C.F.R. § 98.33, 2016; OCC, 2018). Although the CCDF Lead Agency, rather than licensing itself, may be responsible for this consumer education website, licensing provides critical information for the consumer education website and may engage in other activities to inform consumers.

# Partners that support licensing and quality

The Conceptual Framework describes two types of partners that support licensing and quality (for more information about these and other partners, see NCCCQI, 2014a):

1. Partners that help set or monitor regulations that licensed providers must meet
2. Partners that support licensing, quality, and consumer education.

## Partners that monitor regulations that licensed providers must meet

Licensing agencies partner with other state or local agencies to monitor safety in areas that require more specialized knowledge, such as fire safety, environmental health (e.g., clean water), and building safety (see NCCCQI, 2014b). While licensing regulations may include some specific regulations about these topics (e.g., presence of smoke alarms), they also require licensed providers to pass inspections developed and monitored by these other authorities (e.g., pass a local fire inspection) to ensure that licensed environments are safe. Health, building inspection, and fire departments typically monitor licensed centers and sometimes other settings (e.g., FCC; NARA, 2020a). The bidirectional arrow in the Conceptual Framework between licensing and the partners box represents the need for licensing and partners to work together to support providers, resolve inconsistencies in regulations, and convey consistent messages to providers.

## Partners that support licensing, quality, and consumer education

There are two types of partners included in this category. The first are partners who help support licensing functions. Child Care Resource and Referral (CCR&R) agencies, for example, offer training to providers about licensing regulations and TA to support them in meeting licensing regulations and improving quality. They also provide consumer education–working with families to help them find safe, culturally responsive, high quality licensed CCEE that meets their needs.

The second type of partner supports quality improvement broadly, not specifically tied to licensing. Community colleges and universities provide coursework and degrees for the CCEE workforce. Other organizations and individuals also provide a range of professional development for CCEE providers (e.g., coaching, training, TA). Even if the organizations do not specifically address licensing regulations in their work, they must be knowledgeable of them to ensure that the professional development they offer is aligned with licensing. There are other partners who offer providers financial assistance to support quality improvement (e.g., educational scholarships, salary supplements, improvement grants).

The Conceptual Framework has a bidirectional arrow between licensing and these partners to note that each influences the other. Licensing relies on partners to help fulfill some of its functions, reinforce concepts that are important to licensing and quality broadly (e.g., interactions), and support CCEE providers. Even if the partners do not directly support a licensing function, they must be knowledgeable of licensing to align their content with regulations. Partners influence licensing by offering, for instance, informal feedback or serving on constituent committees to review, revise, or develop licensing policy and procedures. (See, for example, Vieira & Hill, 2019, a report that offers recommendations about how licensing can better support FCC.)

## Other entities with CCEE standards and monitoring systems

Though licensing is unique because it sets standards for legally operating a program serving young children, it is not the only entity that sets standards and monitors CCEE providers. There may be other entities in states, territories, and communities that also set standards and monitor CCEE providers, though the existence of these entities varies across communities. In addition to licensing, there are seven other common entities that set standards and monitor CCEE providers: **quality rating and improvement systems** (QRIS), state pre-Kindergarten (pre-K), Head Start/Early Head Start, CCDF programs, Child and Adult Care Food Programs, Individuals with Disabilities Education Act (IDEA), and Accreditation. Maxwell et al. (2016) describe these entities and offer ideas to improve coordination among them. While licensing focuses heavily on health and safety to prevent harm, these other entities include standards beyond the licensing requirements.

The Quality Compendium data from 2019 indicates that there are 44[5] quality improvement systems (QIS) or QRIS across the United States (The BUILD Initiative & Child Trends, 2019b). Eighty-four percent of states require centers enrolling in quality initiatives to be licensed; 93% require FCC homes to be licensed in order to enroll (The BUILD Initiative & Child Trends, 2019a). Fifty-two percent have made licensing equivalent to the first QRIS rating level for centers; 48% have done so for FCC homes. Additionally, 40% of states have a process for including license-exempt centers in quality initiatives; 19% have a process for including license-exempt FCC homes.

While the Head Start Program Performance Standards do not require licensure, they specify that Head Start programs should meet state licensing regulations (Office of Head Start, 2016). According to a 2017 survey of state and territory **licensing administrators**, 35% of states require all Head Start centers to be licensed, while 56% require some Head Start centers to be licensed (NARA, 2020a). Of those that only require some Head Start centers to be licensed, reasons included licensing exemptions (43%), centers operated by public (7%) or private schools (43%), or centers open part-time (7%; NARA, 2020a).

Within the Conceptual Framework, the arrow between licensing and the other entities with CCEE standards and monitoring systems is bidirectional to show the connections across them. Licensing regulations may inform the standards that the other entities set for eligibility. For example, Rhode Island aligned their licensing, QRIS, and pre-K standards in 2014 to provide a continuum of quality that covers the

[5] This total includes 41 states, DC, and 3 localities in Florida.

same dimensions (Rhode Island Department for Children, Youth, and Families et al., 2014). See the Morrison and Schlesinger (2001) Connecticut report and North Dakota Department of Public Instruction (2014) as other examples of alignment between licensing and other programs. Other entities' experiences with CCEE providers may also inform licensing regulations and policies. For example, if QRIS monitors notice that providers are often out of compliance with ratio and group size requirements for licensing, they may advocate for stronger licensing enforcement of those requirements. Licensing may also share data with these other entities. In 2017, 73% of states and territories reported using their licensing data to coordinate with other programs, like Head Start, pre-K, and QRIS (NARA, 2020a). Working together, these entities support quality among CCEE providers.

# Outcomes for providers, families, and children

Licensing units, along with their partners, support child care and early education (CCEE) provider, family, and child outcomes. Figure 2 includes examples of key outcomes for each group. While the description below is general, it is important for licensing to consider priority subgroups of providers, families, and children to ensure that outcomes are equitable.

## Provider outcomes

The licensing agency may influence outcomes for licensed providers, providers applying for a license, license-exempt providers receiving Child Care and Development Fund (CCDF) subsidies, as well as illegally operating providers. The Conceptual Framework focuses on providers who are licensed, applying for licensure, or are license-exempt.

The licensing agency supports CCEE providers who are licensed or applying for a license. Two examples of provider outcomes are included in the framework:

1. Understand and meet regulations, and
2. Attend to and strive to improve provider quality.

As noted previously, licensing, along with its partners, supports providers' understanding of licensing regulations, ensures that they meet the regulations, and supports quality improvement among providers.

Although licensing staff and their partners work to help individual providers meet these quality-related outcomes, their work may also produce system-level outcomes for the supply of CCEE. These system-level outcomes might be a lower percentage of licensed providers who are out of compliance with licensing regulations, or a higher percentage of licensed providers voluntarily participating in quality improvement initiatives (Maxwell & Starr, 2019).

Some state and territory licensing units may also be responsible for monitoring license-exempt CCEE providers who receive funds (e.g., child care subsidies) from the CCDF program. While these license-exempt providers do not have to meet the full set of licensing regulations, the CCDF regulations (45 C.F.R. § 98, 2016) require them to meet health and safety standards, pass a background inspection, and be trained on health and safety topics. The examples of outcomes for license-exempt providers included in the framework are the same as those for licensed providers: understand and meet regulations (though license-exempt providers have a smaller set of regulations they are required to meet) and attend to and strive toward improving quality. In the states and territories in which licensing oversees license-exempt CCEE providers receiving CCDF funds, the licensing agency helps license-exempt providers understand and meet these requirements by providing training, conducting inspections, and offering TA to correct any violations. Licensing staff and their partners may also provide TA to support quality improvement, which could include supports to help license-exempt providers voluntarily become licensed. (See NCECQA, 2015d for additional information about monitoring license-exempt FCC homes).

Although not depicted in the framework, licensing is also responsible for ensuring compliance among providers who are required to be licensed or regulated. Not all providers who are required to be licensed

apply for licensure; some providers operate illegally. States and territories vary in how they manage these providers; they may, for example, offer incentives to become licensed or issue fines (NCCCQI, 2014e). By supporting licensed providers as well as legally license-exempt providers receiving CCDF funds and working to minimize illegally operating providers, licensing works to ensure that there is a supply of safe, quality CCEE providers in multiple settings (e.g., centers, FCC homes) available for families with young children.

# Family outcomes

The Conceptual Framework includes three outcomes for families:

1. Have access to safe, nurturing, culturally responsive, high-quality care;
2. Have the information they need to select CCEE; and
3. Are confident in the licensing system.

By regulating CCEE providers, licensing helps ensure that families with children have access to safe, nurturing, culturally responsive high-quality care. Licensing identifies providers who meet the standards required to legally operate a program for young children in a state or territory (i.e., the supply of licensed CCEE). Having a supply of licensed CCEE is an important first step toward supporting children's development because it identifies a pool of providers from which families can choose from if they are interested in using licensed CCEE.

The next step is for families to have the information they need to select a CCEE provider. As noted, supporting consumer education is one of the major functions of licensing. The licensing system can help families know about licensing regulations and understand the distinction between licensed, license-exempt, and unlicensed providers operating illegally. The licensing system can also provide detailed information about licensed providers, including findings from licensing inspections, as well as general information about quality CCEE. All of this information is intended to help families choose a provider who best meets their needs.

Finally, families need to feel confident in the licensing system. If families are confident that licensed providers meet basic safety and quality regulations, then they may be more likely to choose licensed providers instead of unlicensed providers. If families are confident in the licensing system, then they may also feel more comfortable reporting their concerns to the licensing agency, knowing that licensing staff will listen and investigate their concerns. This requires families to trust the licensing system to do its job of monitoring and enforcing compliance with regulations—and licensing staff to earn that trust by listening to and communicating with families.

# Child outcomes

The ultimate outcome of the licensing system is that children thrive. Thriving includes being safe from harm, as well as building skills across the five domains of development: approaches to learning; social and emotional development; language and literacy; cognition; and perceptual, motor, and physical development (Office of Head Start, 2015). The licensing system supports child outcomes through its work with providers and families, as shown in Figure 2.

Licensing regulations establish a common expectation of practices across all licensed providers. Licensing staff work to ensure that licensed providers meet these regulations, and support providers in offering quality care and education for children. Forty-two states (82%) reported in the 2017 CCLS that licensing regulations require activities in centers to address multiple domains of children's development. Most of the states required activities to support social-emotional, physical, cognitive, and language development (NCECQA, 2020b); twenty-nine states (66%) require activities in FCC homes that address multiple domains of development (NCECQA, 2020c).

Licensing supports families in choosing a CCEE setting that meets their needs by providing information about the importance of licensing and quality as well as listing individual licensed providers in their community. Licensing regulations related to family engagement support a strong relationship between families and providers, which can help foster children's learning at home and in CCEE settings. In summary, licensing works with its partners to support providers in offering high-quality early learning opportunities for children—and helps families find quality CCEE that engages them in their children's development. This ultimately supports positive outcomes for children.

## Influence of providers and families

While the previous section highlighted how licensing influences outcomes for providers and families, it is also important to acknowledge the influence that providers and families—licensing's primary constituents—have on the licensing system (see CCEE providers and families box in the top left of Figure 2). Ensuring equity in licensing requires that providers and families be included in making decisions about licensing and offering feedback to the licensing agency about its work. This might mean, for instance, establishing a family advisory council to regularly offer input about changes in policies and practices with licensing, and ensuring that families from typically underrepresented communities have the supports they need to participate.

Although the constituent box in Figure 2 highlights providers and families as key constituents, they are not the only groups that influence licensing. The bidirectional arrows in Figure 2 between licensing and its partners, and other entities that monitor CCEE represent the role these constituents play in working with—and influencing—licensing to support providers, families, and children.

## Summary

Although regulations and implementation vary depending on state/territory and community context, licensing systems share similar elements (e.g., licensing functions, partners). The TRLECE Licensing Conceptual Framework presents a hypothesized set of licensing elements and outcomes to guide the literature review as well as future research and discussions about licensing. Over time, while national guidance from various sources on the care of children has become more robust, it has retained an emphasis on health, safety, training, and child development. In the last decade, surveys of state and territory licensing systems have provided regular information about the trends over time in licensing policies, practices, and regulations. Additionally, research studies have examined the link between licensing and provider quality.

# Methods

This report synthesizes the literature about child care and early education (CCEE) licensing in the United States from peer-reviewed journals, state reports,[6] and gray literature[7] between 1999 and 2019.[8] We selected this two-decade timeframe to capture a broad range of research since the child care and development fund (CCDF) program was established in 1996. The Introduction and History appendix includes some resources prior to 1999 because of their historical significance or relevance to describing the licensing system and Conceptual Framework. The research team used two strategies to initially gather CCEE licensing materials: 1) conducted database searches using key terms, and 2) solicited reports through a public request for information via the Office of Planning, Research, and Evaluation website. We used ERIC,

[6] State reports include reports that were issued by a state government agency.
[7] Gray literature includes reports from the federal government and non-governmental organizations; these may or may not have undergone a peer-review process before publication.
[8] These data are prior to the COVID-19 pandemic and may not reflect current state/territory licensing policies and practices.

Google Scholar, ProQuest Psychology, ProQuest Health, and Research Connections to search for literature. See Table 1 for search terms used. A copy of the public request is included in Appendix C. The team then reviewed the materials and catalogued the ones included in the review. We limited the review to only those materials that focused specifically on CCEE licensing. Thus, reports on a topic like ratio and group size—which are common CCEE licensing regulations—were not included in this review unless the focus of the report or study was about ratio and group size in CCEE licensing. Research that generally examined the relationship between ratios and quality, for example, was outside the scope of this review. In reviewing materials, the research team identified additional relevant studies for inclusion.

***Table 1. Literature Search Terms/Keywords***

| |
|---|
| "licensing" AND ("child care" OR "day care" OR "early care and education" OR "early education") |
| "licensing" AND ("child care" OR "day care" OR "early care and education" OR "early education") AND ("evaluation" or "report") |
| "child care licensing" OR "day care licensing" OR "early care and education licensing" OR "early education licensing" |
| ("licensing" OR "regulation" OR "requirement" OR "monitoring" OR "enforcement" OR "compliance") AND ("child care" OR "day care" OR "early care and education" OR "early education") |

A total of 229 articles and reports were included in this review; 69 were peer-reviewed journal articles, 103 were gray literature, and 50 were state reports. We also reviewed six dissertations or masters theses and one book. Of the 229 articles and reports reviewed, 41% focused on a single state, 12% focused on multiple states, and 46% included national information; one report reviewed international information. The research team catalogued key information about each source (e.g., citation, state[s] included) and coded whether it addressed the following aspects of licensing: regulations, monitoring, compliance, enforcement, licensing staff qualifications or supports, communication and outreach, or another topic. For research studies, the team also noted whether the study examined outcomes of licensing. Studies related to outcomes of licensing were further coded by program or provider outcomes, child outcomes, family outcomes, or other outcomes. Several materials covered multiple aspects of licensing (e.g., regulations, monitoring); the research team reviewed these materials separately for each topic to include in the review. The Conclusions section of this report includes some general statements about the quality of the research; it was outside of the scope of this synthesis to systematically review the quality of each study.

A majority of the studies reviewed included child care centers or family child care (FCC) providers in the study sample; fewer included group child care (GCC)[9] homes or license-exempt care. Table 2 provides the number of articles and reports related to each study sample type.

[9] Large family child care and group child care mean the same thing: a family child care home with at least two adults caring for children. We use the term group child care (GCC) in this report, in part because it is what the Child Care Licensing Study uses.

*Table 2. Articles and Reports Covering Each Sample Type*

| Study Sample | n | % |
|---|---|---|
| Child care centers | 171 | 75% |
| FCC providers | 144 | 63% |
| GCC homes | 42 | 18% |
| License-exempt care | 6 | 3% |
| Other* | 7 | 3% |

Note: categories are not mutually exclusive
*Other samples included parents, state administrators, CCEE providers, national policy experts, and state licensing agencies.

We relied on the Child Care Licensing Study (CCLS) for descriptive information and trends in CCEE licensing because it is the only source of consistent information collected across nearly all states and territories at a similar time period. Because of the comprehensiveness of the CCLS, we summarize those findings, rather than individual state CCEE licensing reports, when describing findings about licensing functions and management. We include single-state reports when describing findings related to perceptions and outcomes; all articles and reports that make comparisons to best practices were multi-state. Each article or report identified in the literature search (including individual state reports) is listed in Appendices D, E, F, G, H, and I, organized by topic area.

As part of this review, the team also scanned the research on licensing of nursing homes and assisted living facilities to learn if their research methods might apply to CCEE licensing. The team started by talking informally with a lead researcher in the nursing home licensing field. After that conversation, we reviewed articles they had written as well as those from another lead researcher in that area whom they identified. Additionally, we searched for other related research in the PubMed database, using these search terms: ("assisted living" OR "nursing homes") AND ("licensing" OR "regulation" OR "enforcement" OR "compliance"). This literature search identified a relatively small group (n=41) of papers that were based on quantitative or qualitative data, not authors' opinions or experience. We reviewed the title and/or abstract of all 41 and excluded those that did not appear to provide novel information, or that narrowly focused on specific aspects of residential settings or the elderly (e.g., pain management, monitoring blood glucose). Nine articles were reviewed.

**Child Care Licensing Study**

The Child Care Licensing Study (CCLS) is a collaborative effort between the National Association for Regulatory Administration (NARA) and the National Center on Early Childhood Quality Assurance (NCECQA). NARA collects data for the CCLS by sending an online survey to all state CCEE licensing agencies. State licensing staff complete the survey, and results are published by NARA. NCECQA staff review state/territory licensing regulations included in the National Database of Child Care Licensing Regulations and describe both survey and regulations data in a series of reports summarizing trends over time in licensing policies, procedures, and operations by CCEE setting type (i.e., centers, FCC providers, and GCC homes). The CCLS has published findings from 2005, 2008, 2011, 2014, and 2017. The literature review describes the most recent findings from 2017 and changes since 2014, as reported in the 2020 CCLS reports from NARA and NCECQA. The NCECQA and NARA reports note a sample size of 53 for 2014 (50 states, DC, Guam, and the Virgin Islands). For 2017, the NCECQA reports note a sample size of 51 for 2017 (50 states and DC) and the NARA report note a sample size of 52 for 2014 (50 states, DC, and American Samoa).

# Findings

Research findings are presented for each licensing function (e.g., regulations, monitoring), followed by aspects of management (e.g., licensing staff qualifications and support). We relied on the Child Care Licensing Study (CCLS) findings and other national reports to report information about licensing functions and management across states and territories rather than individual state child care and early education (CCEE) licensing reports (see Methods section for more details). We summarize:

- Trends across states and setting types
- Perceptions of licensing (e.g., parent or provider views),
- People's comparisons of licensing regulations to national standards or views of best practices
- Literature that offers recommended practices,
- Findings about outcomes related to the aspect of licensing (e.g., enforcement), and
- Future research ideas.

## Licensing regulations

This section provides an overview of the literature about state and territory licensing regulations. Our literature review identified 118 articles and reports related to licensing regulations; of those, 76 offered a national perspective, 13 were multi-state, 28 were single-state reports, and one offered an international perspective. Nine of the national reports are briefs describing state health and safety requirements related to the Child Care and Development Fund (CCDF) (see National Center on Early Childhood Quality Assurance (NCECQA), 2016, 2020b, 2020c, 2020d, 2020e, 2020f, 2020g, 2020h, 2020i). These briefs provide examples of how these requirements have been implemented in states and review relevant CCLS data. See Appendix D for a complete collection of state, multi-state, and national reports related to regulations.

Each sub-section is organized by content area, using the following chapter topics in Caring for our Children (CFOC; American Academy of Pediatrics et al., 2019): 1) staffing, 2) program activities for healthy development, 3) health promotion, 4) nutrition and food services, 5) facilities, equipment, and environmental health, 6) transportation, 7) infectious diseases, 8) children with special health care needs and disabilities, and 9) administration. We used the contents of each chapter in CFOC to determine which research topics to include in each sub-section.

Within each sub-section or content area, we review research describing:

- State regulation trends,
- People's comparisons of state regulations to national standards or their view of best practices,
- Perceptions about regulations, and
- Outcomes associated with the implementation of licensing regulations.

At the end of the Regulations section, we offer ideas for future research.

There are important limitations to consider when reviewing the findings on regulations. Some reports that compare regulations to national standards or views of best practices were completed several years ago, before the reauthorization of CCDF. Thus, some best practices (e.g., annual unannounced monitoring visits of licensed providers) may now be present in nearly all licensing systems. This literature review focuses on CCEE licensing. There may be other state or territory laws or regulations that apply to CCEE providers, but they were not included in this review. Finally, the findings described in this report may not reflect current

regulations; states and territories may have revised their licensing regulations and policies since the reports in this review were published.

# Regulations about staffing

Child care and early education (CCEE) licensing regulations about staffing may include requirements about the number of children allowed in a facility per adult, provider qualifications and training, background checks, and provider age.

## Trends across states and setting types

### Ratio and group size

All states have requirements about child to staff ratios for child care centers (NCECQA, 2020j; Sosinsky et al., 2016), with lower reported ratios for younger children when compared to older children. For example, states most commonly require a 1 to 4 staff to child ratio for infants and a 1 to 15 ratio for school-age children. Between 2014 and 2017, 8% of states that regulate centers lowered the number of children that each adult can care for in at least one age group (4 states; Arkansas, Louisiana, Nevada, and Vermont).

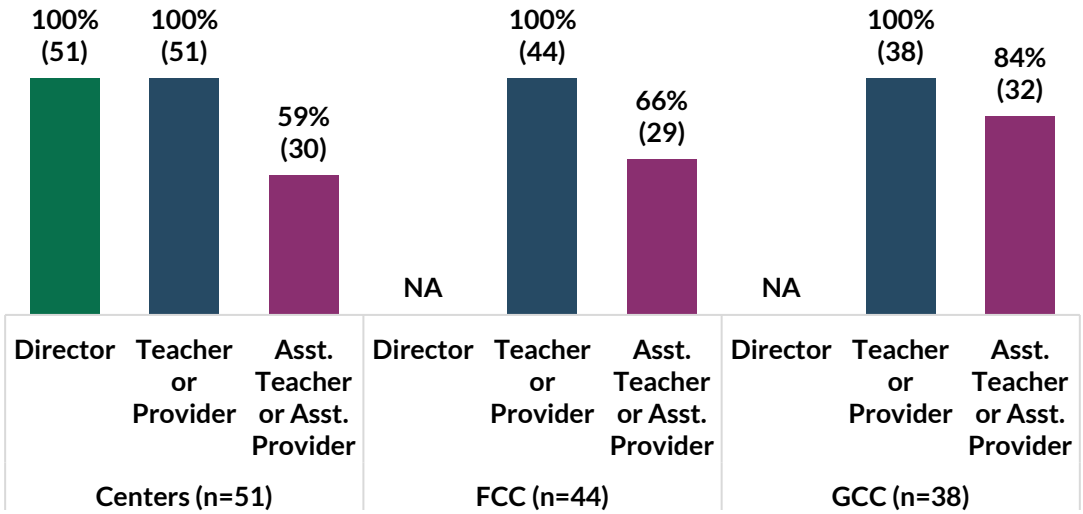
Similarly, all states that regulate family child care (FCC) homes have requirements about the maximum number of children of any age that a provider can care for (NCECQA, 2020k; 2020l). Maximum group size requirements range from 6 to 16 children per provider across all states that regulate FCC homes. Ratios and group size requirements for FCC and group child care (GCC) homes are not consistently defined across states and, therefore, are not summarized here.

### Qualifications and training

Typically, CCEE centers tend to employ more staff than an FCC or GCC home; common center staff roles include a director, teacher, and assistant teacher (NCECQA, 2020j). All states have some regulation related to the center director and teacher roles (NCECQA, 2020j), and all states that regulate FCC homes and GCC homes have regulations specific to the provider (NCECQA, 2020k; 2020l; see Figure 3).[10]

[10] The term "teacher" refers to center-based staff and the term "provider" refers to staff in either family child care or group child care homes.

*Figure 3. Percentage[a] (and Number) of States[b] with Licensing Regulations for Certain Roles in 2017, among Those That License Each Setting Type*

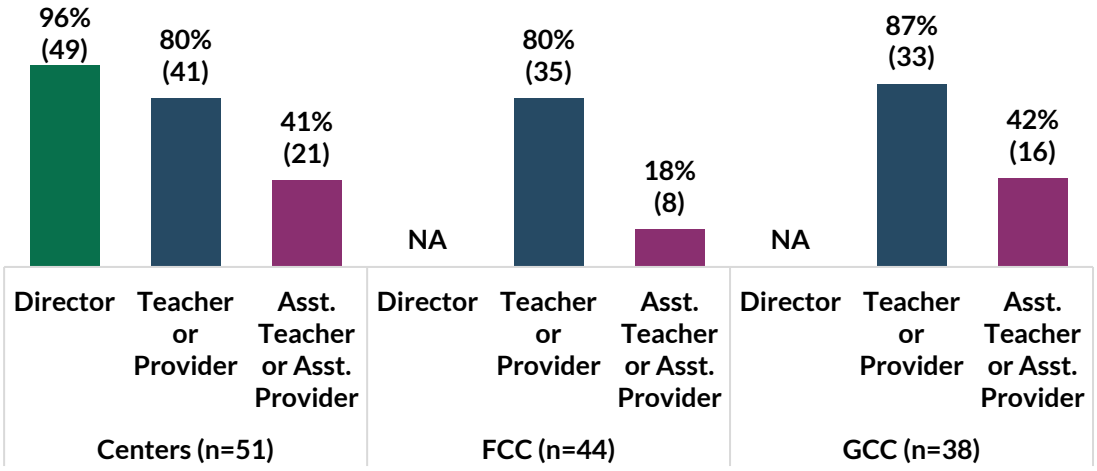



**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC. NA indicates that this was not included in the survey for some setting types.

## Qualifications

Preservice qualifications are commonly included in licensing regulations for most roles (see Figure 4). Preservice qualifications vary by state and setting type, but could include credentials (e.g., Child Development Associate [CDA] degree) or relevant training or experience completed prior to working in their respective CCEE setting (Azer, 2002). Between 2014 and 2017, some states made changes to or added some **preservice training** requirements for all setting types (NCECQA, 2020j; 2020k; 2020l).

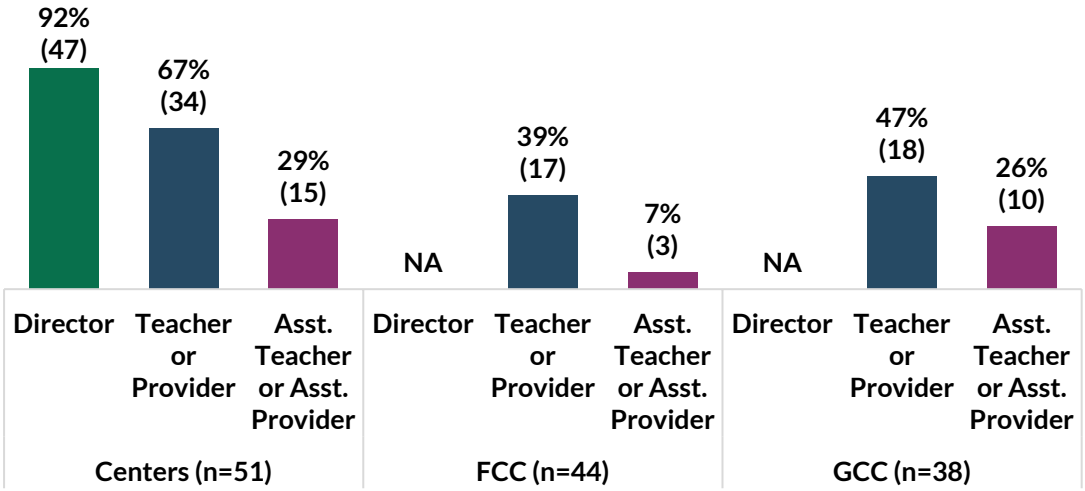
*Figure 4. Percentage[a] (and Number) of States[b] with Preservice Qualification Requirements for Each Staff Role in 2017, among Those That License Each Setting Type*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC. NA indicates that this was not included in the survey for some setting types.

While nearly all states require center directors to have at least a high school diploma or GED, fewer have the same requirements for teachers (NCECQA, 2020j; see Figure 5). Between 2014 and 2017, two states added high school diploma or GED requirements for center-based assistant teachers, and two other states added similar requirements for FCC assistant providers (NCECQA, 2020k). Less than half of states regulating FCC or GCC homes have this minimum education requirement for providers (NCECQA, 2020k; 2020l).

***Figure 5. Percentage[a] (and Number) of States[b] with High School Diploma or GED Requirements for Each Role in 2017, among Those That License Each Setting Type***

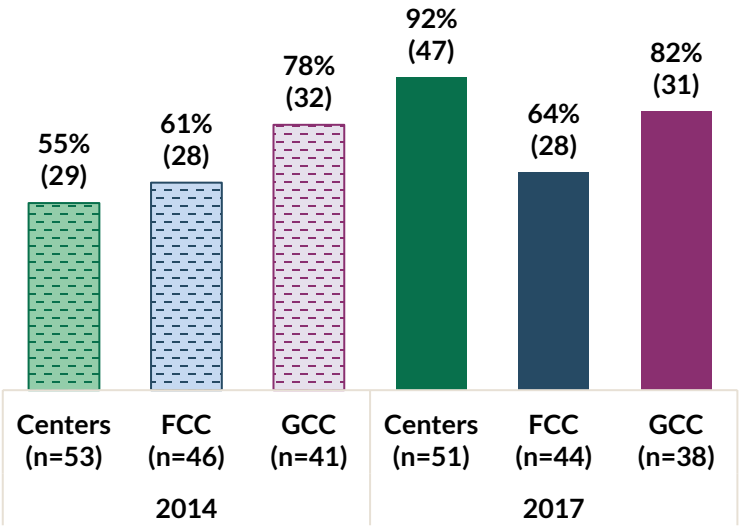



**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the survey for some setting types.

## Orientation training

The CCDF regulations require caregivers, teachers, and directors to complete a preservice or orientation training within three months of hire, and most states required this in 2017 (45 C.F.R. § 98.44(b), 2016; see Figure 6). The CCDF regulations may explain why there was a large increase in states requiring orientation training for center staff between 2014 and 2017 (29 states to 47 states; NCECQA, 2020j).

*Figure 6. Percentage[a] (and Number) of States[b] with Orientation Training Requirements in 2014 and 2017, among Those That License Each Setting Type*

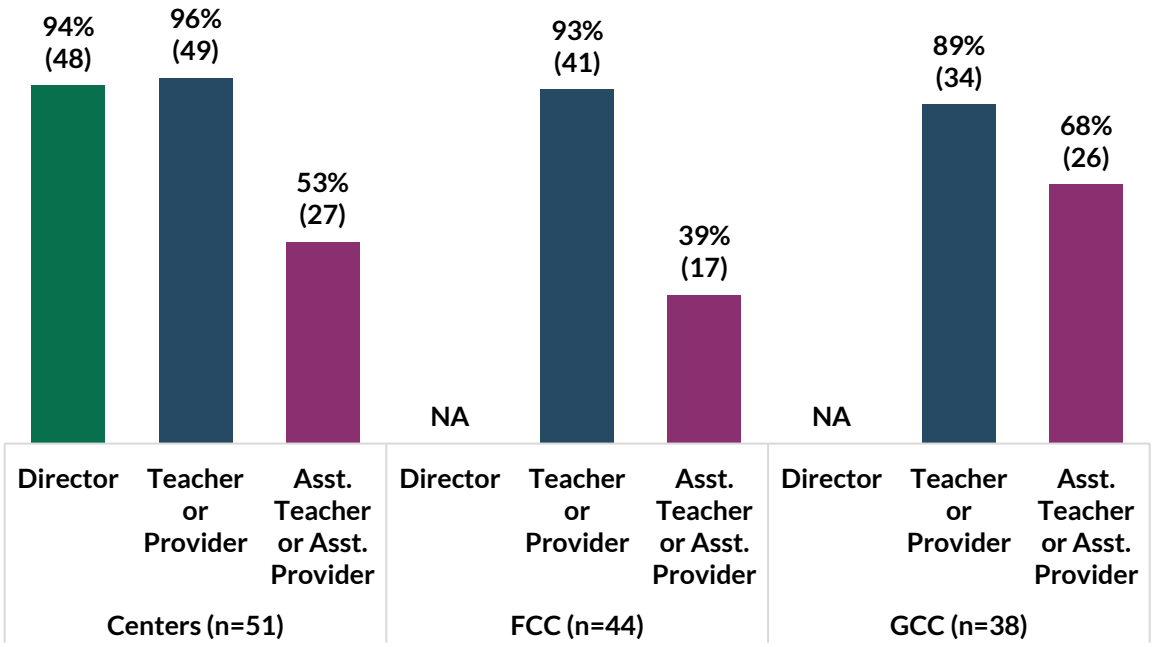



**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Ongoing training requirements

Most states regulating each setting type have ongoing training requirements for each role; fewer states regulate ongoing training for assistant teachers or assistant FCC provider roles (NCECQA, 2020j; 2020k; see Figure 7). In the 48 states that regulate ongoing training for center directors, required hours range from 4 to 33 hours (median = 15). In the 49 states that regulate ongoing training for center teachers, required hours range from 4 to 30 hours (median = 15; NCECQA, 2020j). Similarly, the number of ongoing annual training ranges from 4 to 30 (median = 12) for FCC homes (NCECQA, 2020k) and from 5 to 30 (median = 15) for GCC homes (NCECQA, 2020l).

*Figure 7. Percentage[a] (and Number) of States[b] with Ongoing Training Requirements in 2017, among Those That License Each Setting Type*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.
NA indicates this was not included in the survey for some setting types.

## Requirements to care for infants and toddlers

For centers, about half of states (47%) require that facilities assign a primary, consistent caregiver to each infant or toddler (NCECQA, 2020j; Sosinsky et al., 2016). In about a third of states regulating centers, staff members must have specific qualifications to work with infants and toddlers (e.g., training on how to care for infants and toddlers; 33%). There were no changes to these metrics between 2014 and 2017.

## Health and safety preservice or orientation training requirements

The CCLS asked about provider training topics required in the CCDF regulations (45 C.F.R. § 98.41, 2016). As of 2017, almost all states regulating each CCEE setting require first aid training and CPR training for teachers or providers (NCECQA, 2020j; 2020k; 2020l; see Table 3). Table 3 describes the percentage of states that include specific training topics related to health and safety. After first aid and CPR training, the most common training topic included in preservice or orientation licensing requirements in 2017 was recognition and reporting of child abuse and neglect for centers and GCC homes (NCECQA, 2020j; 2020l). For FCC homes, the most common training topics after first aid and CPR were prevention of sudden infant death syndrome (SIDS) and using safe sleeping practices (NCECQA, 2020k). There was an increase in each health and safety training topic area between 2014 and 2017 for each setting type, likely due to the 2016 CCDF regulations. The largest increase was seen in states adding training related to precautions in transporting children (see Table 3).

***Table 3. Percentage[a] (and Number) of States[b] with Health and Safety Preservice or Orientation Training Requirements in 2014 and 2017, among Those That License Each Setting Type***

| Training Topic | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=41)* | 2017 Centers *(n=51)* | 2017 FCC *(n=44)* | 2017 GCC *(n=38)* |
|---|---|---|---|---|---|---|
| First aid | 96% (51) | 91% (42) | 98% (40) | 100% (51) | 95% (42) | 100% (38) |
| CPR | 96% (51) | 87% (40) | 90% (37) | 98% (50) | 91% (40) | 95% (36) |
| Recognition and reporting of child abuse and neglect | 72% (38) | 33% (15) | 54% (22) | 78% (40) | 59% (26) | 68% (26) |
| Emergency preparedness and response planning | 57% (30) | 28% (13) | 37% (15) | 69% (35) | 55% (24) | 55% (21) |
| Prevention and control of infectious diseases | 57% (30) | 15% (7) | 34% (14) | 63% (32) | 45% (20) | 58% (22) |
| Prevention of SIDS and using safe sleeping practices | 32% (17) | 37% (17) | 46% (19) | 61% (31) | 64% (28) | 66% (25) |
| Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | 21% (11) | 26% (12) | 27% (11) | 51% (26) | 52% (23) | 53% (20) |
| Administration of medication | 30% (16) | 20% (9) | 24% (10) | 47% (24) | 48% (21) | 45% (17) |
| Precautions in transporting children | 13% (7) | 11% (5) | 17% (7) | 37% (19) | 41% (18) | 39% (15) |
| Prevention of and response to emergencies due to food and allergic reactions | NA | NA | NA | 29% (15) | 32% (14) | 29% (11) |
| Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants | NA | NA | NA | 27% (14) | 32% (14) | 29% (11) |
| Building and physical premises safety | NA | NA | NA | 27% (14) | 30% (13) | 26% (10) |

**Source:** NCECQA 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.

## Background checks

The Child Care and Development Block Grant Act of 2014 introduced background checks for people working in CCEE (42 U.S.C. § 9858f (2015, 2015). The CCLS reports data on the percentage of states requiring specific types of background checks (criminal history records, state fingerprints, federal fingerprints, child abuse and neglect registry, and sex offender registry).[11,12] Since this mandate was introduced in 2014, the percentage of states requiring criminal history record checks, state or federal fingerprinting, child abuse and neglect registry checks, and sex offender registry checks has increased for all setting types (NCECQA, 2020j; 2020k; 2020l; see Table 4).

***Table 4. Percentage[a] (and Number) of States[b] Requiring Each Type of Background Check in 2014 and 2017, Among Those That License Each Setting Type***

| Type of Background Check | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=41)* | 2017 Centers *(n=51)* | 2017 FCC *(n=44)* | 2017 GCC *(n=38)* |
|---|---|---|---|---|---|---|
| Criminal history records | 96% (51) | 100% (46) | 100% (41) | 100% (51) | 100% (44) | 100% (38) |
| State fingerprints | 62% (33) | 57% (26) | 66% (27) | 75% (38) | 75% (33) | 82% (31) |
| Federal fingerprints | 72% (38) | 67% (31) | 76% (31) | 86% (44) | 84% (37) | 89% (34) |
| Child abuse and neglect registry | 91% (48) | 93% (43) | 93% (38) | 100% (51) | 100% (44) | 100% (38) |
| Sex offender registry | 72% (38) | 72% (33) | 71% (29) | 84% (43) | 84% (37) | 84% (32) |

**Source:** NCECQA 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

In a different study, Cunningham and Ravishankar (2021) report more recent data from CCDF administrators about state implementation of the background check requirements. Overall, fewer states reported implementing out-of-state checks compared to in-state checks. About half of states (24 of 51 states; 47%) reported implementing the National Crime Information Center National Sex Offender Registry background check.

## Provider age

Licensing systems vary in the extent to which they set minimum age requirements for CCEE providers in each setting type. For centers, the most common minimum age requirement for directors is 21, 18 for lead teachers or teachers, and 16 for assistants or aides (NCECQA, 2020j). For both FCC homes and GCC homes, the most common minimum age requirement for providers is 18 (NCECQA, 2020k; 2020l).

[11] We use the categories and terminology reported by CCLS, which may differ from what is used in CCDF regulations. For example, CCLS reports findings separately for criminal history records check and state fingerprints; CCDF requires an in-state criminal history or repository check with use of fingerprints. CCLS uses the term federal fingerprints whereas CCDF uses FBI (Federal Bureau of Investigation) fingerprint check.
[12] Required background checks include: 1) federal checks (i.e., FBI criminal history and National Sex Offender Registry), 2) out-of-state checks (i.e., criminal history, sex offender, child abuse and neglect), and 3) in-state checks (i.e., criminal history, sex offender, child abuse and neglect; Cunningham & Ravishankar, 2021).

# Literature with comparisons to best practices

Two reports compared state licensing regulations about staffing to benchmarks (i.e., a recommended set of specific regulations/standards/practices) for centers (Child Care Aware of America [CCAoA], 2013) and FCC homes (National Association of Child Care Resource and Referral Agencies [NACCRRA], now named CCAoA, 2012).

## Ratios and group size

In terms of staff-child ratios for centers, CCAoA used the ratios recommended by the National Association for the Education of Young Children (NAEYC) in its accreditation standards, which differ depending on the age group served, with seven age groups total. As of 2013, only the District of Columbia required NAEYC recommended staff-child ratios for all seven age groups included in the benchmarks report for centers. Thirty-five states plus the Department of Defense (DoD; 67%) had licensing regulations that met the NAEYC recommendations for infants (6 and 9 months). Nine states (17%) met NAEYC staff-child ratio recommendations for children aged 3 and 5 years; thirteen states (25%) did not require NAEYC recommended ratios for any age group in centers (CCAoA, 2013).

For FCC, CCAoA recommends that the number of children in care should be limited to no more than six children preschool age or younger, with two additional school-age children permitted, including the providers' own children. They also state that the number of children younger than age 2 should be limited to two if older children are present, or to three if only infants and toddlers are present. CCAoA reported that about half (49%) of states met their recommendations around group size for FCC (NACCRRA, 2012).

## Qualifications and training

As of 2013, 20% of states met CCAoA recommendations that lead teachers in centers have a CDA credential, college courses in CCEE, or an associate degree in CCEE or a related field (CCAoA, 2013). In 2012, 33% of states met the recommendation that FCC providers have a high school degree or GED and a CDA credential, college courses in CCEE, or an associate degree (NACCRRA, 2012).

CCAoA also included a benchmark about requiring an orientation and providing training in several areas (e.g., child development, emergency preparation, licensing regulations, health and safety, CPR, and first aid), and they recommended that the training be at minimum 40 hours in length for both centers and FCC. As of 2013, 84% of states required new staff in centers to have an orientation, but many states did not report the length of the orientation.

CCAoA (2013) reported that another 75% required that staff in centers have familiarity with relevant licensing regulations, 75% required child abuse recognition and reporting, and 86% required training related to emergency preparation. They reported that some states have very minimal training requirements—16% of states required trainings on three or fewer of the 11 examined topics for staff in centers. For FCC, 8% of states met the requirement for 40 hours of initial training (NACCRRA, 2012). A greater percentage of states covered recommended topics during orientation trainings than met the hours recommendations. The most commonly reported topics covered in these trainings were first aid (88%), health and safety (79%), and CPR (84%) (NACCRRA, 2012). The least common topic covered was learning activities (35%) (NACCRRA, 2012).

Additionally, CCAoA recommended that CCEE providers in both centers and homes have 24 hours or more of annual training in the same topics as noted for orientations (CCAoA, 2013; NACCRRA, 2012). As of 2013, 10% of states met this requirement for centers, with most states requiring between 12–17 hours of annual training (47% of states; CCAoA, 2013). Even fewer states met this recommendation for FCC; 2% of states required 24 hours or more of annual training for FCC providers. Most states required FCC providers to complete between 9–16 hours of training (60%; NACCRRA, 2012).

### Background checks

CCAoA (2013) found that 13 states (25%) met CCAoA recommendations to require comprehensive background checks for center staff, which includes a fingerprint check against state and FBI records, a check of the child abuse registry, and a check of the sex offender registry. Nine of those 13 states required a comprehensive check for both center and FCC providers. For FCC providers, their recommendation is the same, with the addition of juvenile records checks or fingerprinting for any teenagers living in the home who may have access to young children. Nine states (21%) required a comprehensive background check for FCC staff, and 3 of those 9 states included a check of juvenile records (NACCRRA, 2012).

## Perceptions

### Background checks

We identified one national report and one single-state report assessing barriers to implementing background checks and offering recommendations. The national report described findings from a literature review and environmental scan (i.e., surveys and phone interviews; Cunningham & Ravishankar, 2021). Interviewees included 42 CCDF lead agency staff and 78 data custodians across the United States who reported having the most difficulty complying with out-of-state background checks. Reported barriers included:

- Legal restrictions (e.g., state needs to implement new legislation to be in compliance with out-of-state background checks)
- Limited staff to process background checks
- Costs associated with out-of-state background checks
- Poor data quality and/or incomplete records
- Lack of transparency across states
- Lack of consistency in definitions and policies across states
- Non-response to out-of-state background checks

Similar challenges were heard in a state study examining implementation of intra-state background checks. Abujarad et al. (2018) conducted focus groups with 23 CCEE providers, directors, and staff from various centers, FCC homes, and GCC homes in Michigan. Abujarad et al. (2018) also developed a system intended to create efficiencies in the background checking process for CCEE providers. During the pilot of this system, participants expressed concerns about the costs of completing new background check requirements. Focus group participants recommended the state share some of the costs and make the process more systematic so that the background check follows the individual rather than the facility (Abujarad et al., 2018).

### Qualifications and training

We identified two single-state studies assessing perceptions of licensing regulations related to staff qualifications and training (i.e., preservice qualifications, training, and professional development requirements). One study was conducted in Missouri and included 647 CCEE providers (92 center-based directors, 230 center providers, and 325 FCC providers; Gable & Halliburton, 2003). Lent (2015) conducted 26 interviews with FCC providers in Wisconsin.

Providers generally perceived education and training as important preservice requirements (Gable & Halliburton, 2003). Similarly, FCC providers in Wisconsin shared that training requirements are important for understanding regulations and maintaining compliance with licensing (Lent, 2015). Some providers from Lent's (2015) study expressed that credit-based courses were particularly appealing because accumulating

credits can build to a degree. Though providers included in Gable and Halliburton's (2003) study tended to agree that training and professional development opportunities are important, they also reported several barriers to accessing these opportunities, including limited notice (only reported for center providers) and distance to trainings (reported for center and FCC providers).

# Outcomes

## Qualifications and training

We identified one study that examined the influence of CCEE provider qualification regulations on hiring decisions. Boyd-Swan and Herbst (2018) used an online job board to search for and respond to CCEE job postings in 17 major cities located in 17 U.S. states, from May 2016 to January 2017. They found a positive correlation between state experience and education regulations and the requirements listed in the job posting, suggesting that most CCEE hiring practices comply with state regulations. Most job advertisements consistently met or exceeded the minimum experience and education regulations required in their state. Furthermore, CCEE providers were more likely to interview applicants who met the requirements in the job posting (Boyd-Swan & Herbst, 2018).

# Regulations about program activities for healthy development

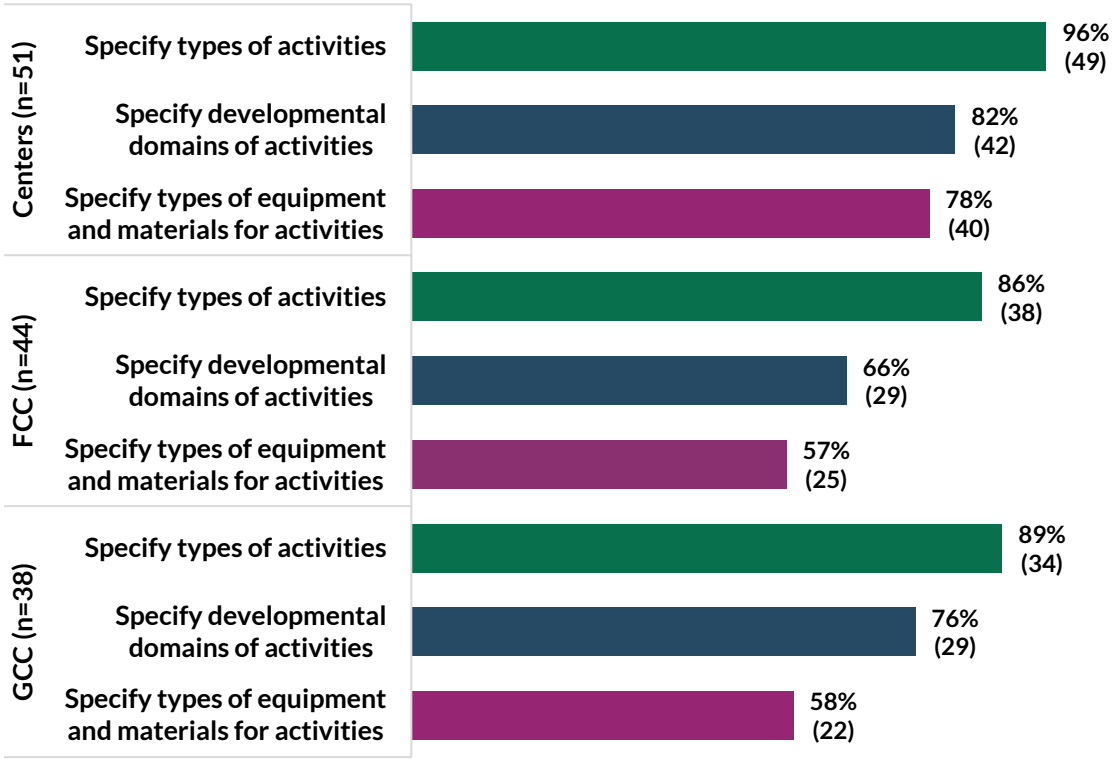
Child care and early education (CCEE) licensing regulations about program activities for healthy development may include requirements about activities and equipment for children, family engagement, child supervision, and discipline.

## Trends across states and setting types

### Types of activities

States vary in the extent to which they regulate activities in each setting type. Most states have regulations specifying the types of activities that must be part of daily schedules, including specific requirements for school-age children. Most states regulating centers also specify the child development domains (i.e., social, physical, emotional development) that activities should cover, and the types of equipment and materials that centers should have available for activities (NCECQA, 2020j). Fewer states have similar requirements for family child care (FCC) and group child care (GCC) homes (see Figure 8).

***Figure 8. Percentage[a] (and Number) of States[b] with Regulations Related to Program Activities in 2017, among Those That License Each Setting Type***




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.

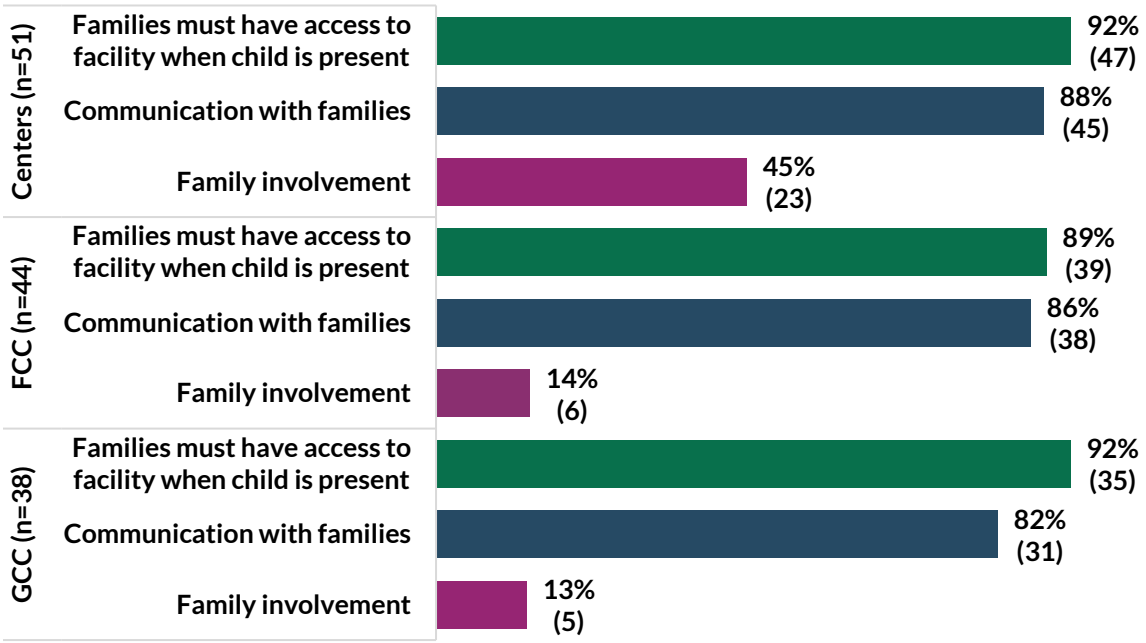
Seventeen states have separate regulations for school-age-only facilities. Most states incorporate some requirements (i.e., types of activities, equipment, supervision) for school-age children into their regulations for centers serving school-age children (92%; NCECQA, 2020j); about half incorporate some requirements

for school-age children into regulations for FCC homes (45%; NCECQA, 2020k) or GCC homes (53%; NCECQA, 2020l) serving school-age children.

## Family engagement

States commonly have regulations related to communicating with families, like keeping logs of children's care, and providing access to the facility when the child is present, across all setting types (see Figure 9). However, regulations explicitly related to family involvement, like providing opportunities for families to participate in program activities or events, are less common, particularly for FCC and GCC homes.

***Figure 9. Percentage[a] (and Number) of States[b] with Family Engagement Requirements in 2017, among Those That License Each Setting Type***




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.

## Supervision of children

Nearly all states have requirements about staff supervision of children (e.g., staff must be able to see or hear children at all times) and supervision while transporting children for each setting type. Table 5 includes the categories of regulations in which states have supervision requirements.

***Table 5. Percentage[a] (and Number) of States[b] with Regulations about the Supervision of Children in 2017, among Those That License Each Setting Type***

| Type of Background Check | Centers *(n=51)* | FCC *(n=44)* | GCC *(n=38)* |
|---|---|---|---|
| Requirements for staff | 94% (48) | 98% (43) | 100% (38) |
| Transportation in vehicles | 94% (48) | 95% (42) | 92% (35) |
| Naptime | 90% (46) | 55% (24) | 63% (24) |
| Field trips | 86% (44) | 80% (35) | 79% (30) |
| Swimming or water activities | 84% (43) | 91% (40) | 92% (35) |
| Evening or overnight care | 73% (37) | 64% (28) | 71% (27) |
| Outdoor play | 61% (31) | 77% (34) | 66% (25) |
| Large-group activities | 33% (17) | NA | NA |

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the survey for some setting types

### Discipline

All or nearly all states regulating each setting type specify forms of discipline that each setting *cannot* use. Fewer, but still most, states specify the types of discipline that each setting *can* use. As of 2017, only one state explicitly allows corporal punishment. In 2017, few states required policies about expulsion for centers (22%; NCECQA, 2020j), FCC homes (16%; NCECQA, 2020k), or GCC homes (6%; NCECQA, 2020l). However, because the CCDF regulations require states to have policies about expulsion (45 C.F.R. § 98, 2016), more states will likely add expulsion policies to their licensing regulations over time.

## Literature with comparisons to best practices

We identified two articles that compared state regulations around center and FCC activities for healthy development to best practices (CCAoA, 2013; NACCRRA, 2012).

### Types of activities

CCAoA (2013) found that state policies addressing the planning and engagement of centers' learning activities varied greatly. As of 2013, 12% of states met CCAoA's recommendation of requiring centers to address all 11 child development learning activities (i.e., planning learning activities, language/literacy,

dramatic play, active play, cognitive development, self-help skills, creative activities, limited screen time, social development activities, emotional development activities, and culturally sensitive activities). As of 2012, 14% of states addressed each of their then eight recommended developmental domains (i.e., motor development, science, language/literacy, dramatic play, art, books for all ages, math, and culturally sensitive materials) in required materials and toys (e.g., books, blocks) for FCC homes (NACCRRA, 2012).

### Family engagement

Fifty-seven percent of states in 2013 required centers to regularly communicate with families about their child's day, as recommended by CCAoA (CCAoA, 2013).

## Perceptions

We did not identify any studies that examined perceptions about program activity regulations.

## Outcomes

We did not identify any studies that examined outcomes related to program activity regulations.

# Regulations about health promotion and protection

Child care and early education (CCEE) licensing regulations about child health promotion and protection may include requirements about physical activity, safe sleep, screen use, hygiene, health protection, provider health education, and medication administration.

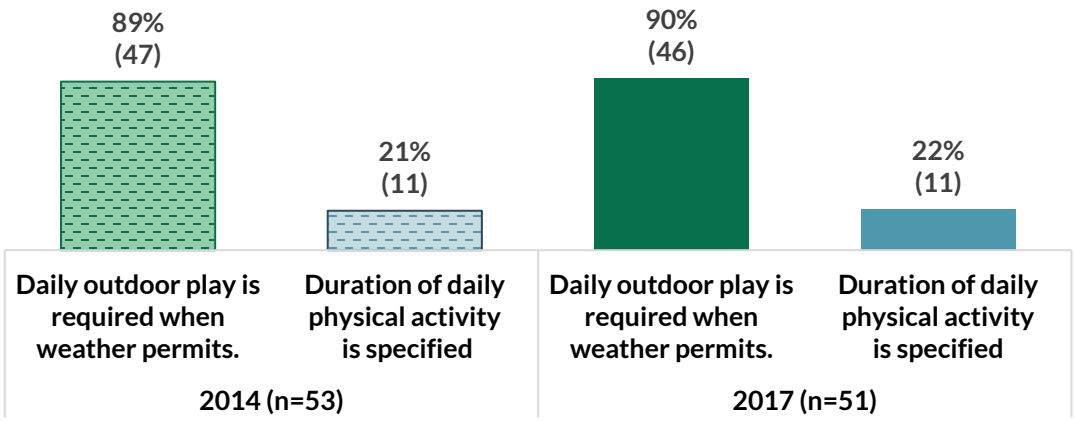
## Trends across states and setting types

Promoting and protecting child health are core components of many CCEE licensing regulations. The following sub-sections describe the various ways in which states may use regulatory requirements to encourage healthy behaviors for infants, toddlers, and children.

### Physical activity

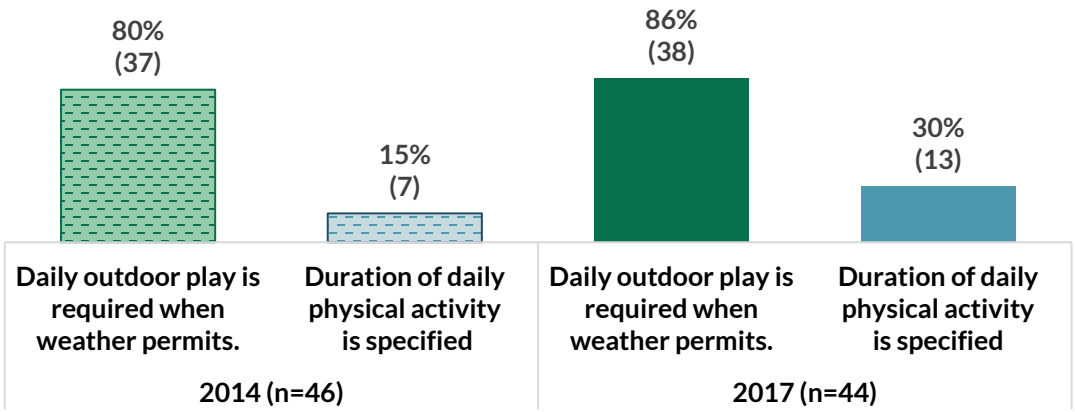
Most states regulating each setting type have requirements for daily outdoor play, weather permitting (see Figures 10-12). However, only some have requirements specifying the duration of daily physical activity. Between 2014 and 2017, the number of states with requirements related to the amount of time children participate in physical activity increased for both FCC (6 additional states; NCECQA, 2020k) and GCC homes (4 additional states; NCECQA, 2020l).

***Figure 10. Percentage[a] (and Number) of States[b] with Physical Activity Regulations in 2014 and 2017 (Centers)***



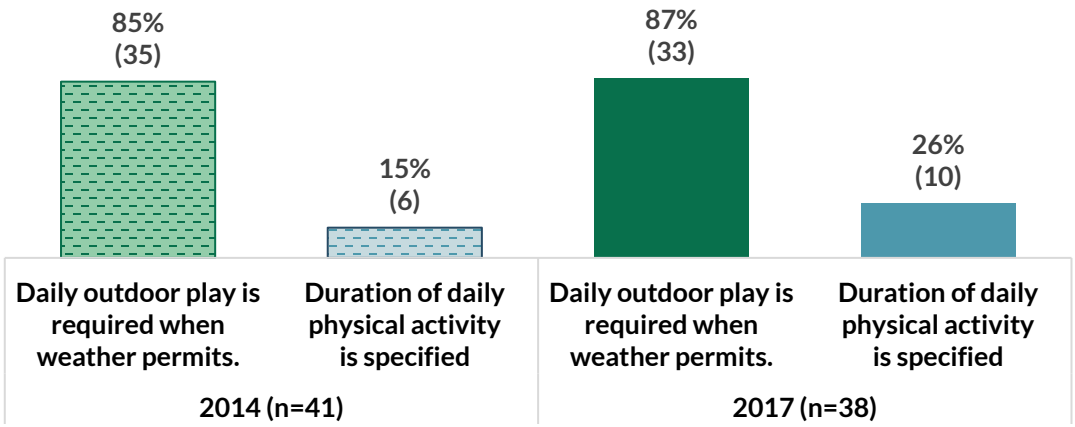

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 11. Percentage[a] (and Number) of States[b] with Physical Activity Regulations in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 12. Percentage[a] (and Number) of States[b] with Physical Activity Regulations (GCC)*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Safe sleep

To reduce the incidence of SIDS, states have implemented regulations specifically related to infant and toddler sleep (Moon et al., 2001; NCECQA, 2020j, 2020k, 2020l). The most common preventative regulation across states and setting types is requiring that infants sleep on their back (see Table 6). Many states also allow physicians to authorize different sleep positions, but few states allow parents to authorize different sleep positions. The frequency of these regulations is relatively consistent across setting types.

***Table 6. Percentage[a] (and Number) of States[b] with Infant/Toddler Sleeping Regulations in 2014 and 2017, among Those That License Each Setting Type***

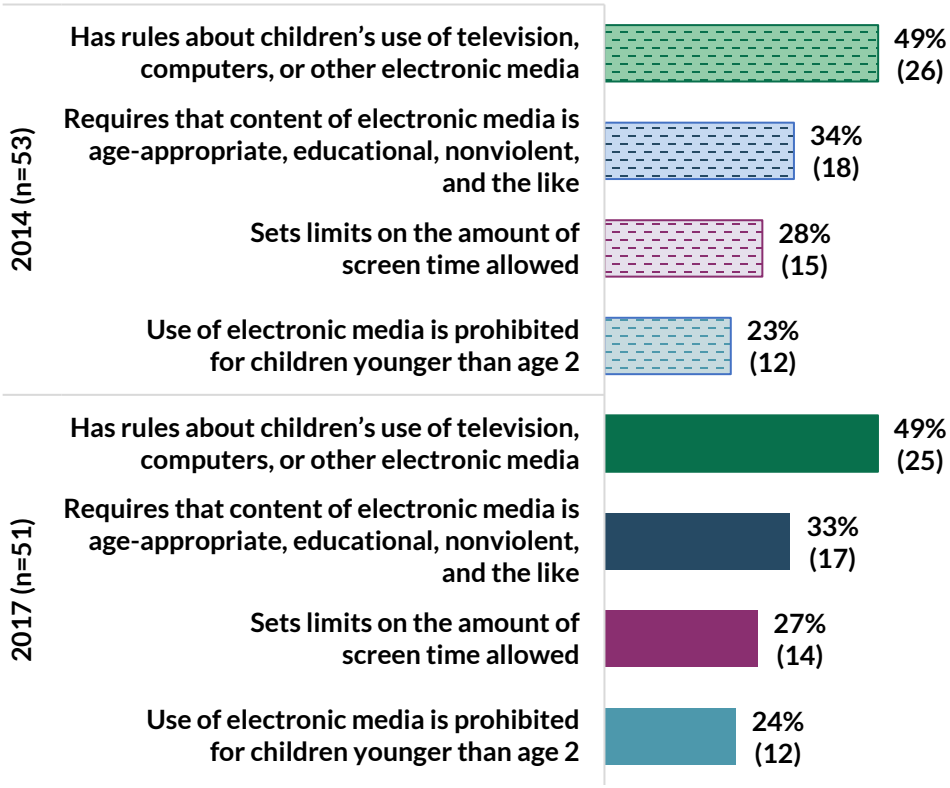
| Infant/Toddler Sleeping Regulation | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=41)* | 2017 Centers *(n=51)* | 2017 FCC *(n=44)* | 2017 GCC *(n=38)* |
|---|---|---|---|---|---|---|
| Infants must be placed on their backs to sleep | 89% (47) | 85% (39) | 83% (34) | 94% (48) | 89% (39) | 87% (33) |
| Physicians may authorize different sleep positions for infants | 72% (38) | 76% (35) | 73% (30) | 76% (39) | 80% (35) | 76% (29) |
| Soft bedding or materials must not be used in cribs | 57% (30) | 57% (26) | 51% (21) | 61% (31) | 59% (26) | 55% (21) |
| Facilities must use cribs that meet the U.S. Consumer Product Safety Commission requirements. | 53% (28) | 37% (17) | 34% (14) | 53% (27) | 39% (17) | 34% (13) |
| Staff members are required to complete preservice or orientation training about reducing SIDS | 30% (16) | 37% (17) | 44% (18) | 31% (16) | 64% (28) | 66% (25) |
| Parents can authorize a different sleep position for infants | 11% (6) | 7% (3) | 2% (1) | 12% (6) | 7% (3) | 3% (1) |

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Screen use

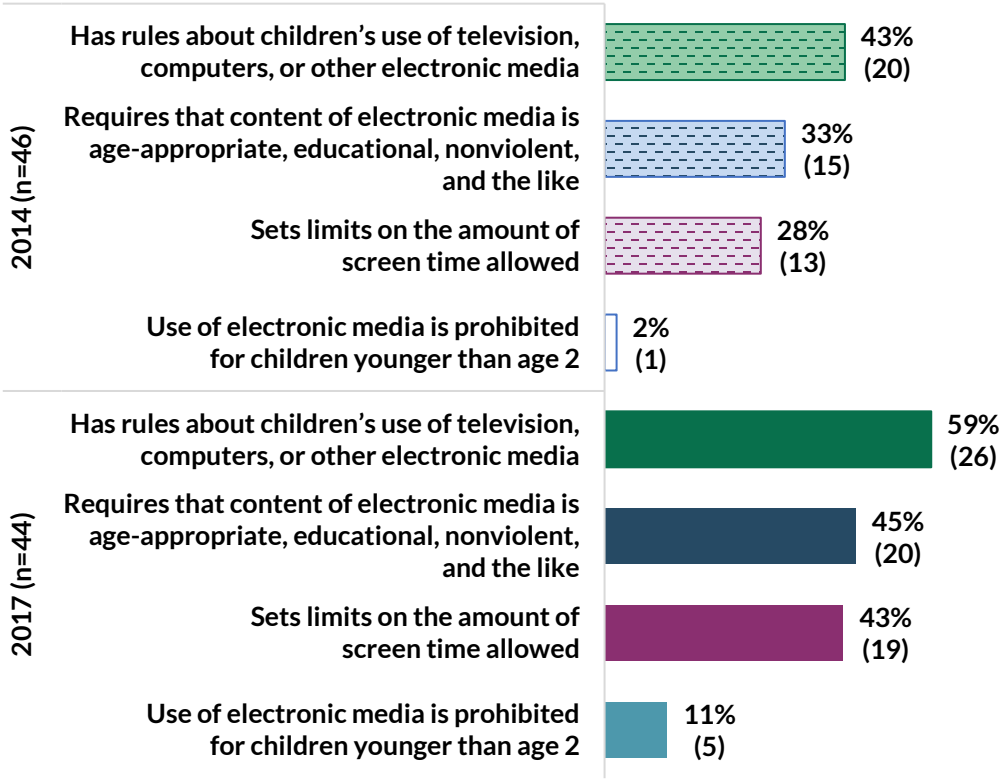
Across each type of CCEE, about half of all states have regulations about children's use of television, computers, or other electronic media (see Figures 13–15). Between 2014 and 2017, the number of states with requirements related to screen use increased for both FCC and GCC homes, but not for centers.

*Figure 13. Percentage[a] (and Number) of States[b] with Screen Use Regulations in 2014 and 2017 (Centers)*



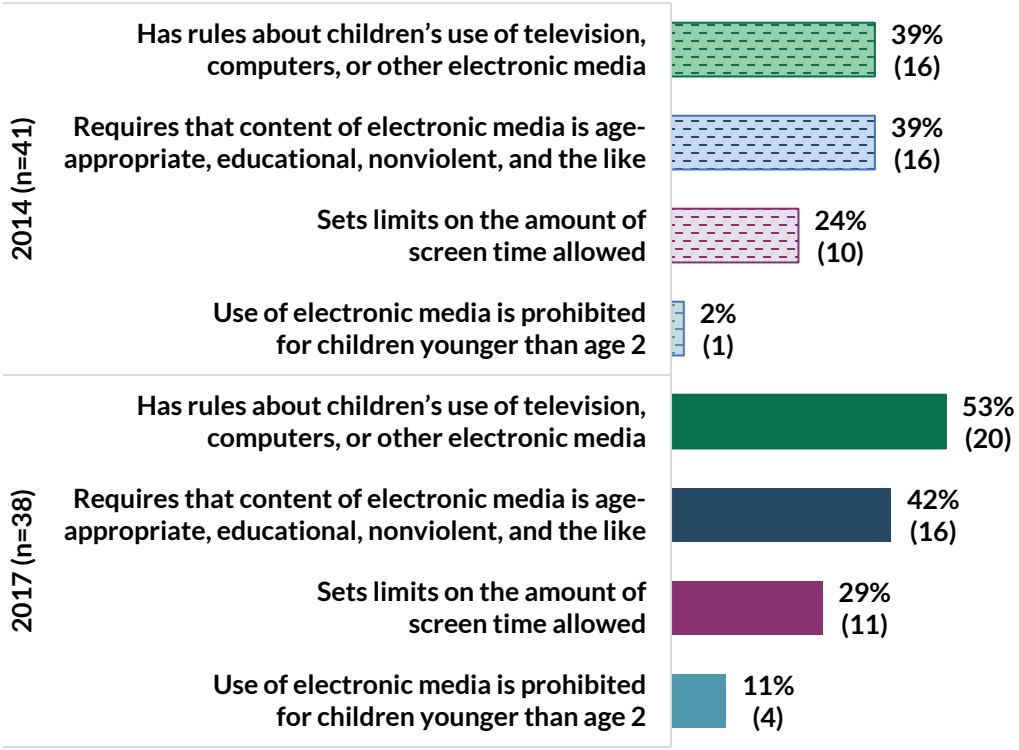

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 14. Percentage[a] (and Number) of States[b] with Screen Use Regulations in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 15. Percentage[a] (and Number) of States[b] with Screen Use Regulations in 2014 and 2017 (GCC)*




**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Hygiene

Nearly all states have regulations related to handwashing for staff and children and diapering across all setting types (see Table 7).

***Table 7. Percentage[a] (and Number) of States[b] with Toileting and Handwashing Regulations in 2014 and 2017, among Those That License Each Setting Type***

| Type of Regulation | 2014 Centers (n=53) | 2014 FCC (n=46) | 2014 GCC (n=41) | 2017 Centers (n=51) | 2017 FCC (n=44) | 2017 GCC (n=38) |
|---|---|---|---|---|---|---|
| Handwashing for staff | 91% (48) | 89% (41) | 88% (36) | 94% (48) | 91% (40) | 92% (35) |
| Handwashing for children | 92% (49) | 89% (41) | 85% (35) | 96% (49) | 91% (40) | 89% (34) |
| Requirements for diapering | 94% (50) | 85% (39) | 85% (35) | 98% (50) | 89% (39) | 87% (33) |
| Sanitation of diapering area | 81% (43) | 70% (32) | 73% (30) | 82% (42) | 75% (33) | 79% (30) |
| Specification of when diapers are changed | 60% (32) | 59% (27) | 49% (20) | 65% (33) | 66% (29) | 55% (21) |

**Source:** NCECQA 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Health protection

Most states have regulations in place to ensure children are in healthy environments, such as restrictions on smoking, emergency preparedness procedures, and requirements to report child injuries, deaths, and suspected abuse or neglect. There was little change in these regulations between 2014 and 2017 (NCECQA, 2020j, 2020k, 2020l; see Table 8).

All states have some requirements related to fire safety (NCECQA, 2020f); more than two thirds of states have requirements related to natural disaster emergencies, and more than a quarter have requirements about power outages and acts of violence or terrorism (NCECQA, 2020g). About half of states regulating each setting type require emergency and evacuation plans; a number of states added these requirements for all setting types between 2014 and 2017 (NCECQA, 2020j, 2020k, 2020l).

***Table 8. Percentage[a] (and Number) of States[b] with Emergency Preparedness Regulations in 2014 and 2017, among Those That License Each Setting Type***

| Emergency Preparedness Regulation | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=41)* | 2017 Centers *(n=51)* | 2017 FCC *(n=44)* | 2017 GCC *(n=38)* |
|---|---|---|---|---|---|---|
| Fire and emergency drills | 92% (49) | 85% (39) | 83% (34) | 94% (48) | 95% (42) | 89% (34) |
| Suspected child abuse and neglect reported; role as mandated reporter | NA | NA | NA | 94% (48) | 91% (40) | 84% (32) |
| Emergency preparedness procedures | 75% (40) | 78% (36) | 78% (32) | 90% (46) | 91% (40) | 82% (31) |
| All serious injuries that happen to children reported to licensing agency | 74% (39) | 72% (33) | 68% (28) | 88% (45) | 75% (33) | 68% (26) |
| All deaths of children reported to licensing agency | 74% (39) | 61% (28) | 68% (28) | 84% (43) | 61% (27) | 68% (26) |
| Emergency and evacuation plans | 30% (16) | 41% (19) | 34% (14) | 41% (21) | 59% (26) | 58% (22) |

**Source:** NCECQA 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.
[c] As part of CCDF requirements, providers must report all child deaths to the licensing agency.

Almost all states require all setting types to restrict access to hazardous supplies and materials. About half of all states restrict bringing a firearm into a child care center (NCECQA, 2020j; see Table 9). Few states that regulate FCC or GCC homes have regulations about firearms not being allowed into a facility, but many require that they be locked or put in a safe location (NCECQA, 2020k, 2020l). Note that there may be other state or county laws related to firearms that apply to CCEE settings.

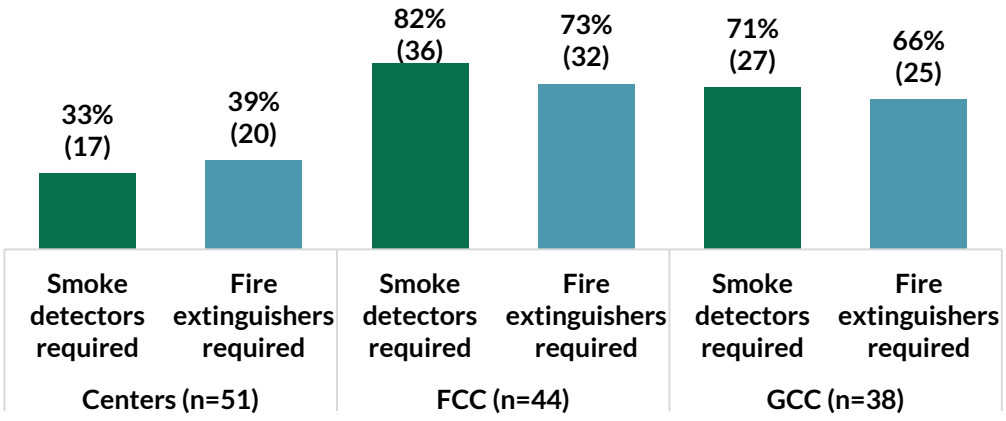
*Table 9. Percentage[a] (and Number) of States[b] with Environmental Hazard Regulations in 2014 and 2017, among Those That License Each Setting Type*

| Environmental Hazard Regulation | 2014 Centers (n=53) | 2014 FCC (n=46) | 2014 GCC (n=41) | 2017 Centers (n=51) | 2017 FCC (n=44) | 2017 GCC (n=38) |
|---|---|---|---|---|---|---|
| Smoking not allowed in the facility, on the grounds, in areas used to care for children, or in the presence of children | 92% (49) | 85% (39) | 85% (35) | 98% (50) | 89% (39) | 92% (35) |
| Restricted access to hazardous supplies and materials | 91% (48) | 91% (42) | 88% (36) | 94% (48) | 93% (41) | 92% (35) |
| Firearms not allowed in facility | 47% (25) | 4% (2) | 10% (4) | 47% (24) | 5% (2) | 8% (3) |
| Firearms allowed in homes, but must be in locked containers, closets, or other safe locations | NA | 85% (39) | 78% (32) | NA | 89% (39) | 84% (32) |

**Source:** NCECQA 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.

All states regulating centers require a fire inspection to be completed by an entity external to the licensing department (e.g., the fire marshal), however the timing of these inspections was not specified (NCECQA, 2020j). Fewer have this requirement for FCC and GCC homes (61% and 76%, respectively); however, states are more likely to specify fire warning and prevention requirements in licensing regulations for FCC and GCC homes than centers (NCECQA, 2020j; see Figure 16).

*Figure 16. Percentage[a] (and Number) of States[b] with Fire Warning and Prevention Regulations in 2017, among Those That License Each Setting Type*

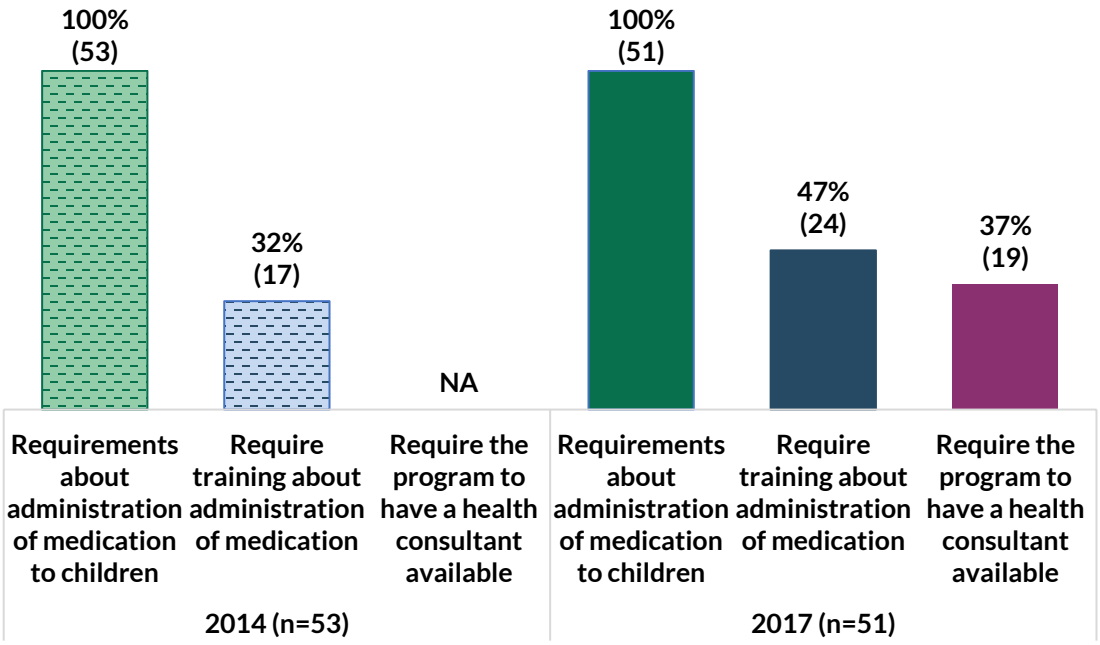



**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Provider health education

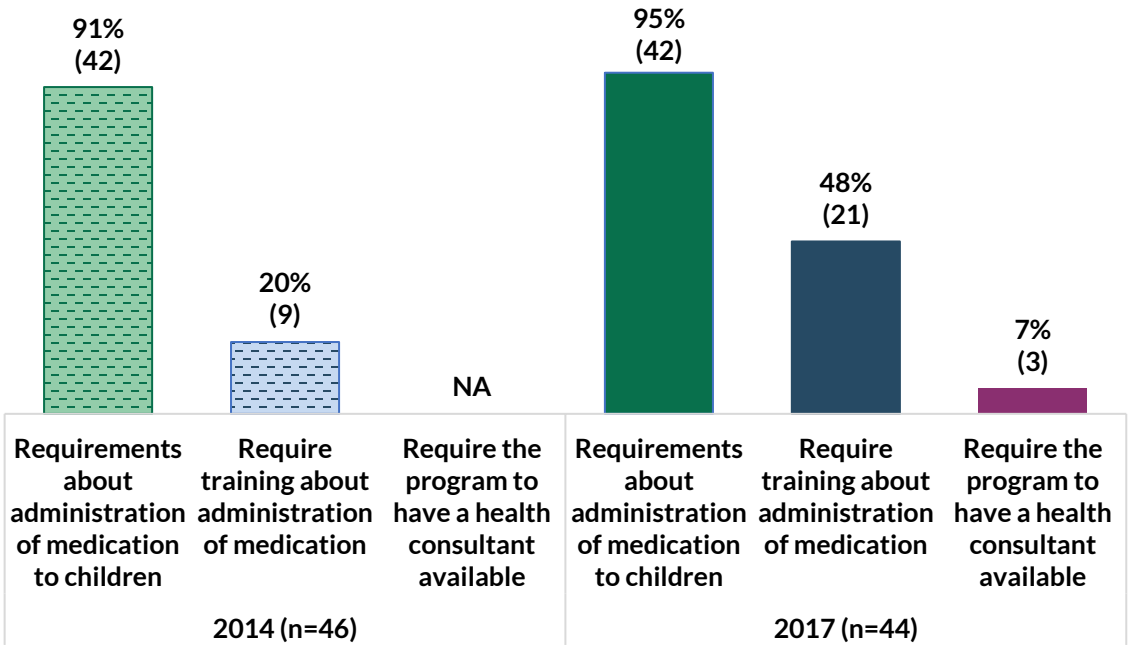
All or nearly all of states regulating each setting type have requirements about administering medication to children, however, a little less than half require training related to medication administration (see Figures 17–19). There was an increase between 2014 and 2017 of states requiring training related to administration of medication. About one-third of states regulating centers require programs to have a health consultant available (NCECQA, 2020j); few have similar requirements for FCC and GCC settings (NCECQA, 2020k, 2020l).

***Figure 17. Percentage[a] (and Number) of States[b] with Provider Health Education Regulations in 2014 and 2017 (Centers)***



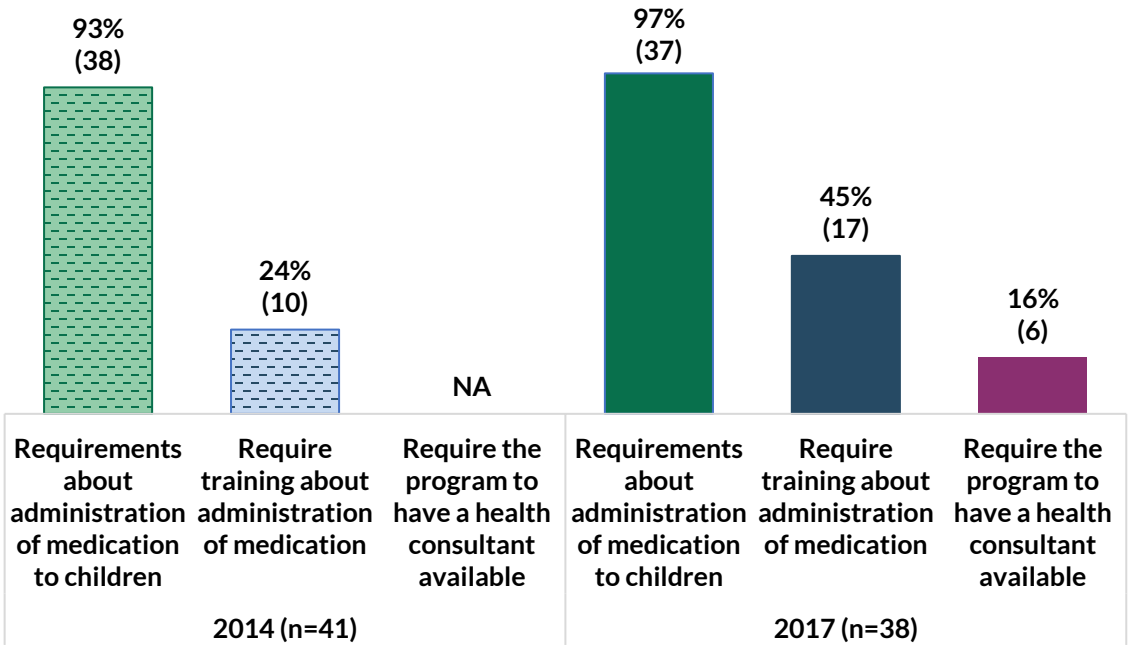

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.

*Figure 18. Percentage[a] (and Number) of States[b] with Provider Health Education Regulations in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates this was not included in the 2014 survey.

*Figure 19. Percentage[a] (and Number) of States[b] with Provider Health Education Regulations in 2014 and 2017 (GCC)*

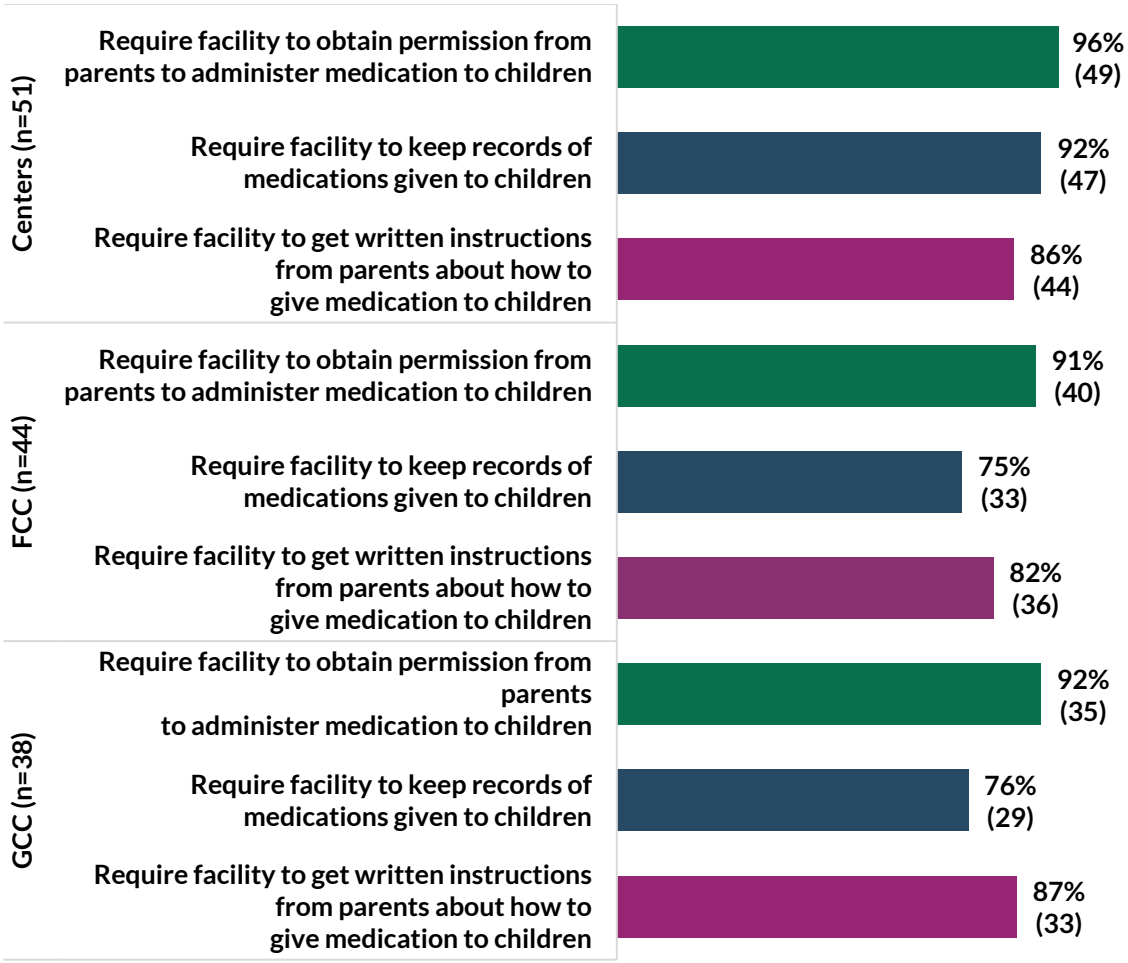



**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.

## Medication administration

Almost all states have requirements about obtaining permission from parents prior to administering medication to children (see Figure 20). Most also have requirements related to keeping records of medication administration and receiving written instructions from parents on how to administer medicine.

*Figure 20. Percentage[a] (and Number) of States[b] with Medication Administration Regulations in 2017, among Those That License Each Setting Type*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.

## Literature with comparisons to best practices

We identified 17 articles that compared state and territory regulations about health promotion and protection to either national standards or views of best practices.

### Physical activity

Seven articles compared state and territory regulations that promote physical activity in CCEE settings to national physical activity standards and recommendations (Benjamin Neelon et al., 2018; Cradock et al., 2010; Duffey et al., 2014; Kaphingst & Story, 2009; Larson et al., 2017; National Resource Center for Health and Safety in Child Care and Early Education [NRCHSCCEE], 2019; Slining et al., 2014). Providing children with daily physical activity opportunities; providing an environment to promote physical activity; limiting sedentary behavior; and providing staff training on the importance of physical activity were the four most common physical activity regulation domains reviewed across articles. In general, there were more physical activity regulations for centers than FCC homes (Benjamin Neelon et al., 2018; Cradock et al., 2010; Duffey et al., 2014; Kaphingst & Story, 2009; Slining et al., 2014). Benjamin Neelon et al. (2018) and Slining et al.

(2014) compared licensing regulations to recommendations from the 2011 *Early Childhood Obesity Prevention Policies* by the institute of Medicine (IOM). Benjamin Neelon et al. (2018) found, for example, that 31 percent of states in 2018 had regulations related to providing daily tummy time for infants younger than six months in centers and 20 percent did so for FCC homes. In 2013, Slining et al. (2014) found that 67% of states and territories had regulations related to providing daily time for infants to move freely in centers and 49% did so for FCC homes.

Of the seven identified articles, three specifically reviewed regulations related to preventing infant and early childhood obesity against nationally recommended health practices (Duffey et al., 2014; Kaphingst & Story, 2009; NRCHSCCEE, 2019). Historically, while many states and territories regulated daily outdoor activity time across setting type, few specified the level (i.e., light, moderate, or vigorous) and time required to be engaged in physical activity or play (Duffey et al., 2014; Kaphingst & Story, 2009). Seven percent (7%) of states and territories in 2013 had licensing regulations related to children being engaged in vigorous play for at least fifteen minutes per hour of total time in care (Duffey et al., 2014). Kaphingst and Story (2009) analyzed 2005 data and found that 4% of states had licensing regulations related to children being engaged in vigorous activity for at least twenty minutes per day. As of 2014, no state had regulations related to staff engaging with children during physical activity, staff training on the importance of physical activity, or annual consultation with a physical activity expert (Duffey et al., 2014; Larson et al., 2017). Between 2010 and 2018, 76% of states adopted or revised licensing regulations related to healthy weight practices) and the prevention of infant and early childhood obesity across centers, FCC homes, and GCC homes (NRCHSCCEE, 2019).

NRCHSCCEE rated states on the degree to which they met 47 recommended healthy weight practices—components of Caring for our Children (CFOC) standards related to both nutrition and physical activity (NRCHSCCEE, 2019). They found that regulations in about half or more states either partially or fully addressed healthy weight practices (61% of center regulations, 52% in FCC homes, and 57% in GCC homes). The five most supported healthy weight practices across setting type include feeding infants on cue, using only 100% juice with no added sweeteners, making water available both inside and outside, serving small-sized age-appropriate portions, and providing children with adequate space for inside and outside play (NRCHSCCEE, 2019).

The NRCHSCCEE (2019) report also compared changes from 2010 to 2018 in the degree to which state licensing regulations incorporated nutrition and physical activity components of CFOC standards. Results showed that from 2010 to 2018, 39 states adopted licensing regulations around nutrition and physical activity, and that full support of these standards (i.e., states incorporated all 47 examined standards) increased from 12% in 2010 to 26% in 2018 (NRCHSCCEE, 2019).

## Safe Sleep

As of 2014, three states (NM, TX, and UT) had regulations related to at least two of the four IOM sleep recommendations (i.e., create environments that ensure restful sleep; encourage sleep-promoting behaviors; encourage practices that promote sleep self-regulation; and seek consultation yearly from sleep expert) across both center and FCC homes (Benjamin Neelon et al., 2014).

## Screen use

Four reports reviewed screen media use regulations across states and territories for centers, FCC homes, and GCC homes (CCAoA, 2013; Duffey et al., 2014; Gonzalez-Nahm et al., 2018; Kaphingst & Story, 2009). In their review of 2006 data on all 51 states' regulations, Kaphingst and Story (2009) found that 14% of states had regulations related to screen time limits in centers, 16% did so for FCC homes, and 18% for GCC homes. The CCAoA (2013) report found that 51% of states limited screen time in centers. Duffey et al. (2014) compared state regulations to the 2011 IOM recommendation to limit screen time for children aged 2 to 5 to less than 30 minutes per day and less than 1 hour per day for children in half-day and full-day

programs respectively. Of the 55 states and territories reviewed, 40% had regulations across centers and FCC homes that were consistent with the IOM's screen time recommendation (Duffey et al., 2014). Gonzalez-Nahm et al. (2018) compared all 51 state regulations to the national CFOC standard 2.2.0.3, which discourages screen media use for children under 24 months of age. Forty seven percent of states had regulations limiting screen media use for children under 24 months in centers, and 37% of states had regulations limiting screen media use for children under 24 months in centers (Gonzalez-Nahm et al., 2018).

## Hygiene

We found three reports that examined various topics related to state regulations around hygiene, cleaning, and management of illnesses in center and FCC settings (CCAoA, 2013; Leone et al., 2016; NACCRRA, 2012). Leone et al. (2016) compared licensing regulations to CFOC and Center for Disease Control recommendations. As of 2015, most states (82%) had regulations which required children and staff to wash their hands, but these regulations rarely addressed how children and staff should wash their hands (e.g., length of handwashing time; Leone et al., 2016). This percentage is up from 77% reported in 2012 (NACCRRAA, 2012). Leone et al. also found that most states did not have regulations fully addressing practices related to environmental sanitation, as the terms 'disinfecting' and 'sanitizing' were often interchanged or incorrectly used. Results from the CCAoA (2013) showed that 65% of states had regulations related to safety procedures when encountering bodily fluids.

## Health protection

Regulations related to health protection topics including abuse and neglect, emergency plans, strangulation, sun safety, alcohol, marijuana, and tobacco were examined in five reports (CCAoA, 2013; Cradock et al., 2010; Grossman et al., 2018; Moon et al., 2006; NACCRRA, 2012). CCAoA (2013) created 15 benchmarks and then reviewed regulations across every state and the DoD for centers and FCC homes. They found that all states and the DoD (except Hawaii and Nebraska) had requirements for centers to report serious abuse and neglect **incidents** to the state licensing agency. Almost all states had regulations addressing direct supervision of children, discipline, emergency plans, fire drills, and protection from bodies of water in centers and FCC (CCAoA, 2013; NACCRRA, 2012). Most states (96%) also had regulations related to electrical and strangulation hazards in place for centers and FCC (CCAoA, 2013). Cradock et al. (2010) compared state center and FCC regulations against CFOC item standards for play area injury prevention. The authors found that about half of states (54%) did not have regulations related to sun and shade requirements for centers and many states did not have sun and shade regulations for FCC homes (71%; Cradock et al., 2010). Moone et al. (2006) compared licensing regulations to American Academy of Pediatric recommendations. As of 2006, health protection regulations prohibited smoking in centers (73%) and FCC (88%) during operating hours, while a handful of states allowed smoking in designated areas or after hours for FCC (Moon et al., 2006). Some states (34%) required FCC providers to inform parents of smoking that happened in the FCC facility, even after hours (Moon et al., 2006). At the time, Washington, DC, Idaho, and South Carolina had no restrictions on smoking in FCC homes (Moon et al., 2006). Grossman et al. (2018) compared state CCEE regulations related to alcohol, tobacco, and recreational and medical marijuana possession and use to CFOC standards for alcohol, tobacco, and illegal drugs. Some states had regulations related to the possession of alcohol in centers (30%) and FCC homes (27%; Grossman et al., 2018). A few states (22%) restricted the possession of tobacco in centers; more states (31%) restricted the possession of tobacco in FCC homes (Grossman et al., 2018). Grossman et al. (2018) also found that a few states (25% and 20% respectively) had regulations related to possession of recreational or medical marijuana across CCEE settings.

## Oral health

Two articles explicitly reviewed state CCEE regulations against national best practices related to infant and toddler oral health (Kim et al., 2012; Kranz & Rozier, 2011). Both articles pulled state-level data from the

NRCHSCCEE website. Kim et al. (2012) reviewed 2010 state-level regulations related to oral health to eight CFOC's 2002 national standards (i.e., tooth brushing, toothbrush labels, toothbrush storage, toothbrush availability, toothbrush maintenance, toothpaste availability, oral health screenings, and dental contact). As of 2010, 14% of states had zero of the eight reviewed oral health regulations in place, and of states that had oral health regulations, only one-third of the oral health standards were covered on average (Kim et al., 2012).

# Perceptions

Two studies described perceptions of licensing regulations related to physical activity and screen use regulations.

## Physical Activity

Lessard et al. (2018) interviewed 20 licensing administrators and **inspectors** across seven states[13] regarding their experiences implementing licensing requirements for 60 minutes of physical activity. Most of the states reported few challenges implementing the requirements and noted that providers seemed to be supportive of this change. Interviewees noted three observations relating to implementing new physical activity regulations: 1) training and TA was helpful to providers; 2) examples of engaging activities supported implementation; and 3) extreme weather could pose compliance challenges (Lessard et al., 2018).

## Screen use

Gabor et al. (2010) gathered information from focus groups with 59 CCEE providers (32 center providers and 27 FCC homes) and 24 parents. Reflecting on screen time regulations, Gabor et al. (2010) found that parents generally support limitations on screen time but recognize that computers can be valuable learning tools.

# Outcomes

Several studies have examined the effects of health-promoting regulations on children's outcomes, with some special attention to the role of CCEE regulations in preventing child obesity (Larson et al., 2011). Generally, these studies have found that health-promoting regulations are associated with increased physical activity and reduced obesity in children, which may translate to significant cost savings for society. One study assessed whether compliance with New York City's physical activity regulations was associated with children's moderate to vigorous physical activity (Stephens et al., 2014). Licensed CCEE centers were required to schedule 60 minutes of total physical activity per day and at least 30 minutes of structured physical activity per day. The study found that compliance with providing at least 60 minutes of total physical activity was positively associated with children's moderate to vigorous physical activity; however, compliance with providing at least 30 minutes of structured activity was not. Children in centers with a dedicated outdoor play space also spent more time engaging in moderate to vigorous physical activity.

A similar study assessed whether there were increases in children's light, moderate, and vigorous physical activity after Massachusetts implemented a regulation requiring programs to provide 60 minutes of physical daily activity (Benjamin Neelon et al., 2017a). Rhode Island was included as a comparison because the state had not implemented such regulation. Children's light, moderate, and vigorous physical activity increased from baseline to follow-up in Massachusetts and Rhode Island. A difference-in-difference analysis found that there were no significant differences between the two states. Study findings suggest other factors, beyond regulations, may have influenced changes in children's physical activity.

[13] Colorado, Kansas, Louisiana, Mississippi, New Mexico, Rhode Island, and West Virginia.

The third study compared obesity rates among children in New York City before and after the implementation of regulations aimed to improve children's nutrition, physical health, and television viewing behaviors (Sekhobo et al., 2014). They used data from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The researchers compared WIC-enrolled preschool children before (2004 to 2006) and after (2008 to 2010) the regulations were implemented (2007). Obesity declined in all neighborhoods that were included in the study from 2004–2006 to 2008–2010. The declines were more pronounced in neighborhoods that had the highest rates of illness and death in 2002. Though the declines suggest progress in addressing obesity, the study did not examine the relationship between compliance with NYC's regulations and obesity rates. Together, these studies suggest health-promoting regulations may support positive health outcomes for children, though other factors also seem to influence these outcomes.

A fourth study examined the cost effectiveness of implementing regulations related to beverages, physical activity, and screen time in licensed U.S. facilities (Wright et al., 2015). More specifically, the authors examined the potential economic impact of implementing regulations that would restrict sugar-sweetened beverages (SSBs) to 6 ounces per day, make water freely available through the program day, replace whole milk with reduced fat milk, provide opportunities for at least 90 minutes of moderate to vigorous physical activity, and limit screen time to 30 minutes per week. They used findings from a randomized controlled trial to estimate the change in body weight resulting from eliminating sugar-sweetened beverage consumption during CCEE program attendance, the change in BMI associated with the estimated daily increase in moderate to vigorous physical activity, and the impact of limiting screen time on body mass index (BMI). Costs estimates included the additional cost of licensing (e.g., increased inspection and administrative time) and training for licensors, as well as the cost savings to facilities from changes in beverages served. The study estimated that in the first year, the national implementation of these regulations could reach 3.69 million children, result in .0186 fewer BMI units per child (at a cost of $57.80 per BMI unit avoided) and cost of $4.82 million. If sustained over 10 years, the authors estimate that the policy change would result in a cost savings of $51.6 million.

# Regulations about nutrition and food service

Child care and early education (CCEE) licensing regulations about nutrition and food service may include requirements about the food and drinks available to children in CCEE facilities as well as infant feeding requirements.

## Trends across states and setting types

All states have some requirements related to the nutritional content of meals and snacks served to children for child care center settings (NCECQA, 2020j); most states also have similar requirements for family child care (FCC) and group child care (GCC) home settings (NCECQA, 2020k; 2020l). Table 10 outlines nutrition requirements related to maintaining healthy weight in children.

More than half of states have requirements about children's food allergies; less than half of states regulating FCC and GCC homes have these requirements (NCECQA, 2020d)

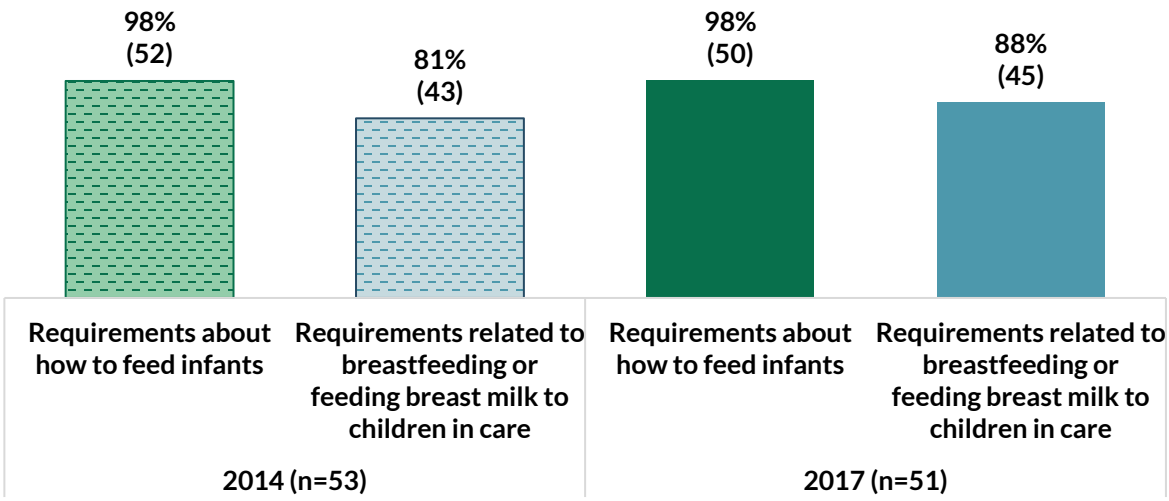
***Table 10. Percentage[a] (and Number) of States[b] with Nutrition and Food Service Regulations in 2014 and 2017, among Those That License Each Setting Type***

| Nutrition and Food Services Regulation | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=41)* | 2017 Centers *(n=51)* | 2017 FCC *(n=44)* | 2017 GCC *(n=38)* |
|---|---|---|---|---|---|---|
| Water for drinking must be freely available to children throughout the day. | 81% (43) | 59% (27) | 61% (25) | 86% (44) | 57% (25) | 58% (22) |
| Fruits or vegetables must be served at every meal. | 36% (19) | 24% (11) | 27% (11) | 37% (19) | 25% (11) | 29% (11) |
| Soft drinks or other sugary drinks are prohibited. | 15% (8) | 11% (5) | 15% (6) | 14% (7) | 9% (4) | 13% (5) |
| Providers must limit servings of 100% juice to one 4- to 6-ounce serving per day. | 6% (3) | 7% (3) | 10% (4) | 6% (3) | 7% (3) | 11% (4) |
| Low-fat or nonfat milk must be served to children age 2 and older. | 6% (3) | 2% (1) | 7% (3) | 8% (4) | 2% (1) | 8% (3) |

**Source:** NCECQA 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

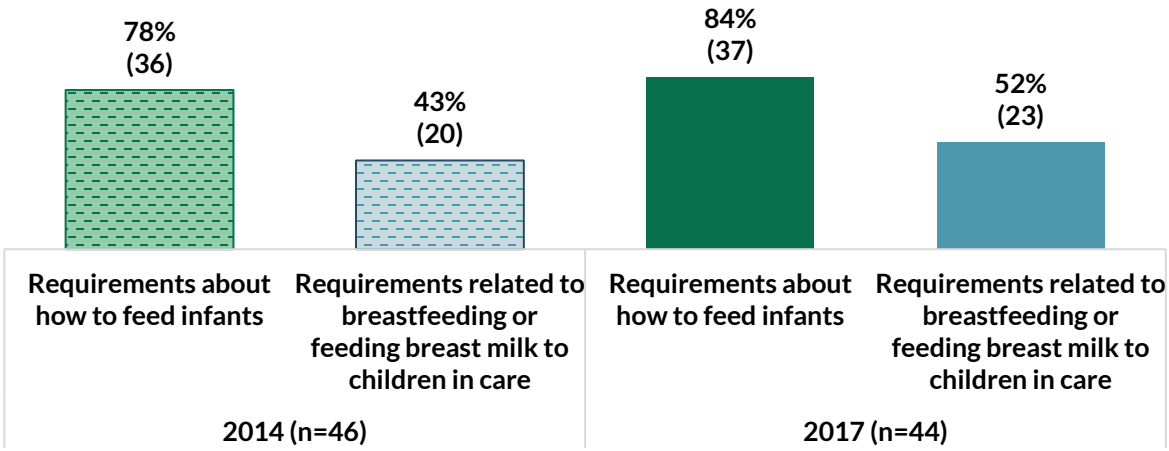
The extent to which states have infant feeding regulations varies by setting type. While most states have regulations about feeding breast milk to children in care for centers, about half of states have similar regulations for FCC or GCC homes (see Figures 21-23). Between 2014 and 2017, the number of states with requirements related to breastmilk increased for FCC homes (3 additional states; NCECQA, 2020k) and GCC homes (2 additional states; NCECQA, 2020l).

*Figure 21. Percentage[a] (and Number) of States[b] with Feeding Regulations Specific to Infants and Toddlers in 2014 and 2017 (Centers)*



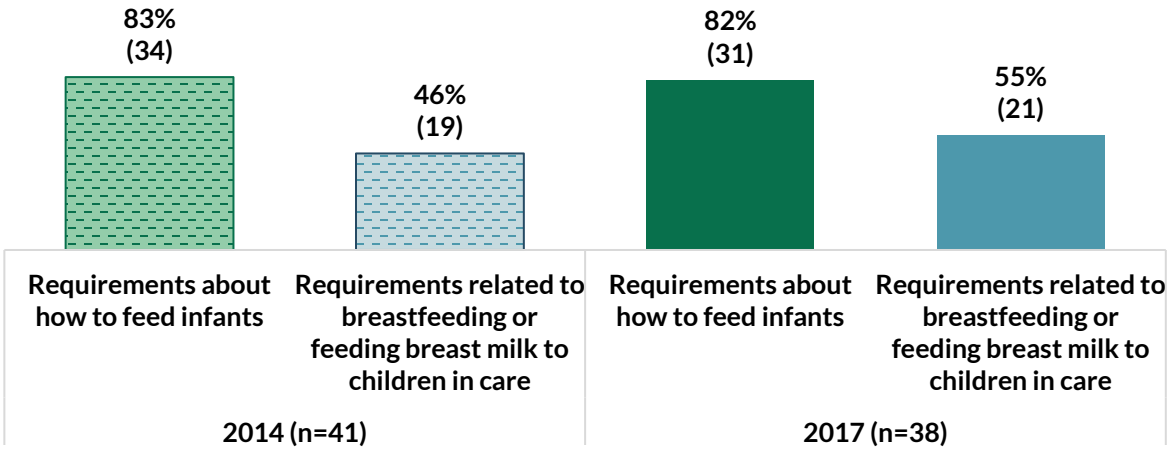

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates there is no information.

*Figure 22. Percentage[a] (and Number) of States[b] with Feeding Regulations Specific to Infants and Toddlers in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 23. Percentage[a] (and Number) of States[b] with Feeding Regulations Specific to Infants and Toddlers in 2014 and 2017 (GCC)*




**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the 2014 survey.

## Literature with comparisons to best practices

We identified 11 articles that compared state licensing regulations about nutrition and food services to national best practices, including CFOC, Dietary Guidelines for Americans, American Dietetic Association's Benchmarks for Nutrition in Child Care, and CCAoA Child Care Program Benchmarks. Through professional judgement and research experience, NACCRRA (2012) developed the 16 child care program benchmarks (consolidated to 15 in the CCAoA, 2013 report) covering 10 topics ranging from CCEE staff education and training to child learning activities and parent communication.

Kim et al.'s (2012) review of state regulations on nutrition standards found that states had an average of 5.9 of 11 nutrition regulations meeting CFOC recommendations in centers.

The remaining 10 studies included multiple setting types. Overall, states' regulations around nutrition and food services were better aligned to national best practices for centers than they were for FCCs (Benjamin et al., 2009a; CCAoA, 2013; Kaphingst, 2006; NACCRRA, 2012; NRCHSCCEE, 2011, 2019). More specifically, CCAoA reported that all states had regulations around meals and snacks for centers (CCAoA, 2013) compared to 81% for FCC (NACCRRA, 2012). Benjamin et al. (2009a) conducted a study on menus in CCEE programs and found that 14% of states included regulations on all five CFOC guidelines around menus in centers, while 6% had regulations on all five menu standards for FCC. Within states, regulations for centers and FCC often did not match, with greater discrepancies between CFOC menu standards and state FCC regulations (Benjamin et al., 2009a). Similarly, a study on infant feeding regulations found that out of 11 CFOC standards around feeding infants in CCEE programs, states' regulations included 2.8 of the regulations for centers and 2.0 for FCC, on average, with no states including all 11 standards (Benjamin et al., 2009b). An update to this study found that there were significant improvements in 7 of the 10 standards for centers and 4 of the 10 standards for FCC homes[14] (Benjamin-Neelon et al, 2017b). Finally, a study comparing state breastfeeding licensing regulations in CCEE settings to CFOC guidelines found that very

[14] The 10 standards from Benjamin-Neelon, (2017b) were the same as those from Benjamin et al., (2009b) minus a regulation regarding whole cow's milk for children 12 to 24 months of age.

few states had regulations that matched national breastfeeding standards (Benjamin-Neelon et al., 2015). Among those that did, five states had regulations that met all four standards for centers and two states had regulations that did so for FCC.

Two studies focused on comparing state licensing regulations to national standards around nutrition (and physical activity) that might aid in preventing childhood obesity. Kaphingst and Story (2009) examined nutrition and physical activity guidelines separately and found that the most common nutrition-related regulation in states was specifying meal pattern requirements (i.e., types of food and serving sizes for breakfast, snack, lunch, and dinner), such as those from the Child and Adult Care Food Program. As with other regulations, states had more of these requirements for centers than they did for FCC and GCC homes; approximately 60% of states specified meal pattern requirements for centers, approximately 50% specified these requirements for GCC homes, and approximately 40% did so for FCC homes (Kaphingst & Story, 2009). Additionally, Kaphingst and Story (2009) found that no state licensing regulations mandated that CCEE facilities meet specific nutrient-based standards, while two states instructed at least one of the three CCEE settings (i.e., centers, FCC, and GCC homes) to comply with the Dietary Guidelines for Americans. NRCHSCCEE (2019) rated states on the degree to which they met 47 recommended healthy weight practices (HWPs)—components of CFOC standards related to both nutrition and physical activity–and found that many of these nutrition and physical activity guidelines were either fully or partially supported in regulations for centers (61%), followed by GCC homes (57%), and FCC homes (52%). The five most supported HWPs across setting type include feeding infants on cue, using only 100% juice with no added sweeteners, making water available both inside and outside, serving small-sized, age-appropriate portions, and providing children with adequate space for inside/outside play (NRCHSCCEE, 2019).

NRCHSCCEE (2019) also compared changes from 2010 to 2018 in the degree to which state licensing regulations incorporated nutrition and physical activity components of CFOC standards. Results showed that from 2010 to 2018, 39 states adopted licensing regulations around nutrition and physical activity, and that full support of these standards (i.e., states incorporated all 47 examined standards) increased across setting type from 12% in 2010 to 26% in 2018 (NRCHSCCEE, 2019).

## Perceptions

We identified three articles assessing provider and parent perceptions of nutritional and food standards. Two of these reports focus on findings in Delaware: Gabor et al. (2010) gathered information from focus groups with 59 CCEE providers (32 center providers and 27 FCC homes) and 24 parents; and Miller (2011) surveyed 146 directors and teachers from centers. Byrd-Williams et al. (2015) interviewed center directors in Texas.

Teachers and directors generally support nutrition regulations implemented through the Child and Adult Care Food Program and state licensing (Gabor et al., 2010; Miller, 2011). Relatedly, 4 out of 5 directors not participating in Child and Adult Care Food Program shared that licensing regulations clarifying nutritional standards and portion sizes were helpful (Byrd-Williams et al., 2015).

A majority of center directors and teachers surveyed in 2010 reported that they had sufficient financial resources to meet food and nutrition licensing standards (70% and 76%, respectively), appropriate space and equipment for the food (75% and 82%, respectively), and enough staff to implement the policies (89% and 85%, respectively; Miller, 2011). Providers and parents expressed concerns about increased nutritional standards including: 1) nutritional standards and habits could be lost once children reach school-age; 2) children over age 2 not being allowed to have any milk besides 1% or fat-free; and 3) concern that "picky" eaters would not want food that follows nutritional standards (Gabor et al., 2010).

## Outcomes

Two studies examined outcomes associated with implementing nutrition-related regulations. Both studies examined the effects of nutrition regulations implemented in combination with other health-promoting regulations, like physical activity and screen time requirements, which makes it more difficult to determine the effects of nutrition regulations alone. The first study found that NYC regulations aimed at improving children's nutrition, physical health, and television viewing behaviors were associated with declines in obesity rate (Sekhobo et al., 2014). The second study estimated that the economic impact of implementing nutrition, physical activity, and screen time regulations on a national level would result in a cost saving of $4.82 million (Wright et al., 2015). If sustained over 10 years, the authors estimate that the policy change would result in a cost savings of $51.6 million. For more detailed information about these studies, see the Health Promotion and Protection outcomes section.

# Regulations about facilities, equipment, and environmental health

Child care and early education (CCEE) licensing regulations about facilities, equipment, and environmental health may include requirements about the physical space, indoor and outdoor safety, as well environmental and building code inspections. For more information about facility and equipment requirements for children with disabilities and special health needs, see Regulations about Children with Disabilities and Special Health Needs section.

## Trends across states and setting types

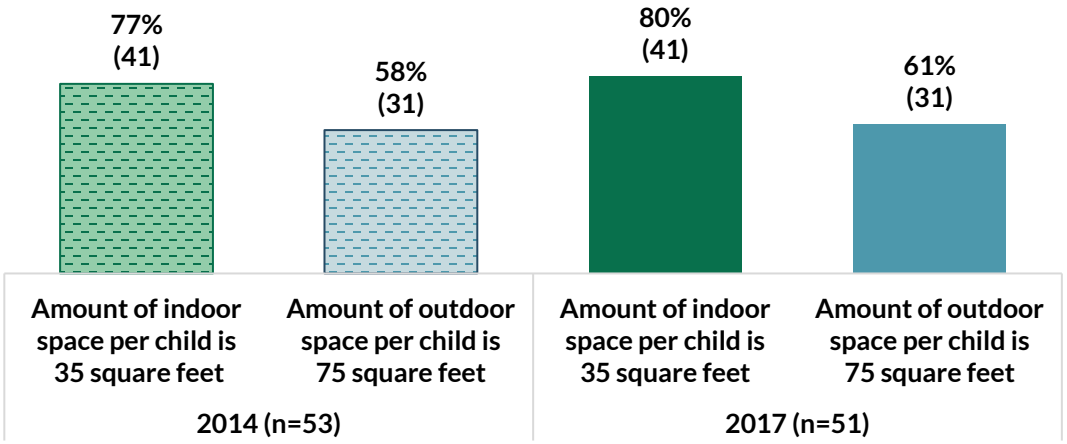
### Facility and equipment

Between 2014 and 2017 there was an increase in the number of states including facility requirements in their licensing regulations for all setting types. This section reviews regulations relating to indoor and outdoor space as well as indoor and outdoor safety.

#### Space

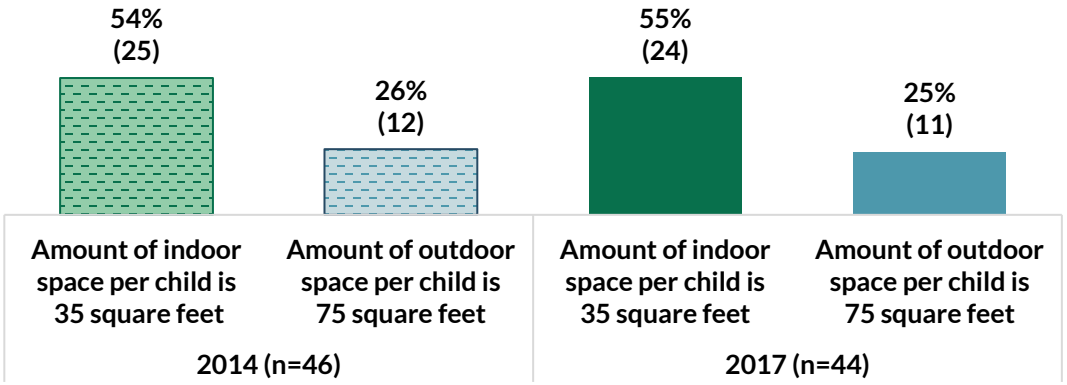
States commonly have regulations related to the amount of indoor and outdoor space required, measured by square footage per child (see Figures 24-26). Most require 35 square feet of indoor space per child for centers and group child care (GCC) homes; half of states have this requirement for family child care (FCC) homes (NCECQA, 2020j, 2020k, 2020l). Many states also require that centers must have 75 square feet of outdoor space per child; fewer states have this same requirement for FCC and GCC homes.

***Figure 24. Percentage[a] (and Number) of States[b] That Require 35 Square Feet Per Child Indoors or 75 Square Feet Per Child Outdoors in 2014 and 2017 (Centers)***



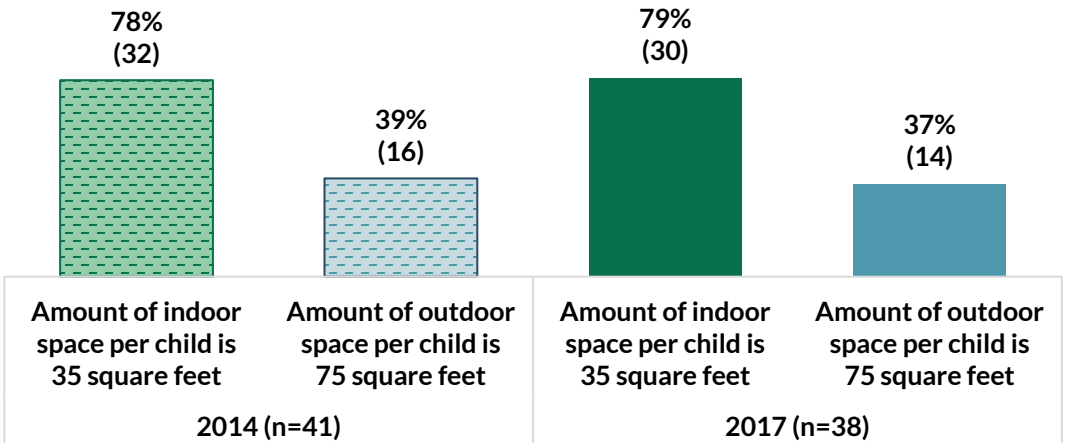

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 25. Percentage[a] (and Number) of States[b] That Require 35 Square Feet Per Child Indoors or 75 Square Feet Per Child Outdoors in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 26. Percentage[a] (and Number) of States[b] That Require 35 Square Feet Per Child Indoors or 75 Square Feet Per Child Outdoors in 2014 and 2017 (GCC)*



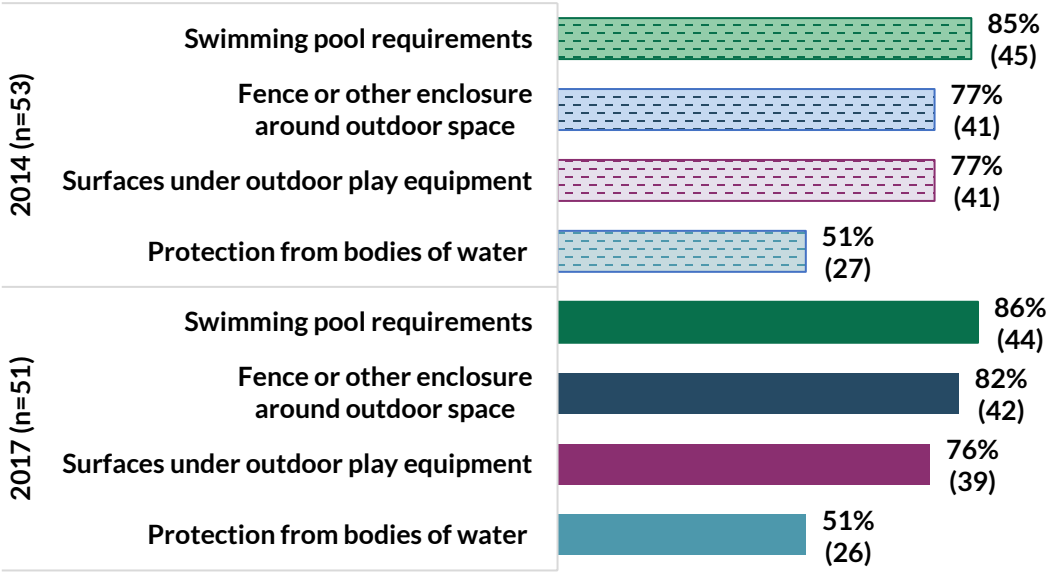

**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Indoor and outdoor safety

Almost all states have indoor and outdoor equipment safety regulations for centers. About three-quarters of states have outdoor equipment safety regulations for FCC and GCC homes; and about 60 percent have indoor equipment safety regulations for FCC and GCC homes (NCECQA, 2020f). Of the regulations relating

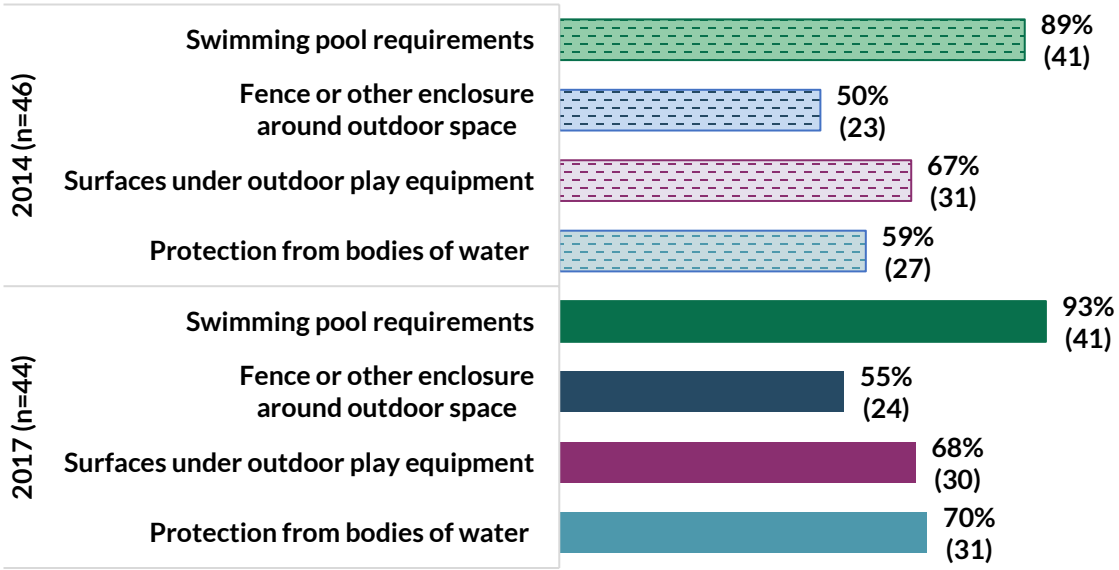
to outdoor safety, states most commonly include swimming pool requirements (for providers who have them) in their licensing regulations across setting types (see Figures 27–29).

*Figure 27. Percentage[a] (and Number) of States[b] with Outdoor Safety Regulations in 2014 and 2017 (Centers)*



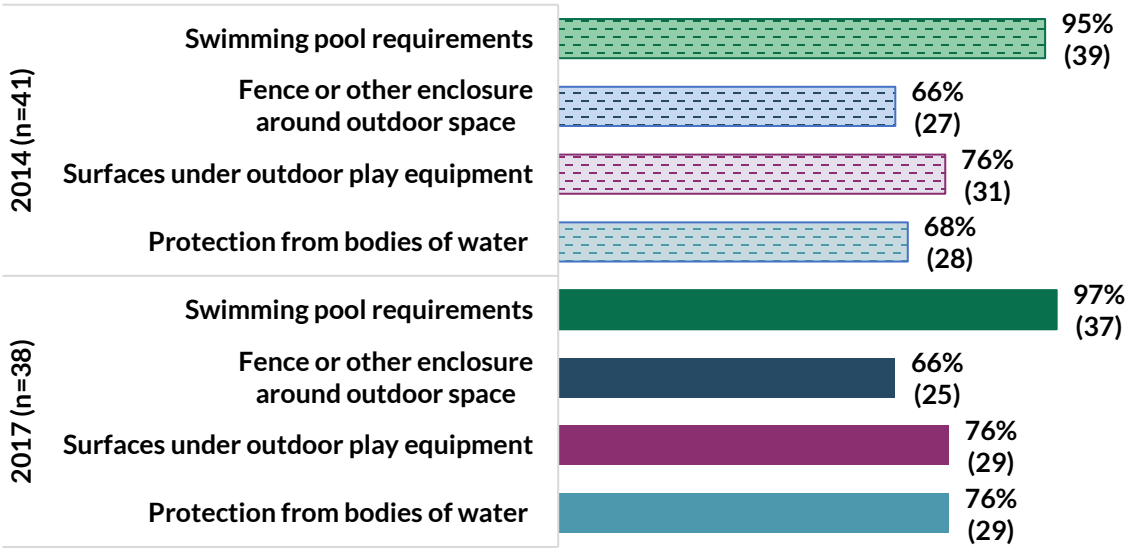

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 28. Percentage[a] (and Number) of States[b] with Outdoor Safety Regulations in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 29. Percentage[a] (and Number) of States[b] with Outdoor Safety Regulations in 2014 and 2017 (GCC)*



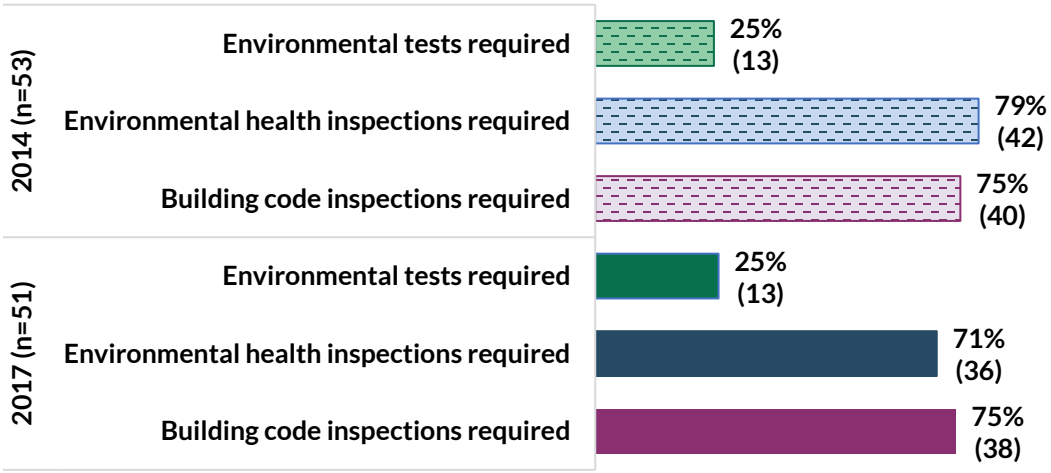

**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Environmental health

This section describes regulations related to environmental tests and building code inspections. For additional information about environmental health regulations, see the Bernstein et al. (2015) report, *Reducing Environmental Exposures in Child Care Facilities: A Review of State Policy*.

About three-quarters of states require an environmental health or building code inspection for centers; about a third of states require environmental health or building inspections for FCC or GCC homes (NCECQA, 2020k, 2020l; see Figures 39–41). Only one-quarter to one-third require specific environmental tests (e.g., lead tests) across settings (NCECQA, 2020j; see Figures 30-32).

*Figure 30. Percentage[a] (and Number) of States[b] Requiring Environmental Health Tests or Inspections in 2014 and 2017 (Centers)*




**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 31. Percentage[a] (and Number) of States[b] Requiring Environmental Health Tests or Inspections in 2014 and 2017 (FCC)*


**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 32. Percentage[a] (and Number) of States[b] Requiring Environmental Health Tests or Inspections in 2014 and 2017 (GCC)*


**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

# Literature with comparisons to best practices

## Facility and equipment

We identified three articles that compared state regulations around play areas and playgrounds to best practices.

CCAoA (2013) compared state and territory licensing requirements around play areas and playgrounds to their benchmarks for centers, and NACCRRA (2012) did so for FCC. As of 2013, most states (88%) had requirements regarding safe playground surfaces for centers (CCAoA, 2013). This percentage was lower for FCC, in which 70% states had requirements regarding safe playground surfaces as of 2012 (NACCRRA, 2012).

Cradock et al. (2010) compared state and territory regulations with national standards for 17 CFOC physical activity and safety related items for outdoor playground settings (e.g., play area size, sufficient equipment, equipment height, supervision in play area). Results showed that on average, states fully addressed the examined CFOC standards for both centers (34%) and FCC (27%). There was considerable variation across states—for instance, one state's regulations fully addressed 88% of the national standards, and another addressed 6%.

## Environmental health

We identified one article that compared state regulations around environmental health to CFOC and EPA national standards and best practices. Bernstein, et al. (2015) focused on how state policies address indoor environmental quality issues in licensed CCEE facilities. They concluded that in each examined area (e.g., environmental tobacco smoke, radon, carbon monoxide alarms, chemical exposures), most states had substantial room for improvement in addressing regulations around environmental quality. A few states addressed all of the examined regulations, and no state addressed all of the issues comprehensively. The most common regulations addressed by states were related to environmental tobacco smoke and lead-based paint. The authors found that all states prohibit or restrict smoking in CCEEs in some way, though few prohibit smoking at all times for all types of licensed facilities. Similarly, a majority of states address lead-

based paint hazards in CCEE facilities and most establish facility standards around lead-based paint, but only some have requirements for inspections of lead-based paint incorporated in their licensing.

# Perceptions

## Facility and equipment

We found three articles related to provider and parent perceptions of facility and equipment regulations. A Washington state task force reported that CCEE providers face challenges understanding and complying with facility requirements when permitting or licensing new or expanded facilities (State of Washington Child Care Collaborative Task Force, 2019). The task force provided the following suggestions to the licensing agency: outline facility requirements more clearly for providers; "scale up the licensing pre-approval process to all new child care construction and renovation projects" (pg. 26); evaluate licensing standards to better understand how they impact CCEE providers; and facilitate transfer of ownership process for existing CCEE programs.

Copeland et al. (2012) interviewed 49 CCEE providers from Ohio; Gabor et al. (2010) gathered information from focus groups with 59 CCEE providers (32 center providers and 27 FCC providers) and 24 parents in Delaware. Both studies found that CCEE providers generally support requirements for outdoor play, but may have some specific concerns (Copeland et al., 2012; Gabor et al., 2010). Some providers expressed concern that strict outdoor equipment regulations may result in uninteresting and unchallenging equipment, and therefore less physical activity (Copeland et al., 2012). Likewise, parents in Delaware were worried that too much "structured" activity outdoors, resulting from higher minimum licensing requirements, would limit their children's ability to think creatively (Gabor et al., 2010).

Providers from Ohio interviewed in one study noted that equipment requirements are challenging to comply with due to space limitations and the cost of purchasing equipment (Copeland et al., 2012). However, these providers also shared that licensing inspections helped them feel confident about the safety of their outdoor equipment.

# Outcomes

## Facility and equipment

One study examined the effect of implementing playground safety regulations on playground injuries occurring in regulated CCEE settings. North Carolina announced a new set of playground safety regulations in 1996, that were implemented over a five-year period (Kotch et al., 2003). Programs were given until January 2001 to comply with regulations. Between 1997 and 1999, the rate of medically attended injuries dropped 22% in centers and 31% in FCC homes. The study also found a statistically significant downward trend in monthly injury rates between January 1997 and June 2000. Playground safety inspection audits in 2020 indicated that the ratings for 9 of the 10 playground concerns and 12 of the 18 playground safety hazards were equal to or better than those in 1998 (Kotch et al., 2003). The areas that showed the most improvement included accessibility for the disabled, no sharp points, wood parts smooth and without splinters, surfacing meeting requirements, and fall zones meeting requirements (Kotch et al., 2003). These findings suggest there may be an association between North Carolina's regulations and the decline in injury rates and improvements in playground safety. However, other factors, such as increased awareness of child safety, may have directly or indirectly affected these changes.

# Regulations about transportation

Child care and early education (CCEE) licensing regulations about transportation may include driver, safety, and vehicle requirements.

## Trends across states and setting types

Most states have requirements about transporting children for all setting types. The two most common transportation-related requirements for all setting types relate to driver requirements and safety restraints (see Table 11). Further, about three-quarters of states have regulations relating to the condition of vehicles used for centers; and just over half have these regulations for family child care (FCC) and group child care (GCC) homes (NCECQA, 2020i).

***Table 11. Percentage[a] (and Number) of States[b] with Transportation Regulations in 2017, among Those That License Each Setting Type***

| Transportation Regulation | Centers | FCC | GCC |
|---|---|---|---|
| Driver requirements (for example, driver's license, minimum age requirements) | 90% (46) | 86% (38) | 87% (33) |
| Safety restraints for children (for example, seat belts, car seats) | 88% (45) | 93% (41) | 87% (33) |
| Specific staff-child ratio requirements for transporting children in vehicles | 75% (38) | 30% (13) | 37% (14) |
| Supervision of children when they board and exit vehicles | 45% (23) | 30% (13) | 42% (16) |
| Attendance records of children being transported | 37% (19) | 25% (11) | 18% (7) |
| Additional checks for children remaining on board once vehicles are unloaded | 14% (7) | 16% (7) | 13% (5) |

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.
[c] **Source:** NCECQA, 2020i.

## Literature with comparisons to best practices

We identified one article that compared state regulations around transportation supervision to national best practices. The CCAoA (2013) national report examined state regulations around transportation. As of 2013, 80% of states met CCAoA' transportation supervision benchmarks (CCAoA, 2013).

## Perceptions

We did not identify any studies that examined perceptions about transportation regulations.

## Outcomes

We did not identify any studies that examined outcomes related to transportation regulations.

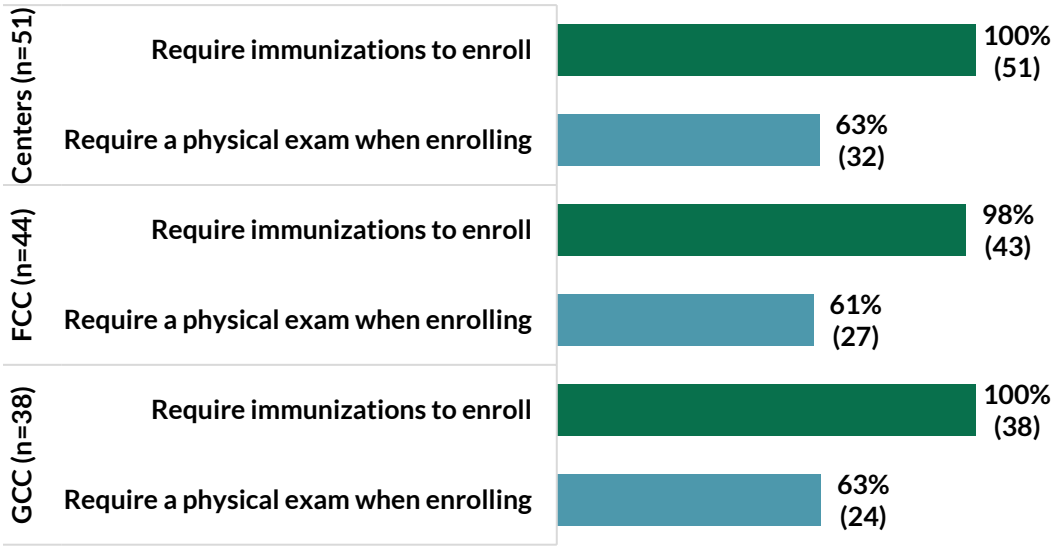
# Regulations about infectious diseases[15]

Child care and early education (CCEE) licensing regulations about infectious diseases may include immunization requirements, practices to prevent the spread of diseases, and policies around the exclusion of ill children.

## Trends across states and setting types

All or nearly all states require immunizations to enroll in each setting type; fewer states require a child physical exam when enrolling (see Figure 33). This is consistent across all setting types.

***Figure 33. Percentage[a] (and Number) of States[b] That Require Immunizations and a Physical Exam to Enroll in CCEE in 2017, among Those That License Each Setting Type***




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.

The majority of states regulating centers also allow providers to exclude children who are mildly ill (80%; NCECQA, 2020j); fewer states have similar regulations for FCC homes (48%; NCECQA, 2020k) and GCC homes (61%; NCECQA, 2020l).

## Literature with comparisons to best practices

We identified three articles that compared state regulations around infectious diseases to national best practices. Two articles broadly covered infectious diseases while one focused specifically on preventing the spread of human norovirus in center programs. Regulations around infectious disease in CCEE settings

[15] These data are prior to the COVID-19 pandemic. States and territories may have different regulations and guidelines now about infectious diseases.

include immunizations, exclusion of ill children, following universal health precautions (e.g., safety-related procedures used when coming into contact with bodily fluids), and sanitation (CCAoA, 2013; Leone et al., 2016). Leone et al. (2016) compared state licensing regulations for centers with 14 national guidelines in 4 areas specifically related to the spread of norovirus based on the 2011 CDC's human norovirus outbreak prevention guidelines and CFOC. Results showed that 64% of the CDC and CFOC recommended practices were fully or partially addressed across all state licensing regulations for centers. The authors also found that 88% of states had regulations related to isolating ill children, while 63% of states had regulations that partially addressed excluding ill staff (Leone et al., 2016).

CCAoA (2013) compared state licensing requirements, including those around infectious disease, to their benchmarks (i.e., a recommended set of specific regulations/standards/practices) for centers, and NACCRRA (2012) did so for FCC. The sample from both reports included all 51 states and the DoD. As of 2013, all states and the DoD had licensing regulations that met recommended standards related to sanitation for centers (CCAoA, 2013). All but one state had licensing regulations that met CCAoA recommendations related to hand washing, diapering, toileting, immunizations, and excluding sick children; and 33 states plus the DoD had regulations about universal health precautions that met recommended standards (CCAoA, 2013). For FCC, as of 2012, 39 states and the DoD had regulations that met CCAoA recommendations related to handwashing, diapering, and toileting; 41 states plus the DoD had regulations that met recommended standards around immunizations and home sanitation; 40 states and the DoD had regulations that met CCAoA recommendations around excluding ill children; and 25 states had regulations that met their benchmarks related to universal health requirements (NACCRRA, 2012).

## Perceptions

We did not identify any studies that examined perceptions about regulations related to infectious diseases.

## Outcomes

We identified one study that examined the impact of a Connecticut regulation requiring the influenza vaccine for children attending licensed CCEE programs. The authors examined changes in vaccination levels and influenza-related hospitalizations (Hadler et al., 2014). The vaccination rate among children aged 6–59 months increased from 67.8% in 2009–2010 (before the regulation was implemented) to 84.1% in 2012–2013 (after the regulation was implemented). The influenza-associated hospitalization rate for children aged 4 decreased by 12% in 2012–2013, compared to 2007–2008. The study also compared influenza-associated hospitalizations across 11 Emerging Infections Program (EIP) sites. The EIP sites, located across 10 states, conducted population-based surveillance for laboratory-confirmed influenza-associated hospitalizations for all ages since 2005–2006 season. The ratio of the rate of influenza-associated hospitalization among children aged 4 and younger, compared to the overall rate for all ages, was lower in Connecticut's EIP than any other EIP site, suggesting a relationship between influenza vaccine licensing regulations and lower rates of influenza-associated hospitalizations.

# Regulations about children with disabilities and special health care needs

Child care and early education (CCEE) licensing regulations about children with disabilities and special health care needs include requirements such as accommodations for children's needs, individualized educations plans, and coordination with families or medical professionals.

## Trends across states and setting types

Most states have some requirements about the care of children with disabilities or special needs for centers (75%; NCECQA, 2020j), family child care (FCC) homes (80%, NCECQA, 2020k), and group child care (GCC) homes (82%; NCECQA, 2020l), though they vary in *what* is regulated. Table 12 outlines the number of states with common regulations related to children with disabilities or special needs. For example, about a third of states require that facilities must keep information about the disability or special need in the child's records and obtain information from families about the child's disability or special need.

***Table 12. Percentage[a] (and Number) of States[b] with CCEE Licensing Regulations Related to Children with Disabilities or Special Needs in 2017, among Those That License Each Setting Type***

| Disabilities or Special Needs Regulation | Centers *(n=51)* | FCC *(n=44)* | GCC *(n=38)* |
|---|---|---|---|
| The facility must keep information about disabilities or special needs in children's records. | 37% (19) | 32% (14) | 32% (12) |
| The facility must obtain information from parents about children's disabilities or special needs. | 35% (18) | 23% (10) | 26% (10) |
| The facility must develop activity plans or accommodate existing plans for children with disabilities or special needs. | 33% (17) | 16% (7) | 16% (6) |
| For children identified as having a disability or special need, the facility must keep individualized education program plans or individual family services plans in records. | 20% (10) | 7% (3) | 5% (2) |
| The facility must develop plans for caring for children with disabilities or special needs. | 20% (10) | 16% (7) | 24% (9) |
| The facility staff must communicate with families about children's progress concerning special needs. | 20% (10) | NA | NA |
| The facility must obtain information from physicians about children's disabilities or special needs. | 14% (7) | 20% (9) | 24% (9) |
| Large-group activities | 33% (17) | NA | NA |

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
NA indicates that this was not included in the survey for some setting types

## Literature with comparisons to best practices

There is limited information comparing state licensing regulations around children with special health care needs to national standards. Only one article included information about how well states were doing following requirements around children with special health care needs. This article focused on comparing state and territory regulations with national standards for 17 CFOC physical activity- and safety-related items for outdoor playground settings (Cradock et al., 2010), and included regulations around appropriate play equipment and surfacing for children with disabilities that are in compliance with the Americans with Disabilities Act. The study found that 10% of states and territories required centers and 6% required FCC homes to provide play equipment and surfacing for children with disabilities (Cradock et al., 2010).

## Perceptions

We did not identify any studies that examined perceptions about regulations for children with special needs.

## Outcomes

We did not identify any studies that examined outcomes related to regulations for children with special needs.

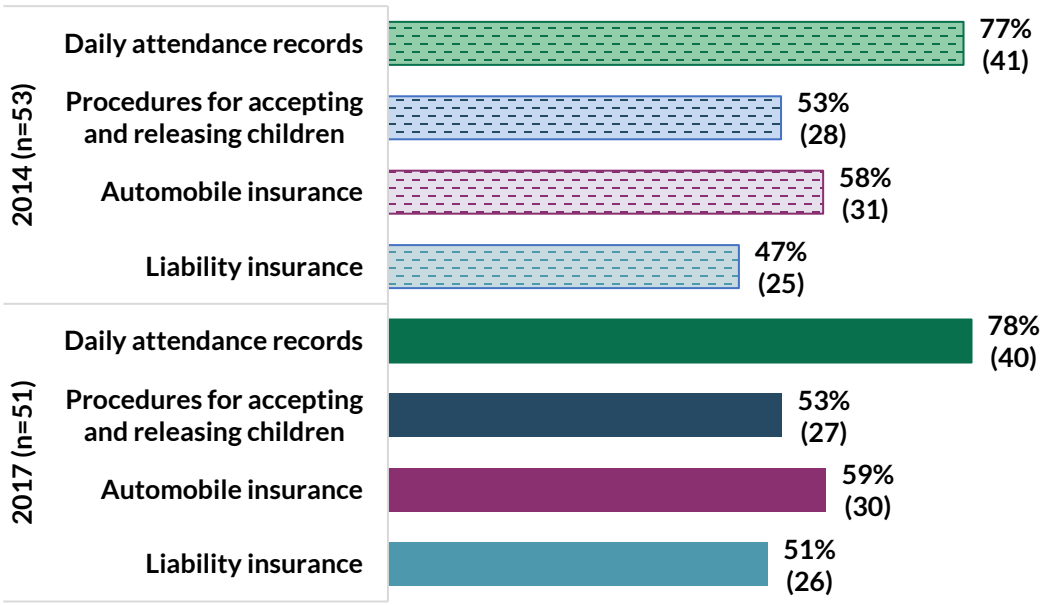
# Regulations about administration

Child care and early education (CCEE) licensing regulations about facility administration include requirements such as maintaining records; implementing procedures to accept and release children; and insurance policies.

## Trends across states and setting types

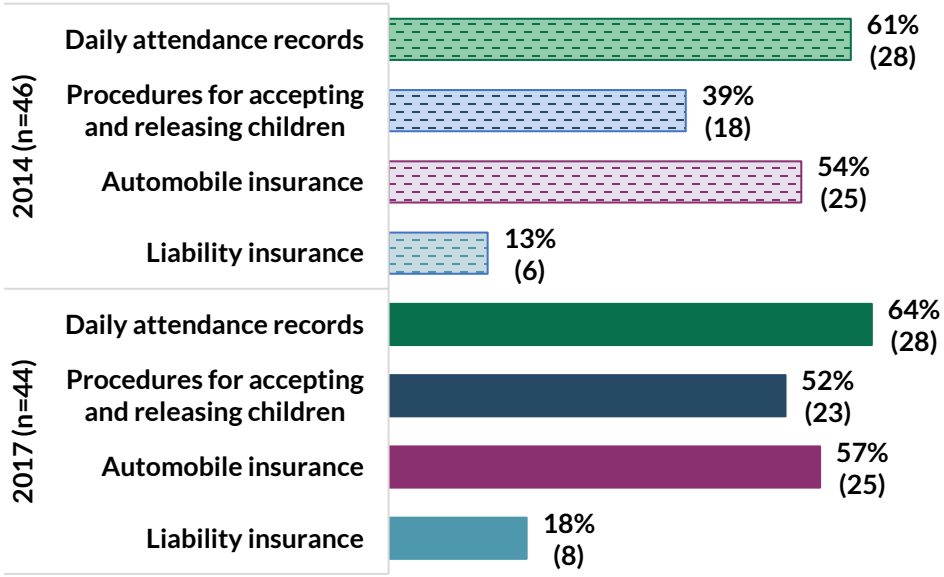
Many states have regulations relating to administration of CCEE facilities. The most frequent requirement relates to maintaining daily attendance records (see Figures 34–36). For each setting type, about half of all states have requirements about automobile insurance and procedures to accept and release children. While about half of all states regulating centers have requirements to have liability insurance (NCECQA, 2020j), few states have this requirement for family child care (FCC) and group child care (GCC) homes (NCECQA, 2020k, 2020l). There were little to no changes in these regulations between 2014 and 2017.

***Figure 34. Percentage[a] (and Number) of States[b] with Regulations Related to Administrative Duties in 2014 and 2017 (Centers)***



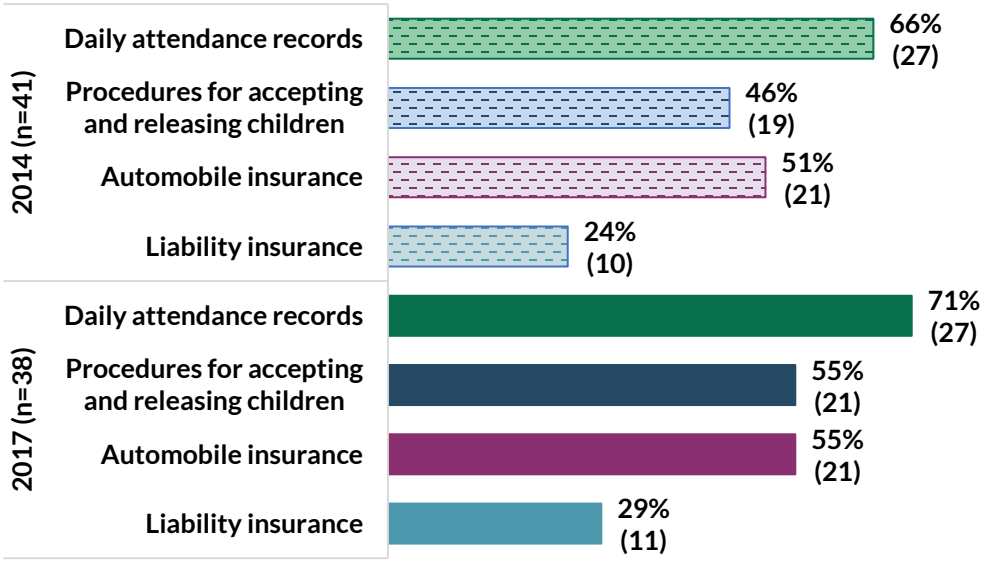

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 35. Percentage[a] (and Number) of States[b] with Regulations Related to Administrative Duties in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020k.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 36. Percentage[a] (and number) of States[b] with Regulations Related to Administrative Duties in 2014 and 2017 (GCC)*




**Source:** NCECQA, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Literature with comparisons to best practices

We did not identify any studies that examined best practices for administration regulations.

## Perceptions

We did not identify any studies that examined perceptions about administration regulations.

## Outcomes

We did not identify any studies that examined outcomes for administration regulations.

# Future research

Based on our review, some future research questions about regulations include:

- Which regulations are most supportive of instructional practices and environments that support children's learning?
- Which regulations do licensed providers perceive as most burdensome? What licensing regulations are most burdensome for subgroups of providers (e.g., providers participating in the child care subsidy system)?
- Which regulations do license-exempt providers perceive as a barrier to becoming licensed? What supports do license-exempt providers need to help them meet licensing regulations?

# Monitoring

Monitoring can be thought of as the backbone of licensing because even the strongest licensing requirements are ineffective without effective monitoring practices (CCAoA, 2013). States' and territories' licensing agencies monitor providers for compliance with CCEE licensing requirements through on-site inspections. These inspections occur prior to issuing a license and then at least annually thereafter. (See the Introduction section of this review for a description of monitoring).

Our review included a total of 92 reports related to monitoring in child care and early education (CCEE) licensing. Nearly all of the reports were descriptive and summarized states' monitoring practices or described best practices in licensing. Five of the reports discussed outcomes of licensing. Forty-two of the reports were national, 12 were multi-state, and 38 reports focused on a single state (see Appendix E for information about these reports).

The most recent and comprehensive data on licensing come from the 2017 Child Care Licensing Study (CCLS), which is a national review of state CCEE licensing regulations and agencies that is conducted every three years through a partnership between NCECQA and the National Association for Regulatory Administration (NARA). Results from this study tell us about current national monitoring practices as well as changes that have occurred since the previous wave of the CCLS in 2014. Where applicable, each sub-section below includes reports detailing findings from the 2017 CCLS as they relate to monitoring (NARA, 2020a; NCECQA, 2020j, 2020k, 2020l), as well as any additional findings related to monitoring from the other 89 reviewed reports that were not covered in the NARA (2020a) or NCECQA (2020j, 2020k, 2020l) reports.

Four 2023 TRLECE licensing briefs highlight different aspects of licensing. The *Monitoring Practices Used in Child Care and Early Education Licensing* describes approaches to monitoring CCEE programs, including a map showing which states used differential monitoring strategies as of 2017.

In this section, we first present findings on the nature and frequency of monitoring for licensed providers, including state and territory practices around inspections prior to licensure, inspections for and frequency of license renewal, **routine compliance inspections**, inspections for complaints, audits on states' and territories' inspection frequencies, and providing TA during inspection visits. We then present findings on the monitoring tools and strategies that states and territories use (i.e., types of differential monitoring and **abbreviated compliance review**). We then discuss findings on the use of technology in monitoring, coordinated monitoring, monitoring for license-exempt providers, recommended practices that emerged from the literature, and findings from studies that examined the outcomes of more frequent monitoring. The section concludes with a discussion of potential future research in monitoring, including some considerations for future research that were specifically mentioned in the literature, as well as considerations that we identified based on our review.

## The nature and frequency of monitoring for licensed providers

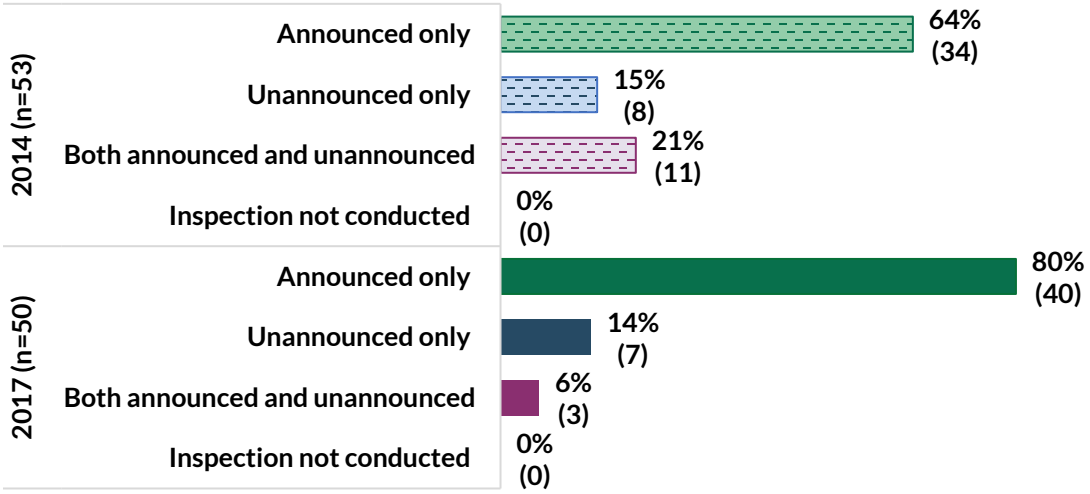
### Inspections prior to licensure

While licensing requirements vary from state to state, the federal Child Care and Development Block Grant (CCDBG) Act of 2014 includes a number of health and safety requirements, including monitoring requirements, that all CCEE providers receiving CCDF support must meet. For licensed providers receiving Child Care and Development Fund (CCDF) funding, the CCDBG Act of 2014 monitoring requirements include conducting one inspection prior to licensure for compliance with health, safety, and fire standards, and at least one unannounced inspection for compliance with licensing standards (including health, safety, and fire standards) annually thereafter (42 U.S.C. §§ 9857–9858, 2015). The CCDBG Act of 2014 also

specifies that annual inspections are required for license-exempt providers receiving CCDF funding (NCECQA, 2015d).

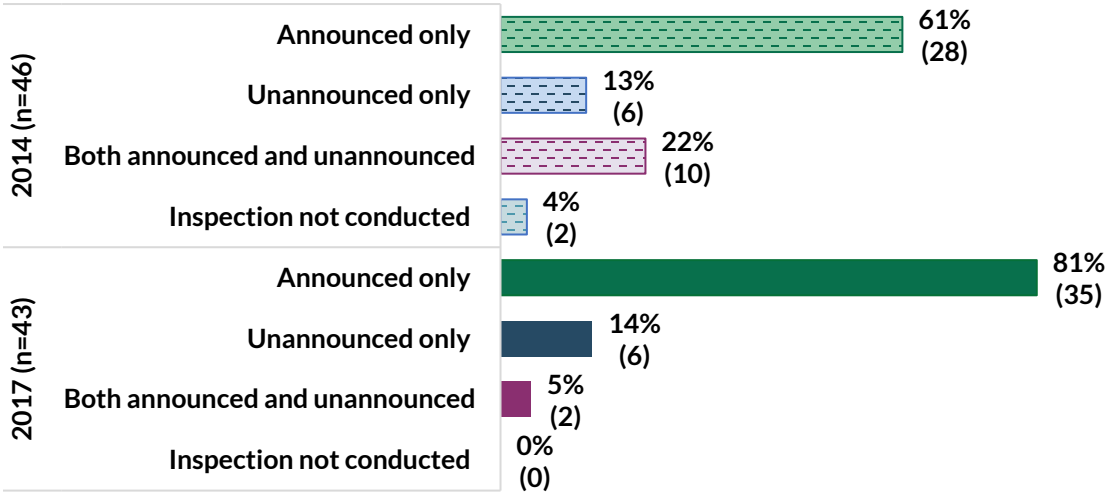
All states and territories reported conducting inspections prior to licensure for centers, family child care (FCC) homes, and group child care (GCC) homes in 2017 (NCECQA, 2020j, 2020k, 2020l). This percentage did not change much from 2014 to 2017: in 2014, this rate was 100% for centers, 96% for FCC homes, and 98% for GCC homes (NCECQA, 2020a), suggesting that most states and territories were already in compliance with the monitoring requirements of the CCDBG Act of 2014 at the time of the 2014 survey. Prior to licensure, states and territories more often perform announced than unannounced inspections, and a few states conduct both (see Figures 37-39 for rates for centers, FCC homes, and GCC homes in 2014 and 2017). There was a decline in states conducting both announced and unannounced inspections prior to licensure from 2014 to 2017, which was offset by the increase in states conducting only **announced inspections** in that timeframe.

***Figure 37. Percentage[a] (and Number) of States[b] That Conduct Announced and Unannounced Inspections Prior to Licensure in 2014 and 2017 (Centers)***



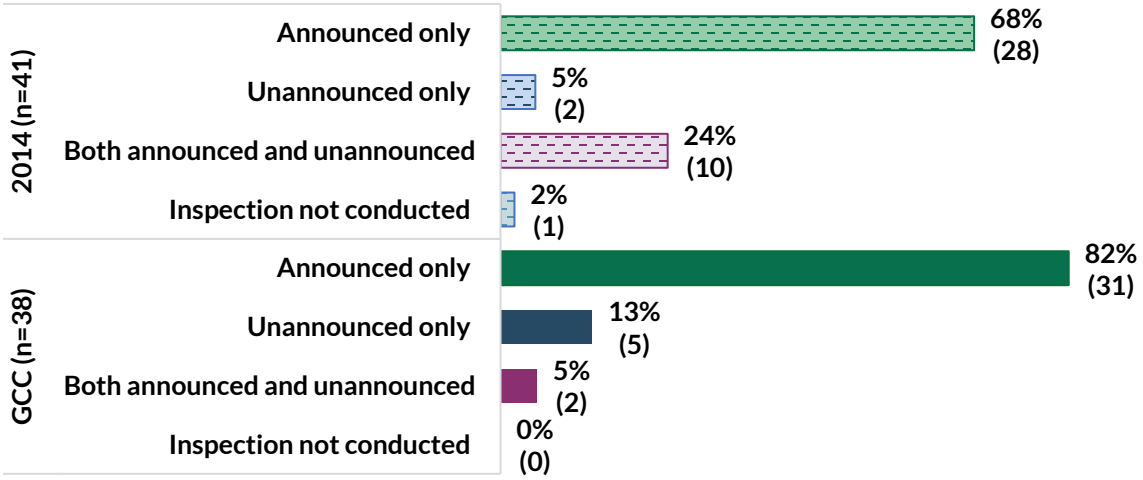

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 38. Percentage[a] (and Number) of States[b] That Conduct Announced and Unannounced Inspections Prior to Licensure in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.
Note:

*Figure 39. Percentage[a] (and Number) of States[b] that Conduct Announced and Unannounced Inspections Prior to Licensure in 2014 and 2017 (GCC)*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

## Inspections for and frequency of license renewal

After initial licensure, programs are often required to renew their CCEE licenses at some regular interval. These intervals vary by state/territory, with most states requiring license renewal every one or two years. See Table 13 for more information on the frequency of license renewal for states and territories in 2014 and 2017. In some states and territories, licenses do not expire.

***Table 13. Percentage[a] (and Number) of States[b] That Renew Licenses at Various Frequencies in 2014 and 2017***

| Frequency of License Renewal | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=40)* | 2017 Centers *(n=52)* | 2017 FCC *(n=50)* | 2017 GCC *(n=39)* |
|---|---|---|---|---|---|---|
| Annual | 38% (20) | 37% (17) | 48% (19) | 40% (21) | 32% (16) | 41% (16) |
| Once per 2 years | 28% (15) | 30% (14) | 33% (13) | 29% (15) | 28% (14) | 31% (12) |
| Once per 3 years | 8% (4) | 11% (5) | 8% (3) | 13% (7) | 12% (6) | 13% (5) |
| Non-expiring | 21% (11) | 20% (9) | 18% (7) | 15% (8) | 14% (7) | 13% (5) |
| Other | 11% (6) | 9% (4) | 5% (2) | 4% (2) | 8% (4) | 5% (2) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

Most states require a licensing inspection upon license renewal (NCECQA, 2020j, 2020k, 2020l). More specifically, 75% of states and territories reported that centers were inspected upon license renewal in both 2014 and 2017. In 2017, 66% of states and territories reported conducting inspections upon license renewal for FCC homes, and 77% reported conducting them for GCC homes. These trends were largely unchanged from 2014. See Table 14 for more information on the percentage of states and territories that conducted announced and unannounced inspections upon license renewal, as well as the percentage of states and territories that had non-expiring licenses in 2014 and 2017.

*Table 14. Percentage[a] (and Number) of States[b] that Conduct Announced and Unannounced Inspections for License Renewal in 2014 and 2017, among Those That License Each Setting Type*

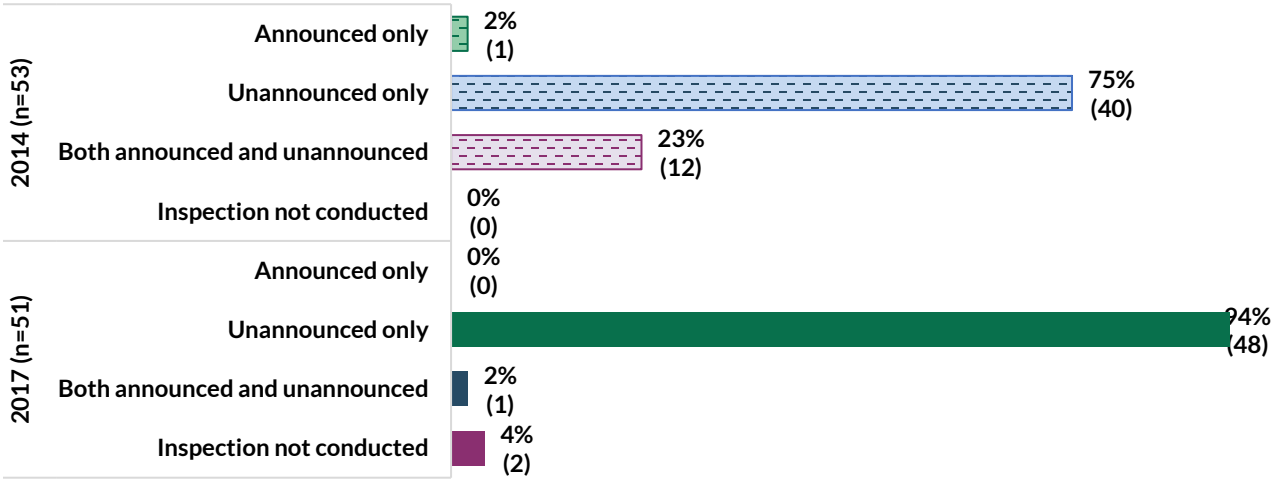
| Type of Inspection | 2014 Centers (n=52) | 2014 FCC (n=45) | 2014 GCC (n=40) | 2017 Centers (n=50) | 2017 FCC (n=43) | 2017 GCC (n=38) |
|---|---|---|---|---|---|---|
| Announced | 25% (13) | 22% (10) | 33% (13) | 22% (11) | 26% (11) | 29% (11) |
| Unannounced | 40% (21) | 36% (16) | 33% (13) | 50% (25) | 44% (19) | 45% (17) |
| Both announced and unannounced | 10% (5) | 11% (5) | 13% (5) | 4% (2) | 5% (2) | 5% (2) |
| Inspection not conducted | 0% (0) | 9% (4) | 5% (2) | 8% (4) | 9% (4) | 8% (3) |
| No renewal/non-expiring | 23% (12) | 20% (9) | 18% (7) | 16% (8) | 16% (7) | 13% (5) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

## Routine compliance inspections

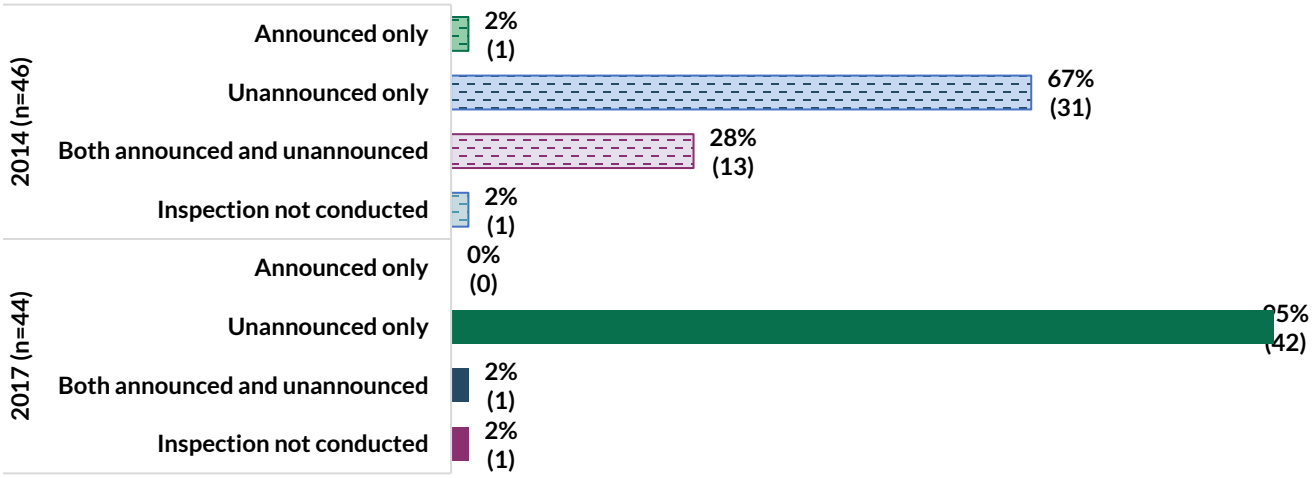
Most states and territories reported conducting routine compliance inspections (i.e., inspections conducted with licensed providers on a regular schedule) for all setting types in 2017—96% did so for centers, 98% for FCC homes, and 95% for GCC homes (NCECQA, 2020j, 2020k, 2020l). The percentages were about the same in 2014 (NCECQA, 2020j, 2020k, 2020l). See Figures 40-42 for more information on the percentage of states and territories that conducted announced and unannounced inspections for routine compliance in 2014 and 2017. One notable change is the increase in states and territories conducting unannounced inspections only (66–75% in 2014 and 92–95% in 2017). This shift followed the CCDBG Act of 2014 which required annual unannounced inspections of licensed providers receiving CCDF funding.

*Figure 40. Percentage[a] (and Number) of States[b] That Conduct Announced and Unannounced Inspections for Routine Compliance in 2014 and 2017 (Centers)*



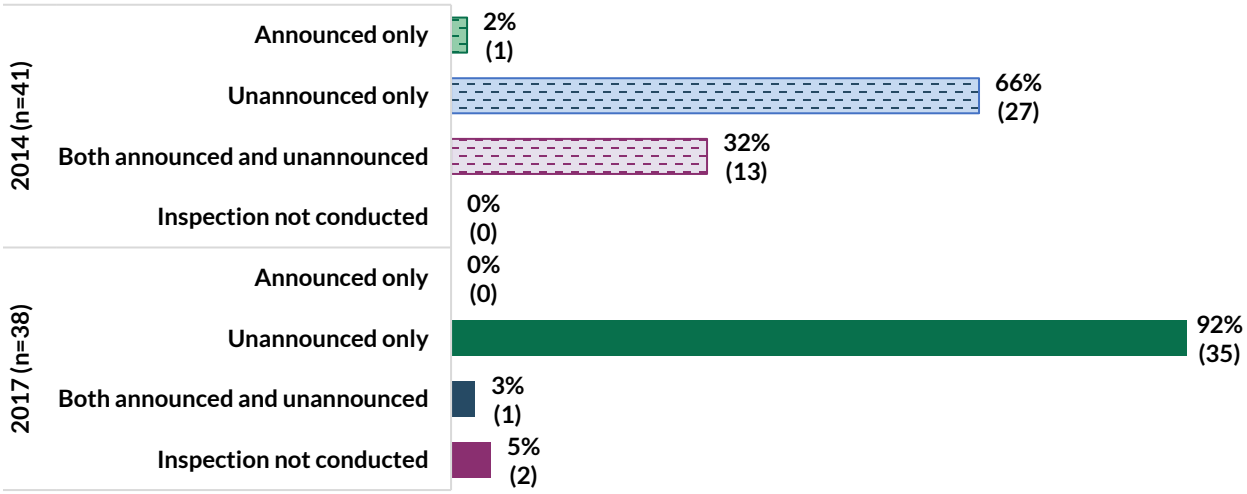

**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

*Figure 41. Percentage[a] (and Number) of States[b] That Conduct Announced and Unannounced Inspections for Routine Compliance in 2014 and 2017 (FCC)*




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

***Figure 42. Percentage[a] (and Number) of States[b] That Conduct Announced and Unannounced Inspections for Routine Compliance (GCC)***




**Source:** NCECQA, 2020j, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states plus DC.

As for the frequency of routine compliance inspections, some states and territories (42%) reported conducting routine licensing inspections in all centers at least twice per year in 2017. (NCECQA, 2020j). Across setting types, about half of the states and territories reported in 2017 that they inspected facilities annually (NARA, 2020a). See Table 15 for more detailed information on the frequency of routine compliance inspections in 2014 and 2017 by setting type.

***Table 15. Percentage[a] (and Number) of States[b] with Varying Frequencies of Routine Compliance Inspections in 2014 and 2017, among Those That License Each Setting Type***

| Frequency | 2014 Centers *(n=53)* | 2014 FCC *(n=46)* | 2014 GCC *(n=40)* | 2017 Centers *(n=52)* | 2017 FCC *(n=50)* | 2017 GCC *(n=39)* |
|---|---|---|---|---|---|---|
| Three or more times per year | 4% (2) | 2% (1) | 5% (2) | 8% (4) | 8% (4) | 8% (3) |
| Three times per year | 11% (6) | 9% (4) | 8% (3) | 6% (3) | 4% (2) | 3% (1) |
| Two times per year | 26% (14) | 24% (11) | 30% (12) | 31% (16) | 24% (12) | 31% (12) |
| One time per year | 49% (26) | 39% (18) | 48% (19) | 52% (27) | 48% (24) | 51% (20) |
| Once every two years | 11% (6) | 13% (6) | 10% (4) | 4% (2) | 4% (2) | 3% (1) |
| Once every three years | 2% (1) | 2% (1) | 0% (0) | 2% (1) | 2% (1) | 3% (1) |
| Not inspected on a regular basis | 0% (0) | 2% (1) | 0% (0) | 0% (0) | 0% (0) | 0% (0) |
| Other | 17% (9) | 20% (9) | 18% (7) | 19% (10) | 14% (7) | 13% (5) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states that license a setting type and answered the survey question, not the total number of states.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.
Note: Response options were not mutually exclusive.

## Inspections for complaints

In both 2014 and 2017, nearly all states and territories reported that their licensing agency conducted investigations for centers, FCC homes, and GCC homes in response to complaints (NARA, 2015, 2020a). In 2014 and 2017, about two-thirds of states reported that all investigations of complaints included an unannounced visit to the facility (Table 16; states and territories could select more than one option; NARA, 2015, 2020a).

*Table 16. Percentage[a] (and Number) of States[b] and Territories That Include Unannounced Visits for All or a Portion of Licensing Complaints in 2014 and 2017*

| Types of Visits for Licensing Complaints | 2014 *(n=51)* | 2017 *(n=51)* |
|---|---|---|
| Unannounced visits for complaints are conducted for all complaints received | 67% (34) | 63% (32) |
| Unannounced visits for complaints are conducted only when an on-site visit is needed | 29% (15) | 37% (19) |
| Unannounced visits are not routinely conducted for complaints | 0% (0) | 0% (0) |
| Visits are conducted for complaints but they are announced | 4% (2) | 0% (0) |
| Other | 6% (3) | 12% (6) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to this survey questions, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

## Audits on states' and territories' inspection frequencies

A few reports included results from state and federal audits on whether states were following their own requirements. The stated purposes of these audits were to contribute to assessing opportunities for improved state government functioning (Massachusetts), to assess opportunities for improvement in response to CCAoA rankings placing the state near the bottom for CCEE regulation and oversight (Louisiana), and to assess whether CCDF-funded programs complied with state licensing requirements (Michigan). One federal report also examined whether states met national CCDF requirements (U.S. DHHS, 2013a). Many of these audits found deficiencies in states' inspection practices.

- A state audit in Massachusetts found that the state agency responsible for licensing inspections did not always perform routine unannounced visits on FCC homes, despite this being one of Massachusetts' licensing requirements (Massachusetts Office of the State Auditor, 2013). Rather, the state was performing these routine unannounced visits only on a case-by-case basis. Massachusetts also noted high caseloads as a factor in their ability to conduct frequent inspections (see Licensing Staff Qualifications and Supports section for more information about caseloads).
- A state audit in Louisiana found that the state conducted most (92%) of the annual inspections of licensed providers that were required. The audit also found that Louisiana did not have criteria for when to conduct follow-up inspections to verify that any issues identified during monitoring visits were addressed, and that 22% of inspections that cited deficiencies from 2016–2017 did not have a follow-up inspection. The audit also recommended that the state should conduct unannounced inspections of family and other in-home providers, which was not a state requirement at the time of the audit (Louisiana Legislative Auditor, 2018).
- One report summarized results from a federal audit on three CCEE facilities receiving CCDF funding in Michigan. The audit revealed that although the state agency responsible for conducting licensing inspections in Michigan conducted the required inspections, this on-site monitoring was not effective in ensuring that providers complied with the state licensing health and safety requirements (U.S. DHHS, 2014). More specifically, some providers were not in compliance with requirements related to physical

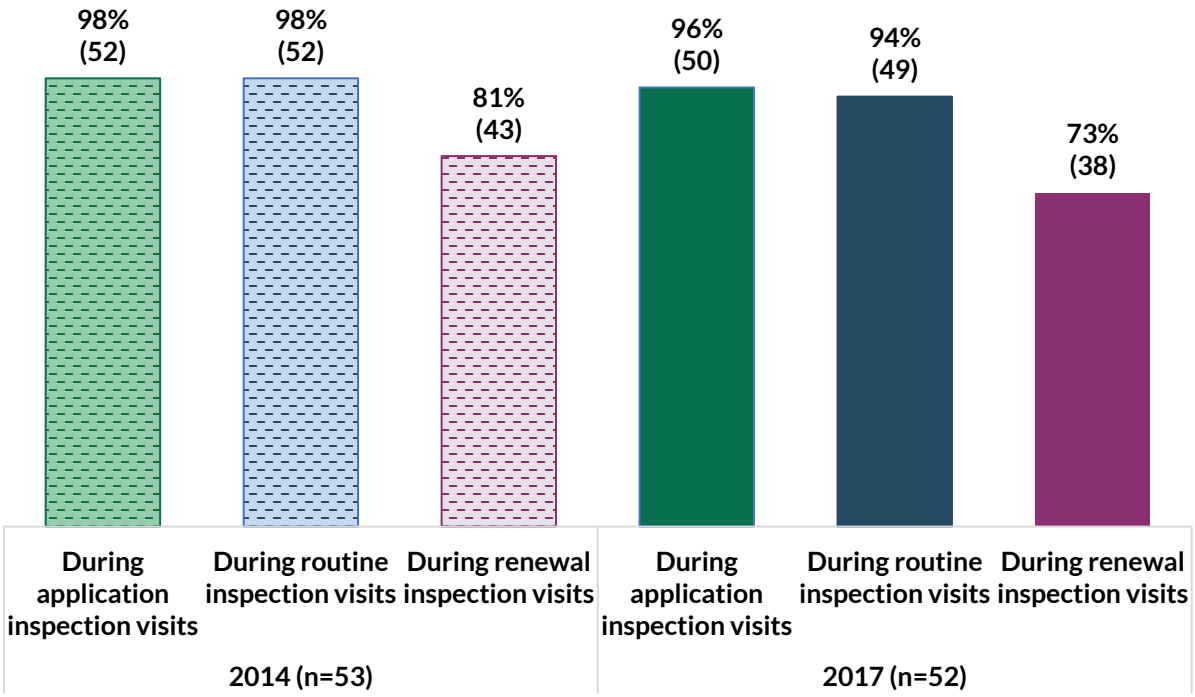
conditions of CCEE facilities, and none of the providers were in compliance with required criminal records or protective services checks regulations.

- A report from the U.S. Office of Inspector General that provided an in-depth analysis of five states' licensing regulations and practices (California, Florida, Illinois, Ohio, Texas) concluded that state monitoring requirements did not always meet the Administration for Children and Families' (ACF) recommendations for unannounced inspections found in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-Home Child Care Program* (U.S. DHHS, 2013a). Four of the five states did not monitor their licensed providers in accordance with their own state requirements and the authors concluded that ACF did not do enough to monitor how states oversaw their CCDF providers (U.S. DHHS, 2013a).

## Providing technical assistance during inspection visits

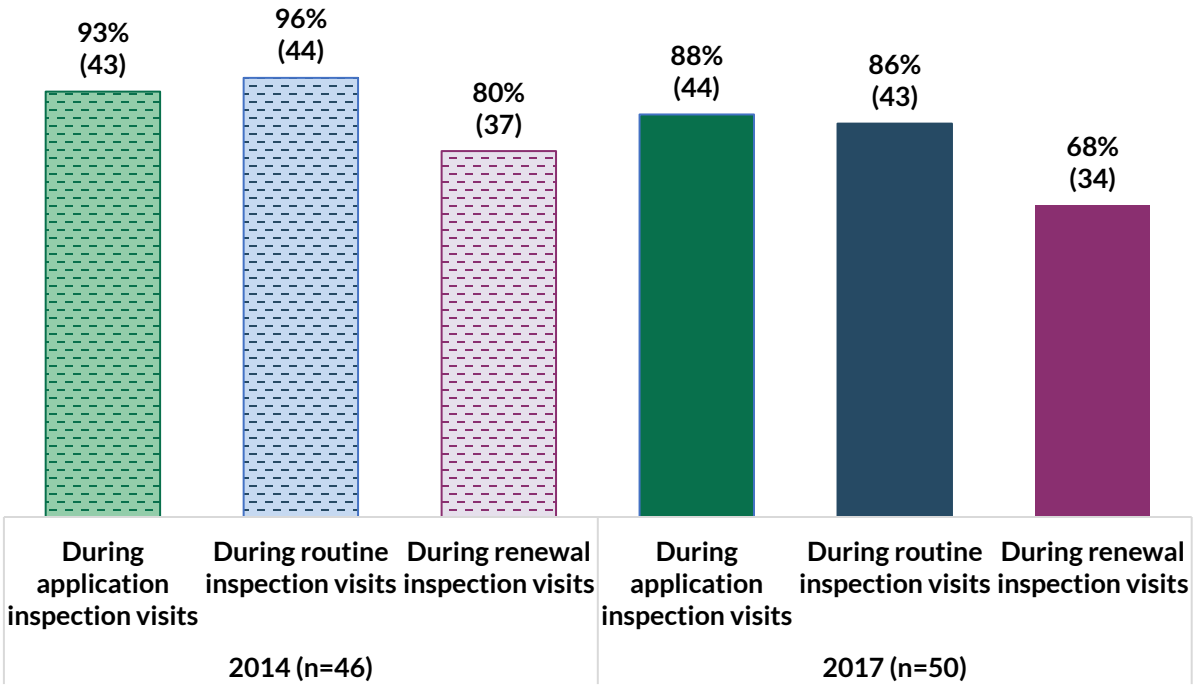
Most states and territories reported providing TA and/or consultation during inspection visits to support providers with compliance to licensing requirements (see Figures 43-45). These numbers did not change much from 2014 to 2017, though the percentage of states and territories providing TA for renewal inspection visits declined somewhat from 2014 to 2017 (NARA, 2015, 2020a).

***Figure 43. Percentage[a] (and Number) of States[b] and Territories that Provide TA and/or Consultation During Inspection Visits in 2014 and 2017 (Centers)***



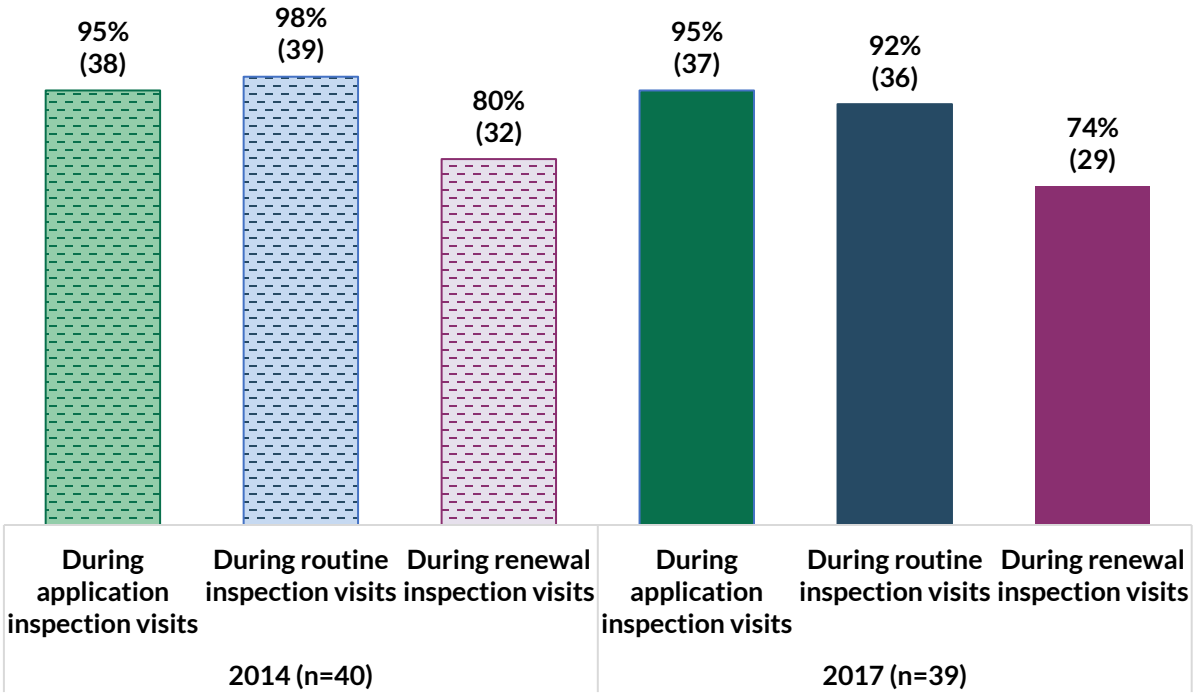

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

*Figure 44. Percentage[a] (and Number) of States[b] and Territories That Provide TA and/or Consultation During Inspection Visits in 2014 and 2017 (FCC)*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

*Figure 45. Percentage[a] (and Number) of States[b] and Territories That Provide TA and/or Consultation During Inspection Visits in 2014 and 2017 (GCC)*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

# Monitoring tools and strategies

States and territories use various strategies to monitor compliance with licensing regulations. Thirty-three reports (including each of the Child Care Licensing Study (CCLS) trends reports) discussed strategies for monitoring child care and early education (CCEE) programs' compliance with licensing regulations; these reports discussed methods for implementing monitoring strategies, trends over time and across states and territories in monitoring strategies, and the strategies individual states and territories are using.

States and territories can conduct **full compliance reviews** where facilities are monitored for compliance with all licensing regulations (National Center on Child Care Quality Improvement [NCCCQI], 2014g). Some states and territories have moved away from full compliance reviews for all facilities and toward strategies to streamline licensing inspection visits and make monitoring more efficient (Fiene & Kroh, 2016). These strategies include:

- Differential monitoring: An approach where the frequency or depth of monitoring is based on a facility's history of compliance with licensing rules (NARA, 2020a; NCCCQI, 201).
    - One type of differential monitoring occurs when states use programs' compliance history to determine whether a program should receive more or fewer inspections (NCCCQI, 2014g).

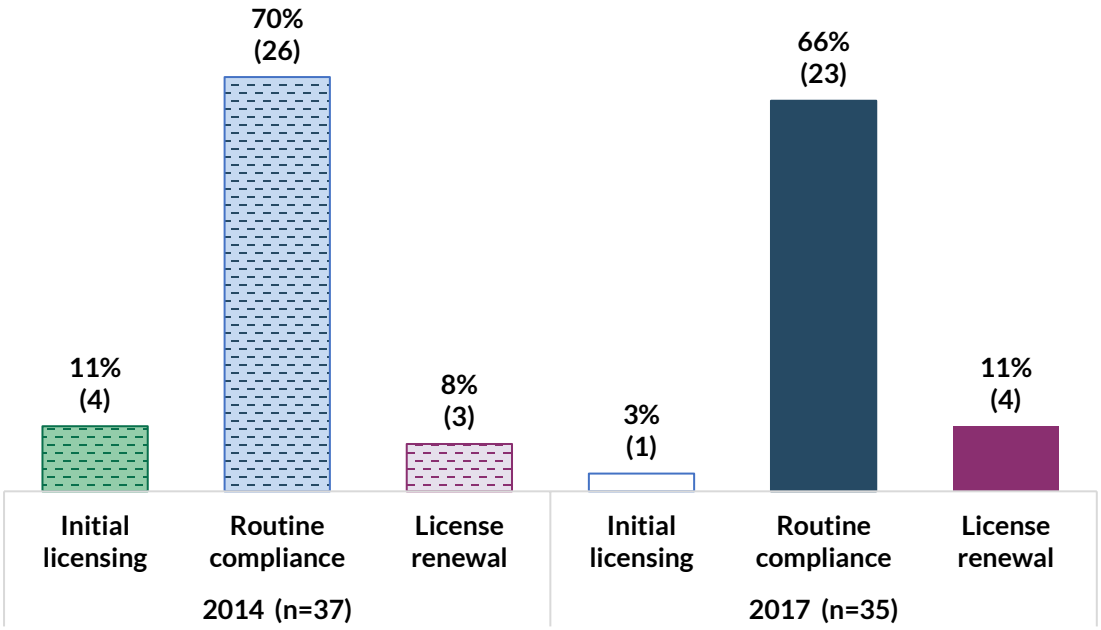
- Another type of differential monitoring is **abbreviated compliance review** in which a select subset of regulations within licensing are reviewed during the inspection (NARA, 2020a; NCCCQI, 2014g). The way these regulations are chosen differs across monitoring systems. Two of the methods states use to select the subset of regulations are **risk assessments** and **key indicators**.
    - Risk assessment: An approach to determine and then monitor the subset of regulations to be included in an abbreviated compliance review (NCCCQI, 2014g). In this approach, licensing agency staff and other regulations experts identify regulations that place children at greater risk of harm if the regulations are not followed. They do so by reviewing research and resources through obtaining feedback from CCEE providers and other constituents, by consultants, and/or by developing a statistical methodology (Fiene, 2016; Fiene & Kroh, 2016; NARA, 2020a).
    - Key indicators: An approach to determine and then monitor the subset of regulations to be included in an abbreviated compliance review (Fiene, 2016; NCCCQI, 2014g). In this approach, regulations that predict overall compliance are identified through statistical methods to determine the subset of regulations that best predict compliance with the full set of regulations (NCCCQI, 2014g).

## Differential monitoring

The term "differential monitoring" is sometimes used as an umbrella term to describe alternative approaches to monitoring every program using all licensing regulations at the same frequency. Differential monitoring strategies specify variations in the frequency of monitoring inspections or the regulations being monitored. States may use these strategies for multiple reasons, such as to increase the efficiency in monitoring, improve the quality of monitoring visits, save time that might allow licensing staff to offer TA, and reduce provider burden. CCDF regulations allow states and territories to use differential monitoring in their annual inspections as long as the items included during the monitoring visit are representative of the full set of health and safety requirements (45 C.F.R. § 98.42(b)(2)(iv)(A), 2016). Differential monitoring can enhance efficiency among licensing staff and lessen the burden on providers during inspections. In the CCLS, states and territories were asked whether they had "a system of differential frequency of monitoring based on compliance records or quality rating level for each type of CCEE facility" (NARA, 2020a, p. 72). There was a slight increase in the number of states and territories that responded that they used differential frequency of monitoring to determine overall licensing inspection frequency for at least one setting type (27% in 2014 and 36% in 2017; NARA, 2015, 2020a). Programs that reported using differential monitoring for one setting type typically used it for all setting types.

In 2017, 67% of states and territories reported using abbreviated compliance reviews during inspections (NARA, 2020a). The percentage of states and territories using abbreviated compliance reviews did not change much from 2014 (70%; NARA, 2015). See Figure 46 for how those states and territories reported using abbreviated compliance inspections in 2014 and 2017.

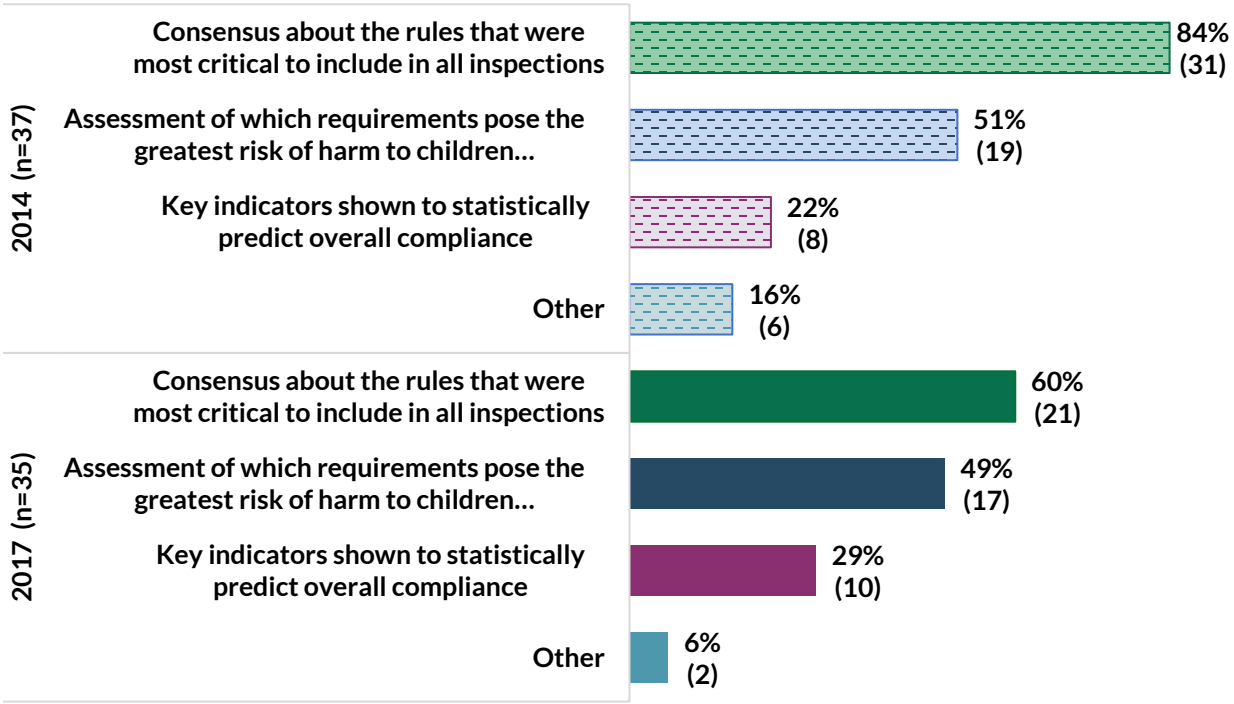
*Figure 46. Percentage[a] (and Number) of States[b] and Territories That Reported Using Abbreviated Compliance Inspections During Monitoring Inspections, of Those That Reported Using Abbreviated Compliance Inspections*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

There are different approaches to determining which items to include in an abbreviated review, and some states use a combination of approaches. The most common approach in both 2014 and 2017 was deciding which regulations to include in an abbreviated compliance inspection based on a consensus about the regulations that were most critical to include (see Figure 47 for more information on reported methods for choosing items in both 2014 and 2017).

*Figure 47. Percentage[a] (and Number) of States[b] and Territories That Used Each Method of Determining which Rules to Include in Abbreviated Compliance Inspections in 2014 and 2017, of Those That Reported Using Abbreviated Compliance Inspections*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

States and territories using abbreviated compliance often have regulations in place that will trigger a switch from an abbreviated to a full review of licensing regulations. Of states and territories using abbreviated compliance in 2017, 72% reported having policies for determining when to switch from the abbreviated compliance review to a full compliance review of all regulations during inspections for centers; fifty-three percent reported having policies for determining when to switch from the abbreviated compliance review to a full compliance review for both FCC and GCC homes (NARA, 2020a).

## Risk assessment

As mentioned above, about half of states and territories that report using abbreviated compliance choose which regulations to include based on a risk assessment. While one purpose of a risk assessment is to determine the items to include in an abbreviated review, states and territories conduct risk assessments for many reasons. When asked whether the state or territory had conducted a risk assessment of licensing program requirements, 63% reported that they had in 2017, up from 53% in 2014 (NARA, 2020a). In 2017, most states and territories (61%) reported using risk assessments to identify high-risk requirements that would

### Abbreviated inspections in Florida

As of 2013 every facility in Florida receives multiple routine inspections per year (three for centers and two for FCC providers), but facilities that have had no serious violations for two consecutive years are eligible for abbreviated inspections. If licensing violations are found during an abbreviated inspection, however, the facility must have a full compliance review (NCCCQI, 2014g).

trigger additional inspections or follow-up visits if violated (i.e., **high-risk violations**). See Table 17 for more information on how states and territories that reported conducting risk assessments used them in 2014 and 2017.

***Table 17. Percentage[a] (and Number) of States[b] and Territories That Reported Uses of Risk Assessments in 2014 and 2017, of Those That Reported Conducting Risk Assessments***

| Uses of Risk Assessments | 2014 *(n=21)* | 2017 *(n=28)* |
|---|---|---|
| To identify high-risk requirements that, if violated, would trigger additional inspections or follow-up visits | 86% (18) | 61% (17) |
| To monitor the identified high-risk rules during abbreviated inspections | 67% (14) | 50% (14) |
| To categorize violations | 57% (12) | 54% (15) |
| To determine enforcement actions | 57% (12) | 54% (15) |
| Other | 19% (4) | 14% (4) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to this survey questions, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

States and territories that reported conducting risk assessments in 2017 selected and categorized regulations into risk levels in multiple ways. In both 2014 and 2017, the most common way that states and territories reported using, selecting, and categorizing regulations was by using an internal process where licensing agency staff and other regulation experts gave their opinions on regulations that would cause children the most harm if violated (though this percentage decreased somewhat from 2014 [95%] to 2017 [86%]; NARA, 2020a). See Table 18 for more information on how states and territories that conduct risk assessments reported selecting risk levels and categorizing regulations into risk levels.

***Table 18. Percentage[a] (and Number) of States[b] and Territories That Reported How They Selected Risk Levels and Categorized Regulations into Risk Levels in 2014 and 2017, of Those That Reported Conducting Risk Assessments***

| How Risk Levels Selected | 2014 *(n=21)* | 2017 *(n=29)* |
|---|---|---|
| Used an internal process to select rules | 95% (20) | 86% (25) |
| Reviewed research and resources such as Caring for Our Children | 71% (15) | 52% (15) |
| Solicited feedback from child care providers and other stakeholders | 0% (0) | 38% (11) |
| Worked with an external consultant | 29% (6) | 21% (6) |
| Developed a statistical methodology | 14% (3) | 14% (4) |
| Other | 14% (3) | 3% (1) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to this survey questions, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.
NA indicates that this was not included in the 2014 survey.

States and territories reported taking multiple approaches to assigning regulations a risk level. See Table 19 for more information. In 2017, 39% of states and territories reported assigning all regulations a risk level/weight.

*Table 19. Percentage[a] (and Number) of States[b] and Territories That Reported How They Assigned Regulations a Risk Level, of Those That Reported Conducting Risk Assessments*

| How Risk Levels Assigned | 2014 *(n=28)* | 2017 *(n=33)* |
|---|---|---|
| Each licensing regulation was given a risk level/weight | 25% (7) | 39% (13) |
| Only the highest risk requirements were identified | 36% (10) | 18% (6) |
| Categories of regulations were identified as high-risk | 39% (11) | 39% (13) |
| Other | 21% (6) | 12% (4) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to this survey questions, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

### Georgia's "core rule" risk assessment approach

As an example of a state's use of a risk assessment, Georgia uses a "core rule" risk assessment approach where the state identified 74 of the full 456 licensing rules as "core rules" (Fiene, 2014a; NCCCQI, 2014g). These core rules are all assigned a **severity level** (low, medium, high, extreme). Each year, all licensed facilities receive one visit where all rules are examined, and at least one visit where only the core rules are examined. Violations from each visit are used to determine a facility's overall compliance determination, which impacts the facility's eligibility for Georgia's QRIS, Georgia's pre-K program, and other services (Fiene, 2014a).

After this system was in place for several years, Georgia's Department of Early Care and Learning solicited an external review to validate the core rules system (i.e., ensure that the subset of rules were predicting compliance with the full set of rules accurately). The conclusions of the validation study were that Georgia's core rules did successfully predict program compliance with the full set of licensing rules, and that the mathematical formula Georgia used to designate programs as compliant or non-compliant could be simplified (Fiene, 2014a). The study also asked whether compliance with the core rules predicted program quality and found that it did so for state-funded pre-K programs, but not for non-state-funded pre-K programs or for FCC (Fiene, 2014a).

## Key indicators

As reported in Figure 47, 29% of states and territories that use abbreviated compliance reported in 2017 that they chose the regulations included in the abbreviated review based on "key indicators" that statistically predict compliance with a larger set of licensing regulations. The statistical methodology for determining key indicators was developed by Dr. Richard Fiene, who has supported a number of states in implementing the methodology in their CCEE licensing systems. The approach involves comparing the

state's licensing regulations to facilities' compliance data to determine which regulations are the best indicators of overall compliance in the state (Fiene, 2013a; Fiene & Kroh, 2000).[16]

An example of the key indicators approach comes from Washington. As of 2014, licensed providers without a history of noncompliance in the previous year were monitored using an abbreviated checklist based on key indicators developed by Fiene, plus a few additional indicators (NCCCQI, 2014g). If the provider was out of compliance with any of the key indicators during an inspection, they were given a full compliance review. In 2018, Washington announced plans to move toward a new system that relies on aspects of both the key indicators and risk assessment approaches (Stevens & Fiene, 2018). In this new system, providers would be inspected using a "baseline" of regulations that includes key indicators, regulations considered highest risk if violated based on a risk assessment, and a percentage of the remaining regulations that vary in risk level from a more comprehensive list. Baseline checklists may also include items from previous visits where the facility was not in compliance with those regulations. Only violations of key indicators and items considered to be very risky will be inspected further. The goal of this new system is to more efficiently focus inspections on areas where providers need the most support. No data about the implementation or effectiveness of this new Washington system were available at the time of this review.

In a report describing the identification of sets of key indicators for multiple setting types (e.g., centers, homes, license-exempt homes) in Indiana, Fiene reported that there was considerable overlap in the identified key indicators across the five setting types (Fiene, 2019b). Fiene (2019b) noted that this was typically the case, as key indicators tend to be consistent across service types and over time.

Risk assessment and key indicator approaches are not necessarily mutually exclusive. Indeed, experts in differential monitoring approaches have argued that combined key indicator and risk assessment approaches are most effective and efficient when used together (Fiene, 2019b; Trivedi, 2015).

## The use of technology in monitoring

Differential monitoring and abbreviated reviews are not the only strategies states and territories use to increase efficiency in and improve the quality of monitoring. Technology also helps improve quality and efficiency during monitoring visits. Benefits of using technology include improved data quality, access to resources while onsite, and capacity to share information with others (NCECQA, 2020j). In 2017, many states and territories reported that they use portable devices (e.g., laptops, tablets, smart phones) to record information during licensing inspections in child care and early education (CCEE) facilities (65% for centers, 58% for FCC homes, and 64% for GCC homes; NARA, 2020a). These figures were similar in 2014 (NARA, 2015). States have reported several benefits to using technology during monitoring visits. Reported benefits include the ability to pre-populate forms with program information before a visit to save time while in the field; to record and save inspection information during the visit (as opposed to having to re-enter it upon returning to the office); to access relevant information, such as prior facility history, while on site; and to produce inspection reports while on site (NCCCQI, 2014j).

In a NARA survey of states in early 2020 (at the beginning of the COVID-19 pandemic) a few states reported conducting inspections virtually (NARA, 2020b). The use of technology in monitoring is especially important in virtual inspections.

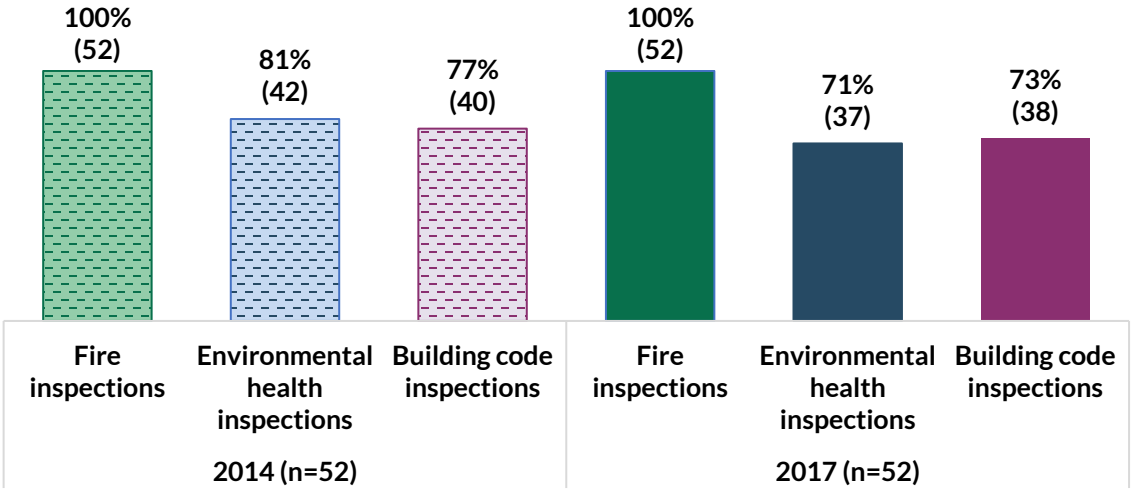
## Coordinated monitoring

In addition to monitoring for licensing violations, states and territories often require additional inspections around fire safety, playground safety, building codes, zoning, and environmental health (e.g., sanitation, hand washing, food service). These inspections are in addition to those conducted by the licensing agency.

[16] Note that Fiene's work to date has not included U.S. territories, but the strategies described here could also be applied in territories.

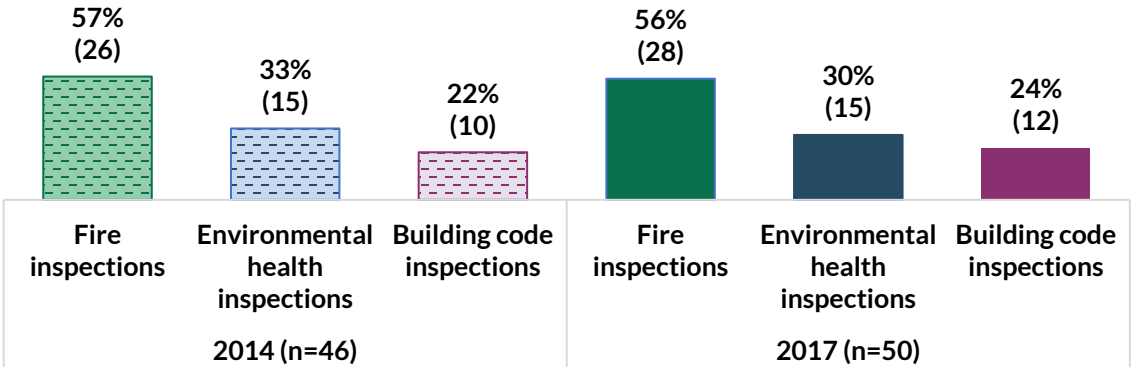
States are more likely to require these types of inspections for centers than for FCC or GCC homes and are more likely to require fire inspections than environmental or building code inspections (see Figures 48-50 for the percentage of states that conduct fire, environmental, and building code inspections for each setting type in 2014 and 2017).

***Figure 48. Percentage[a] (and Number) of States[b] and Territories That Conduct Health and Safety Inspections in 2014 and 2017 (Centers)***



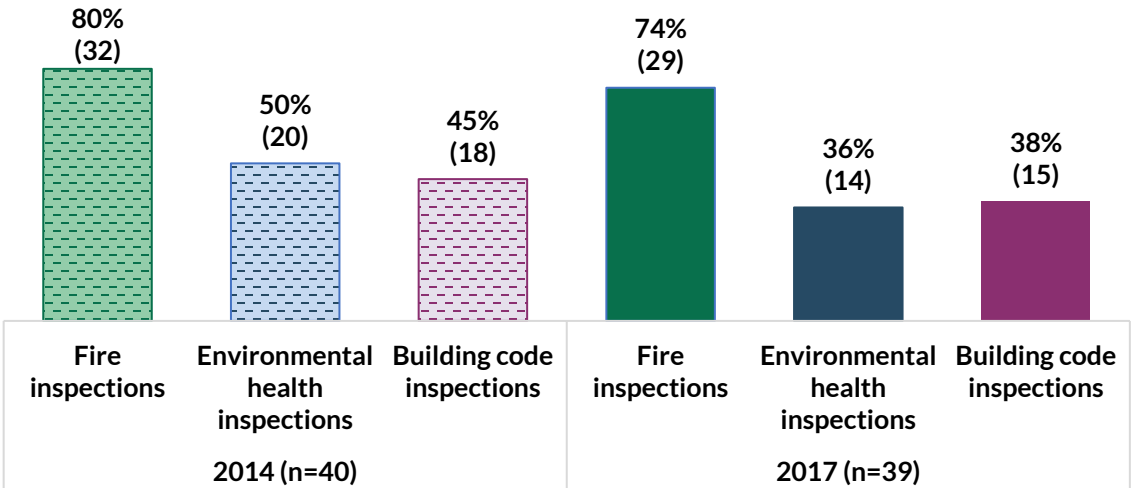

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and answered the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

***Figure 49. Percentage[a] (and Number) of States[b] and Territories That Conduct Health and Safety Inspections in 2014 and 2017 (FCC)***




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and answered the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

*Figure 50. Percentage[a] (and Number) of States[b] and Territories That Conduct Health and Safety Inspections in 2014 and 2017 (GCC)*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and answered the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

Monitoring can involve coordination between the CCEE licensing agency and the entities in charge of building and physical premises safety in CCEE facilities. Coordination can enhance the efficiency of the licensing agency and reduce the burden on facilities. We reviewed one article that summarized these types of inspections in nine states (CT, FL, GA, NC, OH, OK, TX, UT, and WA; NCCCQI, 2014a). The states reviewed in the report had varying approaches for coordinating between licensing and other relevant agencies, including regular coordination meetings between agencies, cooperative agreements or memorandums of understanding, and conducting joint training of inspectors across agencies.

CCEE providers may also be monitored by other entities that provide funding (e.g., Child and Adult Care Food Program, Head Start, public pre-K). Thus, another dimension of coordinated monitoring addresses the extent to which monitoring is coordinated across licensing and these various entities (Maxwell et al., 2016; Trivedi, 2015). The idea behind coordinated monitoring is that states and territories may be able to either coordinate standards across multiple monitoring systems so that some or all of the items in each monitoring system align, or coordinate monitoring activities such that multiple agencies share monitoring data or responsibilities. For example, the units responsible for CCEE licensing and for QRIS in Ohio combined efforts such that providers receive one monitoring visit during which an inspector monitors for both licensing and QRIS standards (Maxwell et al., 2016). Maxwell et al. (2016) note that applying coordinated monitoring strategies is a relatively new practice, and that more information is needed to gauge their effectiveness in strengthening licensing, reducing burden, and improving efficiency.

One tool that is intended to improve coordinated monitoring efforts called the Early Childhood Program Quality Improvement and Indicator Model-4th Edition (ECPQI2M4; Fiene, 2016). This model combines a risk assessment, key indicator, and differential monitoring approach, and provides a crosswalk between licensing and systems more focused on program quality, such as QRIS. The idea is that the model could help shift the focus to monitoring (and enforcing) only those standards that are empirically shown to demonstrate a positive association with program quality and safety (Fiene, 2016).

# Monitoring of license-exempt providers

States and territories vary regarding their monitoring practices for license-exempt providers, though as stated previously, the CCDBG Act of 2014 requires annual inspections for license-exempt providers receiving CCDF funding (45 C.F.R. § 98, 2016). The 2017 CCLS asked states and territories whether inspections of license-exempt centers and homes were administered by the licensing agency. States and territories were roughly evenly split—52% reported the licensing agency administered inspections of license-exempt centers and homes. One report (NCECQA, 2015d) focused on monitoring practices for license-exempt FCC in six states (AR, AZ, IN, ND, NM, and UT). Of those six states, three monitored license-exempt FCC homes at least once per year, two monitored them at least twice per year, and one monitored them at least three times per year.

Some states have seen a substantial decrease in the number of exempt providers in response to increased monitoring and other regulations (NCECQA, 2015d). For example, New Mexico reported experiencing a decrease in the number of providers—from approximately 3,800 to 2,600—after they began using internal staff to monitor exempt FCC homes in 2013 (NCECQA, 2015d).

# Perceptions of monitoring

Five reports focused on perceptions of licensing inspections. Four of these discussed inconsistencies and variation among licensing inspectors, as perceived by CCEE providers, directors, or public school administrators (Lent, 2015; Rohacek et al., 2010; Shdaimah et al., 2018; South Carolina Education Oversight Committee, 2008). Providers from four states (AL, NJ, WA, and CA) perceived that licensing inspectors may be misfocused on issues that directors considered to be less important for child health and safety than others (Rohacek et al., 2010); providers from a study based in Wisconsin shared that inspectors may have unrealistic expectations (Lent, 2015). Family CCEE providers (n=26) in Wisconsin reflected that since regulations increased, licensor visits became more punitive and less supportive, with a perception that inspectors often remained at the program until they could find a violation (Lent, 2015). A Wisconsin licensing agency administered a survey completed by 358 licensed or formerly licensed providers following an inspection to learn about their experience; 94% of providers believed their inspectors were professional and courteous, and 90% of providers who had applied to be licensed for the first time and received their initial licensing visit indicated they received helpful assistance from the Bureau of Early Care Regulation staff (Wisconsin Department of Children and Families, 2018a).

# Literature offering recommended monitoring practices

Nine reports offered recommended practices for child care and early education (CCEE) licensing monitoring. The recommended practices covered the nature and frequency of monitoring (CCAoA, 2013; Kagan, 2002; NACCRRAA, 2012; NARA, 2015; NARA, 2014; Payne, 2011; Viera & Hill, 2019); monitoring tools and strategies (Fiene, 2013c, 2019a; Trivedi, 2015; NARA, 2015), and other related topics (CCAoA, 2013; Trivedi, 2015) .

# Outcomes of monitoring

There was a notable lack of studies that examined whether monitoring practices (e.g., frequency of inspections, monitoring tools) are associated with safer programs, with higher quality programs, or with child outcomes. While many of these practices are informed by licensing staff and other professionals' expertise, more research is needed to identify the extent to which, and the conditions under which, monitoring practices are effective at keeping children safe and promoting positive learning environments for them.

A few studies from the 1990's and early 2000's address these questions. One study examined the relationship between inspections and safety outcomes (Currie & Hotz, 2004). Authors merged state-level data about CCEE regulations with three additional data sources: individual-level survey data from the 1987-1998 waves of the National Longitudinal Survey of Youth on childhood accidents requiring medical attention (n=6,702); Vital Statistics Detail Mortality data from 1983–1998, which includes information about every death in the United States; and Census Population estimates. They used analytic models that allowed them to estimate the association between CCEE regulations—including inspection frequency—and unintentional injury incidence. These models controlled for differences across states that may be correlated with states' CCEE regulations (e.g., political processes, parental attitudes) and differences across families that may be correlated with their state of residence (e.g., political preferences, socioeconomic circumstances) to assess this association more accurately. The research findings were mixed. They found that higher numbers of annual inspections for FCC homes was associated with higher accidental death rates, but also that the number of annual inspections required in a state was not associated with the incidence of reported accidents. Given the inconsistency of findings across **datasets**, study authors were not able to make a conclusion about the relationship between inspection frequency and safety outcomes.

Three studies examined whether monitoring regulations attract or deter families from using CCEE and found conflicting results. In the study described above, Currie and Hotz (2004) used data on parents' CCEE choices from the National Longitudinal Survey of Youth to study the association between various licensing regulations and parents' choice of care. They found that higher numbers of required inspections for centers was associated with a significantly lower probability that parents chose centers (but not FCC homes), compared to parental care. Based on these results, authors concluded that regulations requiring more frequent inspections crowded children out of centers, possibly due to increased cost.

The two other studies examining choice of CCEE found the opposite. Hofferth and Chaplin (1998) examined the association between the required number of annual inspections for centers and for FCC homes and parents' choice of child setting type. They used data from two sources. One source was the National Child Care Survey 1990, which is a nationally representative survey of 4,392 households across 37 states with children under age 13 (though the study's analytic sample was limited to children under age 6 whose mothers were working, in training, or in school, n=1,206). Additionally, they used a data file with information on state regulations (including inspections) for center and FCC homes that originated from the Census Bureau, the National Center for Health Statistics, and the Bureau of Economic Analysis. They found that requiring more inspections was associated with an increase in the use of both center-based and home-based care. Authors reported that the average number of annual inspections among states in their sample was 1.72, and that increasing the average number of inspections per year by one inspection was associated with an increase in the use of centers by 17.7% and in homes by 14.7%.

Blau (2003) used data from multiple sources to examine the association between CCEE regulations, including inspection frequency, and the type(s) of CCEE used. The first data source was the Survey of Income and Program Participation (SIPP), which collects information from groups of participants every four months for 2–3 years. Several of these groups of participants responded to a series of questions on CCEE use and expenditures from 1984 to 1995. The authors' analytic sample included 17,370 families with at least one preschool-aged child. The second data source was the Current Population Survey, which was used to obtain information on the CCEE workforce. The authors combined these data sources with information on state CCEE regulations from 1983–1996. Using an approach that took advantage of changes in regulations across states over time, Blau (2003) found that increased state inspections were associated with increased use of both center and home care, compared to relative or parental care. Blau (2003) cautioned that these effects were very small in size, however, and that there was relatively little variation in states' regulations over time, making it difficult to estimate precise impacts.

Finally, a few of the reviewed reports cited Gormley (1995) in support of more frequent monitoring. In this study, Gormley (1995) took advantage of natural variation in Vermont where the state was gradually rolling out a differential monitoring system to study the effect of monitoring on licensing violations. In this system,

Vermont varied inspection frequency depending on programs' compliance history, with programs with "good" histories receiving fewer inspections than programs with "bad" histories. Gormley found that a greater percentage of the programs receiving fewer inspections grew worse over a five-year period compared to the programs that received more inspections. The study concluded that centers generally performed better if they received more inspections, regardless of previous compliance history.

## Future research on monitoring

While the studies described above help us think about possible outcomes of inspection frequency and differential monitoring, they are now outdated and have not been followed up with any research corroborating or building upon those findings. Furthermore, the policy context around licensing and monitoring has changed significantly since these studies were conducted. This lack of recent research highlights the need for updated and rigorous research on the effects of monitoring, including differential monitoring (Fiene, 2016). One thing to keep in mind when thinking about future research is that because states and territories cannot be randomly assigned to different monitoring policies and practices (e.g., inspection frequency), researchers may need to find ways to capitalize on variation in states' and territories' practices. This may be challenging in some cases; it is often difficult to estimate the impacts of child care and early education (CCEE) regulations and practices because there is often not enough variation (Blau, 2003; Fiene & Kroh, 2016).

One report from the review raised questions on differential monitoring to be considered in future research (NCCCQI, 2014g, pg. 10–11):

- While various forms of abbreviated compliance are widely used, most are not developed using a methodology that statistically predicts compliance. Are all of these methods equally effective in measuring the level of compliance with licensing regulations?
- Are all abbreviated compliance systems successful in creating both efficient and effective use of resources? What are the similarities and differences and what is their impact on effective regulation?
- What is the best mix of measurement methodologies for consistent and strong enforcement of licensing regulations?
- How do these methods impact the relationship between licensing and other entities that monitor CCEE programs, such as Head Start, Quality Rating and Improvement Systems, prekindergarten, and national accreditation?

Fiene and Kroh (2016) called for studies to examine the effectiveness of differential monitoring approaches to ensure that they are working as intended (e.g., efficiently identifying providers that are and are not in compliance with licensing regulations).

Based on our review, some additional areas for future research on monitoring more broadly include:

- What is the association between licensing inspection frequency and children's health and safety outcomes? Is there an optimal number of routine inspections in terms of both child safety and cost?
- Under what conditions do differential monitoring systems lead to the same compliance conclusions as full compliance reviews? How do the associations between abbreviated compliance and full compliance reviews change over time?
- How do providers perceive monitoring? Are the regulations included in the abbreviated compliance reviews the ones they view as most important?
- Are licensing staff with smaller caseloads more effective in monitoring programs?

# Compliance

States and territories monitor providers to assess compliance with licensing regulations. Some states and territories have developed criteria to determine a program's overall compliance designation—an indicator of whether a program is in good standing with licensing regulations. Compliance may be defined, for example, as full compliance with all requirements or substantial compliance with most requirements (NARA, 2020a). A program's compliance designation may have implications for other aspects of the licensing process. For instance, providers with a history of compliance may be monitored less frequently or with an abbreviated list of licensing regulations (see Monitoring section for more information about differential monitoring strategies). Providers' compliance designation may be published to inform consumers about a program's standing. A program's compliance designation may also have implications for their eligibility to receive funding or participate in quality initiatives, including their eligibility to receive child care subsidies, participate in the Child and Adult Care Food Program, receive quality grants and incentives, or participate in the Quality Rating and Improvement System (QRIS; NARA 2020). States and territories may also use compliance data to inform support services for providers, including TA and trainings.

Our review of the literature included a total of 46 reports related to compliance with licensing regulations (See Appendix F for a list of the references related to compliance).

- Thirty-six of the reports are descriptive and summarize compliance trends and policies in state and territory CCEE licensing. Two of these are nationally based reports authored by the National Association for Regulatory Administration (NARA) that summarize trends based on data gathered through the Child Care Licensing Study (CCLS) survey. Nine reports examined the most frequent violations in a single state. Six reports examined compliance with a specific set of regulations in a single state (e.g., physical activity, nutrition). Twenty were Office of Inspector General reports that describe findings from a set of audits conducted in 10 states with a small sample of providers that received Child Care and Development Fund (CCDF) funds. The purpose of the audits was to determine whether they complied with their state's health and safety regulations. We rely on the national reports for descriptive information and trends in compliance because these studies collected consistent information across nearly all states and territories at a similar time period. For more information about the state-specific studies, please see Appendix F.
- Eight of the reports examined factors associated with compliance.
- One report discussed recommendations for defining compliance.

This section covers compliance determination, assessing compliance, and factors associated with compliance. We also describe recommended practices from the literature, outcome studies, and ideas for future research.

## Compliance determination

In 2014, 45% (n=24) of states and territories defined compliance within their licensing requirements, whereas 38% (n=20) did so in 2017 (NARA, 2015; NARA 2020a). There were few changes in how states and territories used compliance determination from 2014 to 2017 (Table 20). The most common uses of compliance were to determine enforcement actions, inform parents of the provider's status, determine the frequency or depth of inspections, and determine the eligibility to participate in QRIS or meet a QRIS standard.

*Table 20. Percentage[a] (and Number) of States[b] and Territories That Reported Uses of Compliance Determination in 2014 and 2017*

| Use of Compliance Determination | 2014 *(n=53)* | 2017 *(n=52)* |
|---|---|---|
| Determining enforcement actions (including non-renewal of license) | 38% (20) | 40% (21) |
| Informing parents of the provider's status | 21% (11) | 29% (15) |
| Determining the frequency or depth of licensing inspections | 26% (14) | 23% (12) |
| Determining eligibility for participation in QRIS or meeting a QRIS standard | 25% (13) | 21% (11) |
| Determining eligibility for receipt of child care subsidy funding | 17% (9) | 17% (9) |
| Determining eligibility for participation in quality initiatives, e.g., grants, incentives | 21% (11) | 13% (7) |
| Determining eligibility for participation in the Child and Adult Care Food Program | NA | 10% (5) |
| Other | 11% (6) | 2% (1) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to this survey questions, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.
NA indicates that this was not included in the 2014 survey.

# Assessing compliance

One study compared whether methods for assessing compliance were associated with different outcomes (Lessard et al., 2014). Specifically, the study assessed compliance with 9 regulations related to beverages, physical activity, screen time, and using interviews with center directors and direct observations of children and staff in randomly selected classrooms. There was a high percentage of agreement in compliance scores for beverage and screen time regulations. However, there was low agreement when assessing physical activity regulations, such that center director interviews were more likely to indicate that the center was in compliance with regulations than classroom observation findings.

# Factors associated with compliance

Eight reports examined the association between compliance and CCEE provider characteristics. Using data from Connecticut, Florida, North Carolina, New Mexico, North Dakota, and South Carolina, these studies found that compliance was generally higher for providers who met their continuing education requirements, were located in higher income neighborhoods, were accredited, had higher QRIS star ratings, and were publicly funded. FCC providers who participated in FCC networks also tended to have better compliance

with some regulations compared to those who did not. Finally, two states reported that license-exempt home-based providers receiving CCDF funds tended to have lower compliance and need more guidance to comply with required health and safety regulations compared to licensed home-based providers. Each study is summarized below.

- Crowley et al. (2013) used data from routine, unannounced inspections in Connecticut to assess whether compliance in CCEE programs (centers and GCC homes) was associated with a) NAEYC accreditation, b) source of funding, c) access to a trained child care health consultant, d) compliance with continuing education requirements for providers, and e) median household income of the center location. The authors classified all regulations included in the child care inspection forms into nine categories that were required for all centers. The five categories with lower compliance (i.e., at least one item with noncompliance greater than 10%) were used in the analyses. The violations in these categories were used to group programs into high and low compliance groups. Provider continuing education was the characteristic that was most frequently associated with compliance and significantly predicted compliance with 4 of the 5 regulation categories (indoor safety, indoor health, emergency preparedness, and child and staff documentation). Median income significantly predicted compliance with 3 of the 5 regulation categories (indoor safety, indoor health, and emergency preparedness). NAEYC accreditation significantly predicted compliance with one regulation category (child and staff documentation).
- Rosenthal et al. (2016) assessed whether the medium income of FCC locations was associated with compliance. Using data from routine, unannounced inspections in Connecticut, the authors categorized all regulations into 11 regulation categories. The 4 categories with lower compliance (i.e., had at least 1 item with noncompliance greater than 10%), included indoor safety, emergency preparedness, child/family/staff documentation, and qualifications of provider, and were included in the analyses. Although compliance with regulations was generally high across all FCC homes in the study, FCC homes in ZIP codes with the lowest quartile of income had lower compliance with indoor safety regulations. The median household income for programs receiving a reinspection was also much lower than that of programs receiving an inspection, suggesting that children in lower median income ZIP codes were more likely to receive care in FCC homes that required a reinspection. A reinspection is conducted at the discretion of a licensor, based on the severity of a violation, repeated violations, or incomplete corrective action plans.
- A similar study was conducted using data from routine, unannounced inspections in Connecticut to examine whether engagement with family child networks was associated with higher compliance (Rosenthal et al., 2020). When controlling for median income in the FCC home's ZIP code and duration of licensure, FCC providers who were part of FCC networks had lower violation rates and were less likely to have a violation related to child/family/ staff documentation, emergency preparedness, and indoor safety. No differences were observed for violations related to child health, child protection, developmental play, indoor health, outdoor safety, parent interaction, program documentation, or provider qualifications.
- Doromal et al. (2018) used data from routine license inspections in North Carolina to examine whether compliance varied across publicly funded (i.e., receive at least some Head Start or state pre-K funds) and privately funded (i.e., did not receive any Head Start or state pre-K funds) programs. They found that some non-compliance was common among licensed centers in North Carolina, as more that 70% of programs had at least one violation. Compared to publicly funded programs, privately funded programs were more likely to have a violation, even after accounting for program-level characteristics (i.e., maximum **licensed capacity**, licensed to serve infants and toddlers, licensed to serve daytime only) and community characteristics (i.e., percentage Black, percentage Hispanic, median household income, unemployment rates, and maternal employment rates). Privately funded programs were also more likely to have a severe violation (like use of corporal punishment) compared to publicly operated programs, but not after controlling for program-level characteristics.

- Winterbottom and Jones (2014) found that centers accredited under Florida's Gold Seal Quality Care program had statistically fewer violations that were less serious in nature (Class II and III), such as record keeping, compared to programs that were not accredited. However, there was no significant difference in serious violations (Class I), such as those related to supervision, between Gold Seal-accredited and non-accredited programs, possibly because of the low incidence of these types of violations.
- Fiene (2017) examined the relationship between program characteristics and compliance with licensing regulations using licensing data from Washington. Higher QRIS star levels were associated with fewer violations; however, the size of a CCEE program was not associated with compliance.
- Wang (2018) conducted a study to determine whether center characteristics were significantly associated with the severity of licensing violations using data from South Carolina. The study examined whether the size of the center, QRIS quality level, use of CCR&R TA and coaching services, and number of months the center had been operating were related to the likelihood of having severe and non-severe violations. None of the characteristics included in the study significantly predicted the likelihood of having severe or non-severe violations.
- In addition to the studies examining factors associated with compliance among licensed providers, one report described compliance among license-exempt providers who receive CCDF funds. NCECQA (2015c) conducted case studies with six states (AR, AZ, IN, ND, NM, UT) to understand how license-exempt programs are monitored and supported. Two states reported on license-exempt providers' compliance with health and safety requirements. New Mexico reported that licensed home-based providers tended to have higher compliance compared to license-exempt providers (though the number of regulations reviewed for compliance is likely greater for licensed than license-exempt providers). Common violations reported by the state included "cleanliness, chemicals within reach of children, and leaving children unattended" (p. 9). North Dakota reported that license-exempt home-based providers "often require more guidance to comply with the standards" (p. 9).

## Literature offering recommended compliance practices

Fiene (2014a; 2019a) discussed recommendations about defining compliance

## Outcomes of compliance

All of the literature related to compliance is descriptive in nature or describes program characteristics that are associated with higher compliance. None of the studies reviewed examined outcomes of compliance. However, some of the articles reviewed in this section examined the association between compliance and quality. Although the directionality of this relationship was not examined, many of the findings provide evidence for the relationship between compliance and quality (e.g., NAEYC accreditation and QRIS ratings).

## Future research on compliance

Based on our review, some areas for future research on compliance include:

- Are programs that are deemed out of compliance (however compliance is defined) of lower quality than programs that are deemed to be in compliance?
- Are programs deemed out of compliance more likely to have child injuries?
- What is the level of effort required by licensing staff to determine various levels of compliance (e.g., 90% vs. 95% vs.100%)? How consistent are licensing staff in determining compliance and what factors support consistency?

- How does compliance vary over time, from month to month? How well does compliance in one month predict compliance the next month? What factors influence variability?
- Are patterns of compliance consistent across provider types? Is compliance similar for rural and urban providers? For Black, Hispanic, and White owners/directors/providers? For providers who speak English compared to those who speak another language? For centers and FCC homes?
- If a provider is deemed out of compliance, what supports help them become compliant?
- What is the average length of time it takes a licensed provider to correct violations after being deemed out of compliance (and become compliant again)? Does the length of time vary across provider types? Do higher quality programs tend to correct violations more quickly than lower quality programs? What supports help reduce the amount of time needed to become compliant?
- What are providers' perceptions about the compliance determination process? What is most helpful in maintaining compliance or addressing violations when deemed out of compliance?
- What is the compliance history of providers who are no longer licensed (i.e., closed or did not renew their license)? Does it differ from those who remain licensed?
- Do providers who have been licensed for 5 or more years have higher levels of compliance compared to those who have been newly licensed (less than 5 years)?

# Enforcement

Enforcement is the part of the licensing process that ensures compliance with the regulations governing the quality and safety of child care and early education (CCEE). Licensing agencies oversee the monitoring and enforcement of CCEE regulations. States have varied options for enforcement actions when a regulation violation occurs, ranging from offering TA and resources to denying or revoking the provider's license, depending on the severity of the violation.

Four 2023 TRLECE licensing briefs highlight different aspects of licensing. The *Enforcement Actions Used in Child Care and Early Education Licensing* describes licensing enforcement, including information about enforcement actions used by states in 2017.

Our review of the literature included a total of 39 reports related to the enforcement of licensing regulations. All 39 of the reports are descriptive and summarize enforcement policies, and/or trends or best practices in state and territory CCEE regulatory systems between 2000 and 2020. None of the reports addressed system, provider, family, or child outcomes of enforcement practices. Thirteen of these reports are nationally-based reports, the majority of which are reports from the National Association for Regulatory Administration (NARA), the National Center on Child Care Quality Improvement (NCCCQI), and the National Center on Early Childhood Quality Assurance (NCECQA) describing the results of the national Child Care Licensing Study (CCLS) conducted by NARA and NCECQA between 2005 and 2017. Six reports are multi-state case-studies that describe best practices for enforcement (Koch Consulting, 2005; NCCCQI, 2014b, 2014e, 2014f, 2014i; NCECQA, 2015c). Seventeen reports and two articles focused on licensing regulation practices, including enforcement practices, in a single state. The majority of the reports were licensing audit reports and/or annual licensing reports that describe the number of enforcement actions (e.g., revocation of license, civil fines) taken in the state in a given year, and the frequency of each type of enforcement action published between 2004 and 2019 from Louisiana, Massachusetts, Minnesota, Ohio, Texas, Washington, and Wisconsin. One report also included an evaluation of Georgia's licensing and monitoring system (Bryant & Maxwell, 2013), and one article focused on program compliance with a new physical activity regulation in New York with implications for adapting enforcement (Lessard, et al., 2014; See Appendix G for enforcement references by type of report).

The national and state reports summarize the *allowable methods of enforcement*[17] in a given year, as well as the frequency of *enforcement actions used*[18] across states or within an individual state. Given that the national reports summarize findings from various iterations of the CCLS conducted by NARA and NCECQA, we focus the review on the most recent CCLS conducted in 2017 to highlight the most current, national information available about enforcement actions. We do not summarize all enforcement information from the individual state licensing audit and annual licensing reports, as state enforcement practices are uniformly captured in the 2017 CCLS. Our review also includes a summary of recommended practices related to enforcement, based on survey, interview, and document review findings reported in the multi-state and individual state case studies. Finally, we describe future research needs related to enforcement that were identified in the literature.

## National data on enforcement practices

The 2017 CCLS (NARA, 2020a) report provides findings from the most recent national survey of state and territory CCEE licensing agencies in 2017. The report, based on responses from 50 states, Washington, D. C., and America Samoa, describes licensing practices, including enforcement practices, for each type of licensed care (i.e., centers, FCC homes, and GCC homes) as of 2017. Additionally, it describes changes to

[17] Allowable methods of enforcement refer to the enforcement practices (e.g., revocation of a child care license, civil fine) that states allow by policy and/or statute for each type of licensed provider (i.e., centers, FCC homes, GCC homes).
[18] Enforcement actions used refers to the enforcement practices that states utilized to ensure providers comply with regulations.

practices between 2014 to 2017. For enforcement practices, the survey asks states about which methods of enforcement were allowed and the frequency of each enforcement method used in 2017. The report also describes any changes from 2014 to 2017 to the methods of enforcement allowed and the frequency of each enforcement method used.

## National enforcement practices between 2014 to 2017

NARA (2020) found the most common methods of enforcement that states *allowed* across all program types in 2017 were: revocation and/or denial of a license, emergency/immediate closure of the facility, issuing a conditional license, and civil fines. These allowable methods of enforcement remained the most common between 2014 and 2017 (see Table 21) and have been the most commonly allowed methods of enforcement across states since the 2005 CCLS survey (NARA, 2013, 2015; NARA & NCCIC, 2006). NARA (2020a) also found that compared to 2014, more states in 2017 reported an expanded set of allowable enforcement methods across program types (centers, FCC homes, and GCC homes).

However, not all of the allowable methods were frequently *used*. Civil fines were the most frequently used enforcement action, followed by revocation of licenses, and emergency/immediate closure of a facility (NARA, 2020a). The report also compared the frequency of enforcement actions over time. When comparing the 44 states that responded to both the 2014 and 2017 surveys, the number of civil fines issued by states in 2017 more than doubled compared to 2014, with 2,108 civil fines issued (two states were responsible for 80% of the increase). The number of consent agreements[19] also more than doubled (from 80 issued in 2014), and there were almost 50% more revocations of licenses (from 1,383 issued in 2014). The largest drops were seen in the use of conditional licenses (from 1,122 issued in 2014 to only 278 issued in 2017) and non-renewal of licenses (from 317 issued in 2014 to 126 in 2017; NARA, 2015, 2020a).

Licensing enforcement actions can also affect providers' eligibility for other programs or funding, such as receiving child subsidies. In the NARA (2020) report, nine of the states (n=40) that provided information about enforcement in the 2017 survey reported that a provider's subsidy payment was affected if a licensing enforcement action was issued. Fifteen states said a subsidy payment was affected if a licensing enforcement action was upheld, and 36 states said the effect on subsidy payments varied by the type of enforcement action (NARA, 2020a). Differences by setting type were not reported. Additionally, the number of state licensing agencies reporting that licensing enforcement actions affected subsidy payments decreased between 2014 to 2017, from 45 to 42 states.

[19] A consent agreement is a legal term defined as "an agreement between parties in a court action which solves a dispute. An example of consent agreement is a document stating that one party will stop the contested actions which will, in turn, resolve the lawsuit" (NARA, 2020a, p.5).

***Table 21. Percentage[a] (and Number) of States[b] and Territories with Allowable Enforcement Methods in 2014 and 2017, Among Those That License Each Setting Type***

| Enforcement Method | 2014 Centers (n=53) | 2014 FCC (n=46) | 2014 GCC (n=40) | 2017 Centers (n=52) | 2017 FCC (n=50) | 2017 GCC (n=39) |
|---|---|---|---|---|---|---|
| Revocation of license | 98% (52) | 98% (45) | 98% (39) | 100% (52) | 90% (45) | 97% (38) |
| Denial of license | 98% (52) | 100% (46) | 100% (40) | 96% (50) | 86% (43) | 95% (37) |
| Emergency/immediate closure of facility | 98% (52) | 100% (46) | 95% (38) | 98% (51) | 90% (45) | 97% (38) |
| Nonrenewal of license | 68% (36) | 70% (32) | 75% (30) | 73% (38) | 66% (33) | 77% (30) |
| Probation | 43% (23) | 48% (22) | 45% (18) | 48% (25) | 48% (24) | 46% (18) |
| Conditional license | 79% (42) | 78% (36) | 78% (31) | 71% (37) | 72% (36) | 74% (29) |
| Consent agreement | 34% (18) | 37% (17) | 35% (14) | 40% (21) | 38% (19) | 41% (16) |
| Civil fine | 55% (29) | 57% (26) | 50% (20) | 60% (31) | 56% (28) | 56% (22) |
| Criminal fine | 13% (7) | 13% (6) | 15% (6) | 12% (6) | 12% (6) | 10% (4) |
| Imprisonment | 6% (3) | 9% (4) | 8% (3) | 8% (4) | 8% (4) | 8% (3) |
| Other | 43% (23) | 39% (18) | 38% (15) | 40% (21) | 38% (19) | 33% (13) |

**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that license a setting type and responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

## Enforcement for providers operating illegally

Almost every state/territory in 2017 reported that they identify and discourage the use of illegally operating providers, including those identified through complaints received by the public (NARA, 2020a). In 2017, 90% of states/territories reported that they encouraged illegally operating providers to become licensed, 85% of states/territories allow an injunction or cease and desist order to be issued, 58% of states/territories impose civil fines on providers operating illegally, and 56% of states/territories will charge illegally operating providers with a misdemeanor. About half of states/territories track investigations and enforcement actions with illegally operating providers using a database, and are able to provide data related to these programs (NARA, 2020a).

## Literature offering recommended enforcement practices

Eleven reports, which included one national report (Payne, 2011), seven multi-state reports (Koch Consulting, 2005; NARA & NCCCQI, 2015; NCCCQI, 2014b; NCCQI, 2014f; NCCCQI, 2014j; NCECQA, 2015c; NCECQA, 2015d) and three individual state reports (Bryant & Maxwell, 2013; Children at Risk, 2018; Stevens & Fiene, 2018), suggested recommended practices for enforcing licensing regulations. They covered a range of topics, including written policies, strong data systems, and progressive enforcement actions.

## Enforcement for license-exempt providers who accept child care subsidies

Only one report focused on enforcement practices for license-exempt providers who participate in the federal CCDF program. Based on webinars and regional meetings with states and territories that focused on monitoring license-exempt providers, NCECQA (2015c) reported enforcement practices for license-exempt homes receiving CCDF in 4 states (Arizona, Indiana, New Mexico, and North Dakota). Non-compliance or failure to address health and safety concerns resulted in decertification as a provider who can receive CCDF funding (Indiana), or loss of registration status (New Mexico). One state (Arizona) offered an escalatory range of enforcement actions from a verbal warning to revocation of eligibility to receive subsidy funds. One state (North Dakota) reported that monitoring has led to fewer corrective actions, although data on corrective actions in this state were not provided (NCECQA, 2015c).

## Outcomes of enforcement

Overall, the topic of enforcement is largely understudied. All of the literature related to enforcement is descriptive; none of the studies used causal or correlational research methods to explore which methods of enforcement are associated with improved compliance of regulations or improved outcomes for children and/or families.

## Future research on enforcement

One report from the review identified future research questions related to enforcement. The NCCCQI (2014f) report highlighted several research questions to further understand enforcement:

- What is the point at which preventive strategies (e.g., TA, training) are replaced by intermediate negative sanctions (e.g., fines, probationary status) to encourage and compel compliance? Is it possible to have too much TA versus too few restrictive actions or strategies?
- What is an adequate number and the best array of successful intermediate sanctions, with progressive degrees of restriction, to prevent the overuse of revocation?
- Can research using **administrative data** and performance indicators help the licensing field determine the best mix of enforcement components and study new strategies to ensure effective and efficient monitoring for compliance with the regulations?
- How can the effectiveness of enforcement be measured? Can licensing data be used to track the impact of policy changes over time to determine such outcomes as: an improvement in the overall level of compliance across programs; the effect of preventive strategies and intermediate sanctions on compliance; a reduction in the time providers take to correct violations; and a reduction in the number of serious violations or injuries to children (p. 15)?

Based on our review of the literature, we suggest that the following research questions related to enforcement could be addressed in the future:

- How might enforcement approaches differ between center-based and home-based programs? What is the best balance of preventative strategies and negative sanctions for maintaining or increasing the supply of home-based providers?
- How might enforcement approaches differ between programs serving children receiving subsidies and those who do not? If there are differences, what factors (e.g., bias among licensing staff, inadequate supports for providers) may explain those differences?
- How does using an automated licensing data system to help determine enforcement actions improve licensing outcomes (e.g., promotes consistency) and program compliance?

# Consumer education and communication with others

Communication and outreach in child care and early education (CCEE) licensing refers to both communication with providers and the public about licensing regulation and other licensing information, as well as communication between licensing agencies and other parts of the CCEE system (e.g., QRIS, Head Start, public pre-K). Regular and clear communication to providers ensures that they are aware of, and up to date on, licensing regulations so that they can stay in compliance. Consumer education to parents about the role of licensing in CCEE, as well as communication with parents about the results of licensing inspections and complaints, are also important so that parents can make informed choices about their children's care and be assured that providers are meeting minimum safety requirements (CCAoA, 2013; Helburn, 1995; Hill, 2007; Mitchell, 2015; NACCRRA, 2009; NCCCQI, 2014a).

Communication between licensing and other agencies allows for integration of state CCEE systems. This integration sometimes involves linking licensing databases with other CCEE databases to improve efficiency in collecting and storing information that could be valuable to multiple agencies. Alternatively, it involves creating a single integrated database that multiple agencies use to store their information.

Our review included a total of 46 reports related to communication and outreach in CCEE licensing (see Appendix H for a list of the references related to communication and outreach). Nearly all the reports were descriptive and summarized states' and territories' monitoring practices and/or described recommended practices in licensing; two discussed outcomes of licensing. Twenty-six of the reports were national, 7 were multi-state, 11 focused on a single state, and one was international.

Results from the 2017 Child Care Licensing Study (CCLS) provide the most recent national information on licensing regulations, including those related to communication and outreach. Where applicable, each sub-section below includes these 2017 findings (NARA, 2020a; NCECQA, 2020a, 2020k, 2020l), changes since the 2014 CCLS, and information from other related articles from our review.

In this section, we describe findings related to communication with parents as well as communication with providers and other parts of the CCEE system. We also describe studies about provider and parent perceptions of communication. We then describe recommended practices noted in the literature, followed by a summary of outcome studies related to communications. We end with ideas for future research.

## Communication with parents

CCDBG reauthorization required states to have a consumer education website to help families make informed choices about CCEE. In a recent examination of the information provided to families to assist them with their CCEE search through states' CCEE consumer education websites (which included state's consumer education, QRIS, and CCEE search websites), about half of states (49%) provide information about the importance of licensing (or link to information on the importance of licensing) on at least one of their consumer education websites. Additionally, the majority of states (76%) included the licensing status for some or all the providers listed on their CCEE search, and over half of states (57%) included licensing violations for providers listed on their CCEE search (Banghart et al., 2021).

The 2017 CCLS gathered more detailed information about posting inspection reports online. About half of the states and territories (52%) reported that they made full inspection reports available online in 2017, which was an increase from 30% in 2014 and 14% in 2005 (see Table 22 for more information on states' and territories' practices around posting inspection reports online; NARA, 2015, 2020a). In 2017, some states and territories (31%) reported that they made summary inspection information available online, and a few states and territories (16%) reported that inspection reports were not available online at the time, but that they were planning to post them.

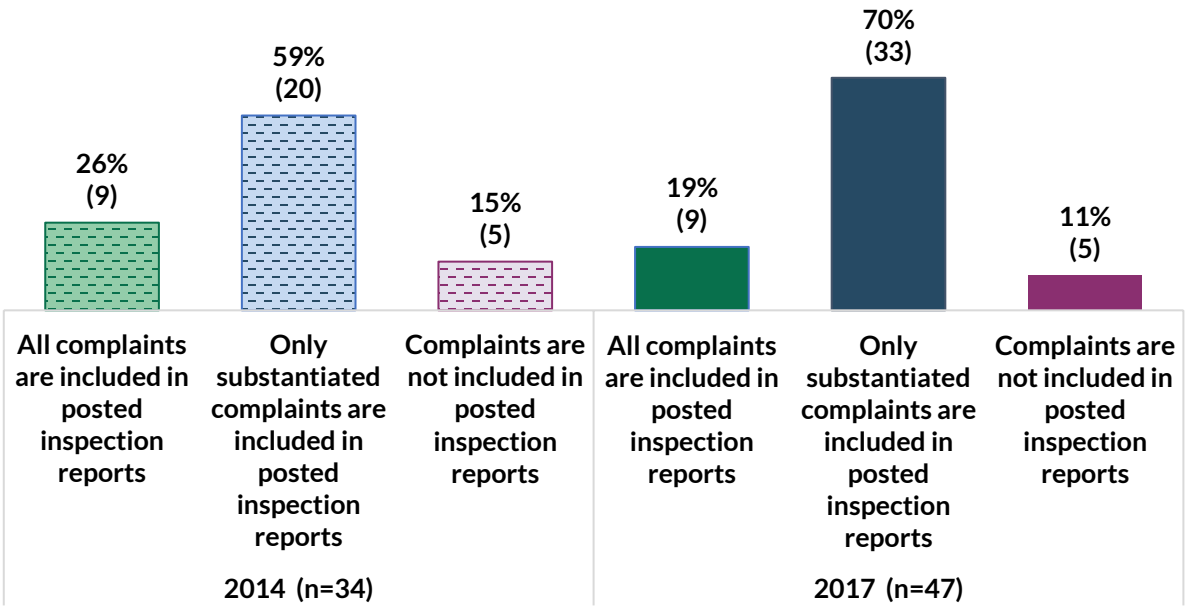
***Table 22. Percentage[a] (and Number) of States[b] and Territories Posting Licensing Information on the Internet in 2014 and 2017***

| Information Posted on Internet | 2014 *(n=53)* | 2017 *(n=51)* |
|---|---|---|
| **Licensing inspection reports** | | |
| Full report | 30% (16) | 53% (27) |
| Inspection summary | 34% (18) | 31% (16) |
| **Licensing complaints** | | |
| All complaints | 17% (9) | 18% (9) |
| Substantiated complaints | 38% (20) | 63% (32) |
| **Enforcement actions** | 40% (21) | 67% (34) |
| **Corrective action plans** | NA | 57% (29) |

**Source:** NCECQA, 2020j.
[a] The denominator for percentages is the number of states and territories that responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.
NA indicates that this was not included in the 2014 survey.

Of the states and territories that reported making summary or full inspection reports available online, many states and territories (70%) reported in 2017 that they only included substantiated complaints in those reports, which represented an increase from 59% in 2014 (see Figure 51; NARA, 2015, 2020a).

*Figure 51. Percentage[a] (and Number) of States[b] and Territories That Include Complaints in the Inspection Reports They Post Online in 2014 and 2017, among Those That Post Inspection Reports Online*




**Source:** NARA, 2015, 2020a.

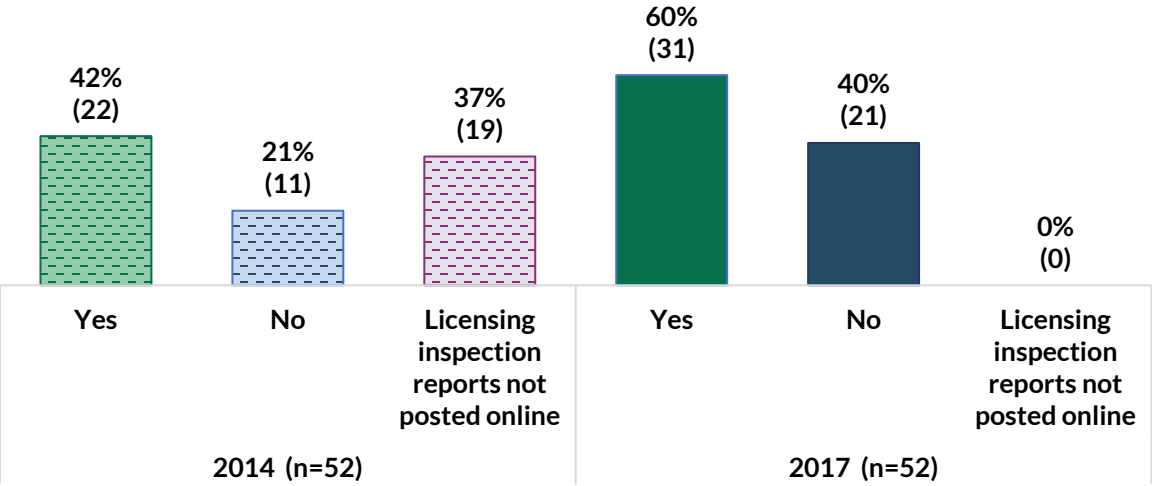
[a] The denominator for percentages is the number of states and territories that responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

In 2017, 70% of states and territories that reported posting reports online included enforcement actions in their posted inspection reports, which represented an increase from 59% in 2014 (NARA, 2015, 2020a). Many states also included corrective action plans (57%) in their online reports in 2017 (this item was not included in the 2014 survey). Additionally, many states and territories reported allowing providers to review the reports before posting them online in 2017 (70%), up from 53% in 2014.

States and territories that reported posting inspection reports online were also asked the average length of time it takes them to post a report online after an inspection occurs. In 2017, most states and territories reported that they posted inspection results online in a timely manner: 7% reported posting immediately after inspection, 10% reported posting within one day, 38% reported posting within one week, another 38% reported posting within one month; 7% reported that it took more than one month to post inspection results on average (NARA, 2020a; this question was not asked in 2014).

The CCLS also asked states and territories whether they provided the public with guidance on understanding or interpreting licensing inspection reports. Many states and territories reported in 2017 that they provided the public with this guidance (60%), up from 42% in 2014 (see Figure 52; NARA, 2015, 2020a).

*Figure 52. Percentage[a] (and Number) of States[b] and Territories That Provide the Public with Guidance on Understanding and Interpreting Licensing Inspection Reports in 2014 and 2017*




**Source:** NARA, 2015, 2020a.
[a] The denominator for percentages is the number of states and territories that responded to the survey question, not the total number of states and territories.
[b] The NARA reports note that 2014 CCLS includes data from 50 states, DC, and 2 territories; the 2017 CCLS includes data from 50 states, DC, and 1 territory.

One example of using online information to effectively communicate with the public comes from Florida, which has an online public information system for providers and parents. In this online system, providers access information about state policies and regulations, training requirements, and other information, and parents can use the system to access providers' compliance histories (U.S. Government Accountability Office [U.S. GAO], 2004). Florida officials have reported that posting provider information online reduced the amount of time that licensing staff had to answer providers' questions and allowed them to spend more time on other enforcement activities (U.S. GAO, 2004).

One report suggested that states might implement a rating system for licensing where CCEE programs would receive a health and safety rating. Parents could use this rating to understand how healthy and safe a setting is, rather than only whether the setting has met the minimum health and safety requirements for a license (Hill, 2007). This rating would indicate level of compliance with health and safety standards and would allow parents to more easily compare programs on their health and safety qualifications. Notably, this recommendation was made when only 30 states had implemented QRIS (which were referred to as Quality Rating Systems at the time), and the report notes that a Quality Rating System would be a more comprehensive (and preferred) version of a licensing rating system.

One report noted that it may be beneficial for states and territories to invest in public outreach campaigns around licensing, and included a few examples of such campaigns (NCCCQI, 2014a). These public campaigns were described as either being specific to licensing or about early childhood in general. For instance, the Texas "Don't be in the Dark about Child Care!" campaign was specific to licensing, explaining why parents should always choose licensed care and connecting them to resources. North Carolina's "First 2000 Days" was an example of a general early childhood campaign to promote broad public awareness about the importance of early childhood development (NCCCQI, 2014a).

## Communication with CCEE providers

In addition to communicating with parents, states and territories also need to find ways to communicate with CCEE providers. To be most useful, that communication may need to be tailored for different types of providers. For example, one report noted that many FCC providers may be interested in becoming licensed but experience a number of barriers to participation (e.g., complicated and inaccessible paperwork). To address these barriers, states and territories can develop guidebooks and trainings specific to FCC, provide real-life examples of how regulations work, and share information about providers' rights when interacting with licensing staff and parents (Viera & Hill, 2019). States can also offer regular opportunities for FCC providers and licensing staff to interact so they can build open and transparent communication.

Providing outreach to providers and the public also has the potential to bring illegally operating providers into compliance with licensing (NCCCQI, 2014e). The NCCQI report included a recommendation for local resource and referral agencies and licensing agencies to communicate with parents and CCEE providers about the benefits of licensing, since many parents and illegally-operating providers may be unaware of or may not understand licensing laws. Absent a formal communication plan, even posting information online may be useful for this purpose—Utah has reported that filing complaints online has helped to create awareness among illegally operating providers around the need to become licensed or to stop providing care (NCCCQI, 2014e).

## Communication between licensing and other parts of the CCEE system

One way that CCEE licensing agencies communicate with other CCEE agencies is by linking databases. Almost all states and territories (92%) reported having at least one database that stores licensing information in 2017. Another 6% reported that they were developing a database, and 2% reported not having one (NARA, 2020a). Of states and territories that responded about how their licensing databases were used (n=33), 73% reported that their database was used to coordinate with other agencies or programs such as Head Start, subsidy, the Child and Adult Care Food Program, Quality Rating and Improvement Systems (QRIS), or pre-K.

In addition, 67% of states and territories in 2017 reported that their licensing database was linked to other state databases (NARA, 2020a). The most common linkages were between the state/territory licensing database and databases for child care subsidy systems (54%), QRIS and/or other quality systems (37%), and background check services or registries (35%). Others included linkages between the state/territory licensing database and databases for child protection services (23%), child care resource and referrals (23%), professional development practitioner registries (19%), human services (e.g., TANF, SNAP; 15%), the Child and Adult Care Food Program (13%), consultant or training registries (8%), and integrated early childhood data systems (8%).

In a report about how state QRIS might be able to serve as the backbone of more integrated state CCEE systems, data integration between various components of CCEE systems, including licensing, is described as a key component of a successful CCEE system (Kirby et al., 2011). For example, in Indiana and Pennsylvania, communication about CCEE providers between the agencies responsible for licensing and QRIS is aided by shared data systems where both licensing and QRIS staff can view the status and history of any provider in the system. In both states, integration of the licensing and QRIS systems are further aided by intentionally incorporating information about both systems into orientation sessions offered to new potential providers.

By contrast, other states and territories may experience barriers to integration between licensing and other CCEE systems. For example, Virginia's Preschool Development Grant, Birth through Five needs assessment reported that Virginia's CCEE system is fragmented and, relatedly, does not have a coordinated data system

(Communitas Consulting, 2019). The report surmises that this lack of coordination across systems, including licensing, might hinder families' and providers' engagement in CCEE in the state.

State licensing entities reported communicating with other areas of the CCEE system in more ways than just via sharing data or integrating databases. For example, most states (87%) reported in the 2017 CCLA that CCEE licensing enforcement actions affect providers' subsidy payments (see Enforcement section for more information), which requires communication between the licensing and CCEE subsidy agencies. In 2017, of the 35 states and territories responding, half (49%) reported that an electronic notice is automatically generated for the subsidy agency when an enforcement action is taken; 36% reported that the licensing agency will personally contact the subsidy agency when there is an enforcement action; and 34% reported that there is a link between the licensing and subsidy agency databases where enforcement actions are monitored (NARA, 2020a).

A 2013 report about Georgia's licensing and monitoring system highlighted the connections between their licensing and pre-K system (Bryant & Maxwell, 2013). This connection is noted as particularly important because the pre-K division needs to know whether a CCEE provider is in good standing with licensing regulations before the center is awarded a pre-K grant. The report notes that this regular communication is facilitated by designating contact persons for each division that are in regular communication with one another about upcoming actions or events that affect the other units.

The report also described how the state intentionally seeks broad public input in drafting and revising their licensing requirements (Bryant & Maxwell, 2013). More specifically, there is an advisory committee that holds public listening meetings, forums, and webinars so that the public, including providers, can have a voice in setting licensing requirements.

Licensing agencies may also have to coordinate with other entities that conduct inspections of building and physical premises safety in CCEE facilities. (See the Monitoring section for more information about coordinated monitoring.)

## Perceptions of consumer education and communication with others

Two articles discussed FCC providers' perceptions of licensing communication practices. In one, FCC providers expressed frustration with the state website because it did not provide explanations about the violations (Lent, 2015). These providers shared that without an explanation, parents could not see whether the violation was minor or severe.

In a study of 122 parents with children ages 0 to 6 years in Georgia, only about half of parents (49%; n=60) were aware of CCEE licensing reports that were publicly available online, and many parents (71%, n=86) did not know how to access them (Mitchell, 2015). Additionally, only 39% (n=47) of parents in the study reported that these reports were either important or very important in their most recent CCEE decision. After being told about the reports, however, many parents (68%, n=83) reported that they felt that viewing online licensing reports as part of their CCEE decision-making process was either important or very important.

## Literature offering recommended practices about consumer education and communication with others

Ten reports offered recommended practices about CCEE licensing communication and outreach. The recommendations focused on, for example, what to post, where to post, and for how long; collaborating and sharing information with other agencies; and gathering feedback from providers (CCAoA, 2013; Colbert,

2005; Hill, 2007; Koch, 2005; NARA, 2015; NCCCQI, 2014a; NCCCQI, 2014d; NCECQA, 2020j; Payne, 2011 Viera & Hill, 2019).

## Outcomes of consumer education and communication with others

Our review included one study that was relevant to licensing communication and outreach. This study focused on the association between posting CCEE provider inspection and complaint reports online and the quantity and nature of inspection reports, and on classroom quality, in one Florida county (Witte & Queralt, 2004). Prior to making the reports available online, the reports were available to interested individuals who visited a licensing and inspection office in person. The authors found that posting CCEE provider inspection and complaint reports online was associated with a significant increase in the number of inspection reports that inspectors produced. Additionally, it was associated with a significant increase in the number of inspectors' mixed reviews of centers, where centers were more likely to be found to sometimes meet minimum standards and other times to not meet minimum standards (as opposed to always meeting or always not meeting the standards). The authors also found that posting inspection reports online was associated with a moderate, significant increase in subsidized providers' scores on observational assessments of center management and classroom environment (about 0.5 of a standard deviation). The authors posited that the perceived success of posting inspection and complaint reports online was due, at least in part, to the facts that the media widely reported the availability of the online reports, that the information was easy to locate and use, and that the licensing inspector's name and contact information was easily accessible on the posted reports. This study is correlational, however, meaning that the study did not demonstrate that posting inspection reports online caused the outcomes reported here.

While these results provide some preliminary information about how posting licensing report information online may impact inspections and classroom quality in one state, more research is needed to understand the impact of licensing communication and outreach.

## Future research on consumer education and communication with others

Based on our review, we suggest some additional areas for future research on communication and outreach in licensing:

- Do parents use licensing information (e.g., information about regulations, results of licensing inspections) to make CCEE decisions? If so, how are parents accessing, understanding, and using licensing information?
- Which strategies are most effective at helping parents understand information in licensing inspection reports?
- In what ways does linking or integrating databases across licensing and other CCEE agencies/divisions help strengthen connections and improve alignment of licensing and the rest of the CCEE system?
- In what ways does linking these databases help improve licensing efficiency or other outcomes, such as facility safety or compliance?

# Licensing staff qualifications and support

In the literature, licensing staff[20] qualifications and supports refers to the education and experience required to be employed in the child care and early education (CCEE) licensing agency, the initial and ongoing training requirements to be a licensing staff member, and the responsibilities of the licensing staff position (i.e., average caseloads).

Our review of the literature included a total of 49 reports related to licensing staff qualifications and supports (see Appendix I for a list of resources on licensing staff qualifications and supports). All 49 of the reports are descriptive and summarize policies related to licensing staff education/experience requirements, initial and ongoing training requirements, and policies or best practices related to position responsibilities of licensing staff in state and territory CCEE licensing between 1999 and 2020. Twenty-six of these reports are nationally-based reports, the majority of which are reports from the National Association for Regulatory Administration (NARA), the National Center on Child Care Quality Improvement (NCCCQI), and National Center on Early Childhood Quality Assurance (NCECQA) describing the results of the CCLS conducted by NARA and NCECQA between 2005 and 2017. They also include five reports from other organizations or government agencies (i.e., U.S. GAO) and two journal articles related to licensing staff qualifications. Nine reports are multi-state case studies that describe policies and recommended practices for licensing staff qualifications and supports (Koch, 2005; NCCCQI, 2014a, 2014b, 2014c, 2014d, 2014e, 2014h; NCECQA, 2015c; Rohacek et al., 2010). Fourteen reports focused on practices related to licensing staff qualifications, trainings, and responsibilities within individual states. The state reports, published between 2000 and 2018, generally included a broad overview of their states' licensing system at a certain timepoint, including licensing staff's qualifications and caseloads, and recommendations for improvements.

The national and state reports summarize the qualifications needed (i.e., degree level, content of the degree/coursework, and/or experience working with children) to be a licensing staff member across states or within an individual state. Additionally, they include the training topics required at the start of employment and on an annual basis; and other supports for licensing staff, such as inter-rater reliability training.

Our review of licensing staff qualifications and supports includes 1) a summary of the national data in the 2017 CCLS; 2) recommendations from the literature around recommended practices related to licensing staff qualifications and supports; 3) outcome studies related to licensing staff qualifications and supports; and 4) future research needs related to licensing staff qualifications and supports that were identified in the literature and/or suggested by the authors of this review.

## National data on licensing staff qualifications and supports

The 2017 CCLS (NARA, 2020a) provides findings from the most recent national survey of state and territory CCEE licensing agencies in 2017. The report, based on responses from 50 states, Washington, DC, and American Samoa, describes licensing practices, including licensing staff qualifications and supports, and describes changes to practices between 2014 and 2017.[21,22] For licensing staff qualifications and supports,

[20] The term "licensing staff" refers to staff employed by the CCEE licensing agency who monitor and support child care programs. The literature sometimes refers to these employees as "line staff," "licensing specialists," "front-line licensing staff" or "inspectors".

[21] Although the CCLS has data from 2005, 2008, 2001, 2014, and 2017, there is not a report that compares changes over time from 2005 to 2017 (possibly because not all states participated each year and the questions are not the same across years). This literature review describes the most recent findings from 2017 and changes since 2014 described in the 2020 CCLS reports.

[22] The CCLS findings are described in reports from both NCECQA and NARA. The 2020 NARA report includes information from a survey of state and territory leaders. The 2020 NCECQA reports include information about states

the survey asks states about the minimum qualifications required for licensing staff, the types of responsibilities licensing staff have, average caseloads of licensing staff, initial and ongoing training required, and the funding sources for supporting licensing staff in 2017. Responses to some questions are also compared to 2014 responses.

# National licensing staff qualifications and supports between 2014 and 2017

## Staff qualifications

In the 2017 CCLS, state administrators were asked to report the minimum qualifications needed for licensing staff (referred to as "line staff" in the 2020a NARA report). NARA (2020a) found that 65% of states and territories reported that licensing staff must have at least a bachelor's degree as the minimum entry-level educational qualification. Half of all states reported that licensing staff's degrees or course work must include or be related to the care and education of children; and over a third (35%) of states said that licensing staff are required to have experience working in a setting with children (NARA, 2020a).

Only a few states made changes to their licensing staff qualifications between 2014 and 2017. In 2017, only one additional state required licensing staff to hold a bachelor's degree compared to 2014. Two additional states in 2017 reported that the degree must be in early childhood education, child development, or a field related to the care and education of children compared to 2014. Two fewer states reported that licensing staff were required to have experience working in a setting with children between 2014 and 2017 (NARA, 2020a).

## Staff responsibilities

Licensing staff's responsibilities can vary widely across and even within states—either by the types of CCEE providers they monitor, whether they monitor other human service programs, and by the parts of the licensing process they oversee (i.e., inspections only or complaints only). In 2017, the majority of states (76%) reported that licensing staff are responsible for inspecting both centers and FCC homes, some states said that licensing staff divide inspection responsibilities by setting type. For instance, 9 states (18%) said they have staff responsible for inspecting centers only, and 7 states (14%) said the have staff responsible for inspecting FCC homes only.[23] Six states (12%) require licensing staff to inspect both CCEE programs and other human services programs, such as foster care or residential care facilities; and 21 states (41%) have licensing line staff specifically assigned to conduct complaint investigations (NARA, 2020a).

The total number of licensing staff conducting inspections in each state in 2017 varied by overall state population and by program structure (such as other state agencies or departments conducting some or all of the inspections), with the largest states—New York, Texas, and California—reporting the most staff. Compared to 2014, 59% of states reported no significant change in the number of licensing staff, while 29% reported an increase and 12% reported a decrease. States' reasons for an increase in staff included modifications to CCDF funding requirements, such as changes in the frequency of inspections from biannually to annually. Reasons for a reduction in staff included a reduction in the number of licensed CCEE programs requiring inspections, budget reductions, and/or a hiring freeze.

The total number of supervisors ranged from a high of 96 in Minnesota to less than 5 supervisors in 22 states; the average number of supervisors was about 12 per state (NARA, 2020a). Compared to 2014, 75%

only and includes information from both the survey and an analysis of licensing regulations. If the information was included in both reports, we cite the NARA report because it includes more states and territories.

[23] Note these do not sum to 100% because some respondents selected multiple responses and some states indicated these responsibilities vary by county within the state.

of states reported no significant change in the number of supervising staff while 20% reported an increase and 6% reported a decrease in supervising staff. The most common reason for an increase was to handle a recent or planned increase in the number of licensing staff conducting inspections. The reasons for reducing supervising staff included staff attrition and budget reductions.

The caseload (i.e., the number of CCEE programs a licensing staff member oversees) of licensing staff reported in 2017 ranged from a low of 6 programs for licensing staff in American Samoa to 182 programs in Rhode Island. The average caseload was about 80 providers per licensing staff, and the median was about 70 providers per licensing staff (NARA, 2020a). While the average caseload per licensing staff reported in 2017 is lower than the average caseloads reported in prior years of the CCLS, the average caseload still exceeds the recommended level of 50 programs per licensing staff member (NACCRRA, 2012; Payne, 2011).[24]

Less than half (40%) of all states reported completing a workload analysis[25] of their licensing staff, and one fourth of the states that had completed an analysis had not conducted it within the last two years (NARA, 2020a).

## Training

States were also asked to report initial and ongoing training requirements for state licensing staff and the source of these trainings. All but one state in 2017 required staff to complete training about the licensing system and providers' requirements when starting employment. Nearly all (94%) states reported that licensing staff receive onboarding training in health and safety, regulatory issues, state regulations, and licensing policies and procedures. Additionally, about two-thirds (67%) of states said they provide onboarding training in early childhood education/child development, and approximately half (44%) said they offer training in business administration/management (NARA, 2020a).

Many (73%) states in 2017 reported annual training as a requirement for licensing staff. Of those states, about two-thirds (65%) reported that annual training covers licensing policies and procedures, 59% said it covers regulations and regulatory issues, and just over half of states said it includes health and safety regulations. Other common topics across states for annual training included identifying child abuse and neglect (43%), early childhood education/development (38%), cultural competency/sensitivity (38%), and provider-licensor relationship/communication (35%; NARA, 2020a). States reported a wide variety of other topics for annual training (e.g., documentation/report writing, ethics and security awareness, changes to federal or state law or regulations, data practices, customer service, investigation procedures, safe sleep practices, playground safety, immunization; NARA, 2020a).

Between 2014 and 2017, there was an increase in the number of states requiring licensing staff to complete annual training, from 53% of states in 2014 to 73% of states in 2017. This increase may be due, in part, to new CCDF requirements for licensing staff to receive health and safety training (45 C.F.R. § 98, 2016). Of the states that required annual training in 2014, about half required training on regulatory issues, regulations, or licensing policy compared to about two-thirds of the states in 2017. Additionally, there was an increase across the board in the number of states requiring specific types of training as well, with the largest percentage increases in business administration, disaster and emergency planning, and fire safety (NARA, 2020a).

The 2017 CCLS specifically asked states if they offer inter-rater reliability training or have developed **interpretive guidelines** on licensing regulations for licensing staff to follow. Six states (Alabama, California, Georgia, Maine, Ohio, and Vermont) reported that they have incorporated inter-rater reliability training or

[24] The average caseload per licensing line staff reported in the 2011 CCLS has steadily declined since the first CCLS in 2005. There was an average of 130 centers/homes per licensing line staff in 2005, 108 centers/homes in 2008, and 103 centers/homes in 2011 (NARA & NCCIC, 2006; NCCIC & NARA, 2010; NCCCQI, 2013).
[25] Workload analysis refers to an examination of the variables that contribute to a staff's workload, such as the number of programs they're responsible for, time required to complete an inspection, time needed to travel to programs, number of programs not in compliance, etc.).

evaluation for licensing staff, while two more say they are in the process of developing training (South Carolina and Rhode Island). About half (54%) have developed interpretive guidelines for the licensing regulations (NARA, 2020a). The number of states that have incorporated inter-rater reliability training or evaluation for licensing staff increased from 9% in 2014 to 15% in 2017. Fifty-four percent developed interpretive guidelines for the licensing regulations in 2017, up from 49% in 2014.

In nearly all (92%) states, the state licensing agency is the source of training for licensing staff. Additionally, many states (83%) reported state and local conferences as a training source, many (81%) said community organizations provide trainings, and over half (56%) of states reported national conferences as a training source for licensing staff (NARA, 2020a).

## Literature offering recommended practices about licensing staff qualifications and support

Eighteen reports offered recommended practices related to licensing staff qualifications, workload, training, funding, and other supports (CCAoA, 2013; Colbert, 2005; Fagnoni, 2000; Fiene & Kroh, 2000, 2016; Gormley, 1999; Kagan et al., 2002; Koch, 2005; NACCRRA, 2009; NACCRRA, 2012; NCCCQI, 2014f; NCCCQI, 2014h; NCCCQI, 2014j; NCECQA, 2018; NCECQA, 2020b; Payne, 2011; Rice, 2009Vieira & Hill, 2019..

## Outcome studies on licensing staff qualifications and supports

The topic of licensing staff qualifications and supports is largely understudied. All of the literature related to licensing staff qualifications and supports is descriptive; none of the studies used causal or correlational research methods to explore which staff qualifications or supports are associated with improved licensing administration, provider compliance of regulations, or improved outcomes for children and families.

## Future research about licensing staff

The literature related to licensing staff and qualifications is limited. Based on our review of the literature, we suggest that the following research questions could be helpful to examine:

- What factors (e.g., job descriptions, training, enforcement policies, licensing staff views of their role) support a continuous quality improvement perspective among licensing staff?
- Which training and supports are perceived by licensing staff to be the most useful?
- What is the relationship between caseload and time spent on various licensing responsibilities? How do licensing staff with large caseloads spend their time, compared to licensing staff with smaller caseloads? Do licensing staff with lower caseloads spend more time delivering individualized TA to providers, for instance?
- How is the implementation of regular inter-rater reliability checks associated with patterns of violations across licensing staff? Is there more consistency across licensing staff when inter-rater reliability is routinely examined?
- Do providers perceive licensing as being fairer in states that implement inter-rater reliability checks, compared to states that do not?

# CCEE licensing overall

In this section, we summarize literature about licensing overall (rather than specific aspects of licensing like monitoring), including perceptions of and outcomes associated with child care and early education (CCEE) licensing.

## Perceptions

### Provider perspectives

Nine studies identified through the literature review describe center director, family child care (FCC) provider, or unlicensed family, friend, and neighbor (FFN) perspectives on licensing overall. Shdaimah et al. (2018) and BBC Research & Consulting (2010) describe both centers and FCC provider perceptions of licensing in a single state (NY and UT, respectively). Two articles are multi-state reports. The first is a qualitative study of 38 center directors in four states (AL, CA, NJ, and WA; Rohacek et al., 2010). The other study describes findings from 25 focus groups with 149 FCC providers and 30 interviews with former FCC providers who left the field between 2007 and 2020 from four states (CA, FL, MA, WI; Bromer et al., 2021). Three reports described in this section are based on data collected solely in California: Lent (2015) and California CCR&R Network (2019) focus solely on FCC providers, and Drake et al. (2006) describes unlicensed FFN perceptions. The remaining two reports were produced by the South Carolina Education Oversight Committee in 2008 and 2010; they summarize findings from discussions with center directors and public school administrators.

#### Becoming licensed

Many providers shared the perception that regulations were necessary and important for health and safety (Lent, 2015; Shdaimah et al., 2018). Providers reported interest in becoming licensed for two reasons: 1) to promote professionalism or legitimacy (Bromer et al., 2021; Drake et al., 2006; Lent, 2015) and 2) to attain a higher or more stable income (Bromer et al., 2021). Unlicensed FFN providers reported that the expectations to care for more children, and the work involved with attaining a license and monitoring requirements, deterred them from acquiring a license (Drake et al., 2006).

Twenty-seven (18%) of 149 licensed FCC providers reported challenges attaining a license, including: receiving unclear information about the process (8 of 27 providers, 30%); licensing delays (10 providers, 37%); high startup costs related to home renovations, training or education requirements, or background check requirements (12 providers, 44%); and concerns about inspections (8 providers, 30%; Bromer et al., 2021).

#### Challenges experienced with licensing

According to one study, center directors viewed licensing and regulations as a primary source of information when considering best practices, while others saw licensing regulations as the minimal threshold from which to build upon (Rohacek et al., 2010). Some of these directors shared that licensing requirements help them ensure basic health and safety of their programs. Similarly, a study involving both private and public school CCEE found that 89% of private center directors and 47% of public school administrators were satisfied with licensing requirements because they help ensure quality services and health and safety standards (South Carolina Education Oversight Committee, 2008).

Licensed CCEE providers in five studies shared challenges meeting licensing requirements. In the study by Shdaimah and colleagues (2018), many providers (n=28 FCC providers; n=21 center administrators) shared that regulations can be so rigid that they interfere with their ability to provide care. Providers shared frustration that some regulations do not work well in practice, but they are forced to comply with them to

avoid a violation (Bromer et al., 2021; Shdaimah et al., 2018). Center directors expressed that centers may have too many regulations to comply with (Rohacek et al., 2010) and regulations can be unnecessarily costly (Rohacek et al., 2010; South Carolina Oversight Committee, 2008). Family child care providers felt that regulations lacked flexibility and were center-centric (Bromer et al., 2021; Shdaimah et al., 2018). Many FCC providers participating in the Bromer et al. (2021) study reported that licensing inspectors were punitive, unsupportive, and disrespectful during licensing inspections. Further, center directors highlighted the administrative burden associated with licensing-related professional development, background checks, and medical requirements (South Carolina Education Oversight Committee, 2010); duplication in paperwork requirements (i.e., between fire safety and licensing; South Carolina Oversight Committee, 2008); and lack of alignment between licensing standards and other standards like accreditation or subsidy (Rohacek et al., 2010).

Many of the FCC providers surveyed in California (n=237) expressed frustration with the licensing system, noting that requirements and regulations may increase, but funding, time, and respect for their work do not (California CCR&R Network, 2019). Former FCC providers reported that costly and time-consuming requirements contributed to their decision to leave the workforce (Bromer et al., 2021). Likewise, FCC providers reported challenges complying with some requirements and trainings because they were too expensive and time consuming, while center-based providers reported challenges because of large staff and high turnover rates (Shdaimah et al., 2018).

## Parent perspectives

Two studies (BBC Research & Consulting, 2010; Kirby et al., 2001) discussed parent perspectives of licensing. Kirby et al., (2001) is a multi-state report summarizing interviews and focus groups with parents of infants in eight communities from six different states (CA, FL, IA, MI, TN, and WI); the other report describes findings from a survey completed by 1,825 parents in Utah.

Of those surveyed, 10% of parents in Utah were opposed or indifferent toward licensing (BBC Research & Consulting, 2010). This group expressed concerns that licensed providers may not actually be providing higher quality care than an unlicensed provider due to perceived infrequent inspections and limited enforcement. However, parents surveyed generally shared the belief that providers should be licensed if they are classified as a centers, operate as a professional business, are a "stranger" to the parents, or care for multiple unrelated children (BBC Research & Consulting, 2010). Kirby et al. (2001) found that perceptions about quality and the stringency of licensing regulations for infants varied across communities; some parents noted inconsistencies in quality among license-exempt providers.

## Other constituent perspectives

Five studies identified through the literature search discuss other CCEE constituent perceptions of licensing. One article is a multi-state report summarizing interviews and focus groups with early childhood constituents (e.g., administrators and staff of welfare agencies and child care resource and referral agencies) in eight communities from six different states (CA, FL, IA, MI, TN, and WI; Kirby et al., 2001). Two articles focus on a single state. Melnick et al., (2018) interviewed county-level administrators across California to better understand the state's CCEE landscape. Drake et al., (2006) describes California-based CCEE service organization administrator's perceptions. We also summarize three papers that offer suggestions related to licensing regulations (Gormley, 1999; Thomas & Gorry, 2015; and White House Council of Economic Advisors, 2019).

Administrators from service organizations and agencies expressed concerns that unlicensed providers may offer lower quality care (Drake et al., 2006), or quality in unlicensed CCEE may be variable (Kirby et al., 2001).

Critiques of licensing include the following:

- Some licensing requirements prevent FFN providers from obtaining a licensing (e.g., not passing a criminal background check because of someone residing in the home; Drake et al., 2006).
- The licensing application process can be particularly complex and costly for FFN providers (Drake et al., 2006).
- CCEE requirements in California's state licensing regulations vary by setting type, creating fragmentation across the CCEE field (Melnick et al., 2018).

A report released by the White House's Council of Economic Advisers (2019) claimed that while some licensing regulations support health and safety of young children, others may unnecessarily raise market prices without increasing quality. The Council (2019) suggested relaxing "overly stringent" regulations such as those requiring minimum staff age and qualifications (e.g., bachelor's degree or high school diploma), or those with maximum group size regulations which may inadvertently increase the cost of care and decrease parent labor force participation. Similarly, Thomas and Gorry (2015) estimated costs associated with various licensing regulations and suggest that relaxing some regulations, like child-staff ratios, group size, and provider training requirements, could reduce the cost of CCEE. Gormley (1999) framed these as "regulatory controversies" (p. 120) and presented arguments for and against CCEE regulation, noting their belief in the importance of considering licensing's effect on quality, availability, and affordability.

# Outcomes associated with CCEE licensing

The literature on CCEE licensing examined the extent to which licensing is associated with CCEE quality, cost, supply, and utilization.

## CCEE quality

Licensing may play a role in supporting quality in CCEE programs and, in turn, may promote children's development. A number of studies have focused on assessing the relationship between licensing and quality. Overall, the study findings suggest that more stringent regulations are associated with higher quality.

- Rigby et al. (2007) examined whether the stringency of provider training and ratio regulations was associated with observed quality, using data gathered in 14 states through the Fragile Families Child Care Sub-Study. The stringency of provider training regulations was associated with the quality of care in nonprofit centers and FCC homes. When controlling for the generosity of subsidy policies, the stringency of FCC ratio regulations was also associated with quality. There was no relationship between the stringency of regulations and quality in for-profit centers or kith and kin care. This study suggests there is a relationship between the stringency of some regulations and the quality of FCC homes and centers, though the effects were modest in size.
- Hotz and Xiao (2011) used CCEE provider data to examine whether regulations were associated with quality. The stringency of minimum staff-child ratios was associated with higher rates of NAEYC accreditation. This relationship was more pronounced in areas with higher median incomes.
- The Cost, Quality, and Child Outcomes Study, conducted in California, Colorado, Connecticut, and North Carolina, found that, on average, classroom quality was higher in states with more demanding licensing standards (Helburn, 1995). Centers that complied with standards beyond those required by licensing (e.g., accreditation, standards required for funding) were also more likely to provide higher quality care, pay staff higher wages, provide better working conditions, and offer better benefits to staff.
- Apple (2006) examined the relationship between the stringency of quality indicators in state CCEE regulations and participation in NAEYC's accreditation process, as a proxy for quality, using data

gathered in all 50 U.S. states and Washington, D. C. The stringency of quality indicators was defined using a composite score of maximum staff-child ratios, maximum group sizes, and minimum preservice teacher education qualifications for preschool classrooms. The study found a positive correlation between the stringency of quality indicators in CCEE regulations and the number of programs participating in the NAEYC accreditation process.

Four studies examined the association between licensing and quality in FCC homes. These studies suggest that more stringent regulations, licensed status, and the number of licensing visits are associated with higher quality.

- The first study used data from 12 states to examine whether regulable features of FCC homes predicted observed program quality and children's cognitive and social development (Clarke-Stewart, 2002). The regulable features included: 1) provider's level of formal education, 2) provider's level of specialized training, 3) provider's child-related training in the previous year, 4) the number of children enrolled, 5) whether the number of children enrolled, weighted by their ages, was in compliance with the recommended group size, and 6) whether the setting was licensed by a government agency. The study found that providers with higher levels of education, recent training, and more specialized training provided richer learning environments. Compliance with age-weighted group size cutoffs and more specialized training predicted more positive caregiving. No other regulable features, including licensing status, predicted a richer learning environment or more positive caregiving. However, the authors noted that there was a significant correlation between licensing status and the quality of the caregiving environment; therefore, including other regulable features in the analysis may have reduced the relationship between licensing status and quality to non-significance. Children with providers who had higher levels of education and more recent training scored higher on cognitive tests. None of the regulable features were associated with children's social development.
- Raikes et al. (2005) assessed whether the level of regulation was associated with quality in FCC homes, using data gathered in four midwestern states. The level of regulation was measured by assigning points related to the number of annual licensing visits and provider training requirements, resulting in a scale ranging from 0 (not regulated in any capacity) to 5 (regulated in every outlined capacity). A higher level of regulation was associated with higher quality, even after controlling for provider education, training hours, and proportion of children receiving subsidy.
- Raikes et al. (2013) found that licensed FCC homes had higher levels of quality (in 3 of the 4 included measures), compared to licensed-exempt and registered FCC homes.
- Gomez (2018) used data gathered from all 50 states to assess the relationship between licensing-related predictors and QRIS ratings in FCC. State minimum education requirements (HS diploma and above) and more frequent monitoring visits were associated with a higher proportion of FCC homes with moderate to high QRIS ratings. Requirements for more annual training hours were associated with a lower proportion of FCC homes with moderate to high QRIS ratings. Staff-child ratios and initial training requirements were not associated with QRIS ratings.

Connors and Morris (2015) compared states' QRIS and licensing regulations on their inclusion of key CCEE quality dimensions highlighted in research and theory. They developed a 66-indicator policy rating index to examine how states' policies vary in their relative emphasis on structural versus process quality and program versus classroom components of quality. Each indicator was classified into one of four categories: 1) classroom structure (e.g., group size, minimum square footage per child), 2) classroom process (e.g., curriculum, lesson plans, child assessment/observation, individual goals/transition plan for children), 3) program structure (e.g., staff-child ratios, staff pay, staff benefits, planning time for teachers), and 4) program process (e.g., regular staff meetings, staff evaluations by supervisor, ongoing professional development, parents welcomed in the classroom). The analysis identified six state policy profiles that were primarily driven by states' approach to QRIS and not licensing (no QRIS, limited QRIS, QRIS no focus, QRIS focus on classroom structure, QRIS focus on classroom process, process focus on licensing and QRIS). The

profiles were largely driven by QRIS because the licensing information was generally similar across states, including strong regulation of classroom structure components, moderate regulation of program structure and processes, and low regulation of classroom process components. Classroom process components were more strongly represented in QRIS than in CCEE licensing; only two states (Delaware and Massachusetts) emphasized classroom process in both licensing and QRIS. These findings suggest that licensing regulations are generally more focused on regulating features of the classroom structure, like group size and square footage, and less focused on classroom processes like curriculum, lesson plans, and child assessments.

## CCEE cost, supply, and utilization

A portion of the literature on CCEE licensing has focused on examining the effects of CCEE regulations on the cost, supply, and utilization of CCEE.

The relationship between CCEE regulations and cost of care is mixed; however, studies conducted with a large sample of states suggest that more stringent staff-child ratios and educational requirements for staff may be associated with a higher cost of care. Heeb and Kilburn (2004) examined the effects of staff-child ratios and specialized training on the price of care, type of care chosen, and mothers' decisions to work, using state regulation documents and data gathered in 1990 across 35 U.S. states using the National Childcare Survey. The study found that staff-child ratios were associated with a higher price of care, which in turn was associated with a lower demand for regulated CCEE and fewer mothers choosing to work. Blau (2006) examined the effects of licensing regulations on staff wages, the quality of care, and price of care using data from a randomized sample of centers in California, Colorado, Connecticut, and North Carolina. Stricter regulations were associated with lower staff wages but were not associated with the price of care. If parents did not pay more for care that met stricter regulations, Blau (2006) concluded that the cost was likely absorbed by providers, thus resulting in lower staff wages. Herbst (2015) examined the effects of regulations on the market price of CCEE. The study assessed whether increases in the stringency of regulations can explain the rising cost of care in the United States. More stringent educational requirements for teachers were associated with an increase in price, whereas more stringent education requirements for directors were associated with reduced market prices. Stricter staff-child ratios had no effect on price. Gorry and Thomas (2017) conducted a similar study using national data gathered by CCAoA in 2012 to examine the association between regulations and the cost of CCEE. The study found that more stringent staff-child ratios and lead staff education requirements were associated with a higher cost of care.

Studies examining the effect of CCEE regulations on the supply of CCEE are also mixed. Hotz (2011) found that more stringent staff-child ratios and educational requirements for center directors was associated with a reduction in the number of centers, particularly in lower income markets. Herbst (2015) found that more stringent education requirements for teachers were associated with an increase in supply. Stricter staff-child ratios for two-year-olds were associated with a reduction in supply, whereas stricter requirements for four-year-olds had no effect on supply.

Studies examining the effect of CCEE regulations on the use of CCEE have also produced mixed findings. Blau (2003) examined the effects of CCEE regulations (e.g., group size, ratios, staff qualifications, health and safety features, curriculum, criminal background checks) and enforcement on the type of CCEE parents use, the price of care (i.e., whether any cash was spent on care, expenditures per week, and expenditures per hour), and the quantity of CCEE (i.e., hours per week). They noted that regulations (that are enforced) affect the cost of providing care, which can deter families (assuming that families pay more for this care). On the other hand, regulations may help families feel more confident in choosing regulated (vs. unregulated) care for their children. The study found that CCEE regulations affected the type of CCEE chosen, but did not affect expenditures or hours in care. Currie and Hotz (2004) found that more frequent inspections and regulations requiring higher educational requirements for directors and higher staff-child ratios were associated with lower probabilities of using regulated CCEE. However, this study also found that higher educational requirements for directors were associated with lower rates of unintentional injuries. These findings suggest that children may benefit from safer environments promoted by more stringent

regulations, like higher educational requirements for directors; however more frequent inspections and some stringent regulations may also crowd some children out of regulated CCEE. Connors and Friedman-Krauss (2017) examined the association between the rigor of state CCEE licensing regulations and the variation in impacts of Head Start randomization on children's enrollment in formal and high-quality CCEE. A score representing the rigor of licensing regulations was calculated for each state using 46 indicators. Among children in the Head Start Impact Study control group, those in states with more rigorous licensing regulations had a higher probability of enrolling in formal CCEE (90%), compared to those in states with less rigorous regulations (65%). Similarly, the effects of random assignment (Head Start vs. control group) on children's likelihood to enroll in high-quality CCEE were generally smaller in states with more stringent licensing regulations. These findings suggest that more stringent CCEE regulations may result in greater access to formal CCEE for families who seek it out, and higher quality classrooms in both Head Start and non-Head Start programs.

# Findings about research methods used in licensing outside of CCEE

In this section, we summarize methods used in research on assisted living and nursing homes and discuss how the methods used in those areas may apply to research on CCEE licensing. This summary is based on a review of nine articles that employed methods that might be relevant for research in CCEE licensing research.

Trinkoff and colleagues (2020) summarized the similarities and differences between nursing homes and assisted living facilities, the two most common types of long-term care facilities in the United States. They explain that both types of facilities offer basic personal care, help with the activities of daily living, provide social and recreational activities, and assist with medication management. Assisted living facilities were originally for elders with simpler medical needs than nursing homes; however, the proportion of residents in assisted living facilities with complicated medical needs has been increasing. Medicare and Medicaid fund most nursing home care, whereas private individuals pay for almost all care in assisted living facilities.

All nursing homes that accept Medicare or Medicaid must meet federal standards, although states can impose additional standards (Trinkoff et al., 2020). Additionally, all nursing homes must report key information to a national database at both the facility and individual patient levels, including expenditures, wages, and patient demographic characteristics and health status (Mukamel et al., 2011). These national standards and reporting are in sharp contrast to the CCEE system in the United States which relies on a patchwork of federal, state, and local standards and regulations, and lacks any type of central reporting for CCEE licensing. For CCEE to employ the research methods common in nursing home research, the federal government would likely need to establish standards as part of CCDF and mandate reporting on key variables, which is unlikely. Licensing for assisted living facilities functions more like CCEE licensing with standards, regulations, and enforcement varying widely by state, and with no central database.

An interesting line of inquiry in nursing home research looks at between-state variation in the "regulatory stringency," which quantifies the strictness of the regulations, enforcements, inspections, and sanctions imposed by the states on top of the federal regulations. Harrington et al., (2004) have created a "stringency index" which scores states on the strictness of their inspection and sanctions process. Mukamel et al. (2012) used this index to predict seven different dimensions of quality, such as decline in activities of daily living and incidence of pressure sores as reported in the national required database. They found that higher stringency was associated with higher quality on four of the seven quality measures. Researchers in CCEE licensing could consider creating an index that quantifies the stringency of state CCEE regulations based on aspects of CCEE licensing that vary across states, such as frequency of licensing visits and regulations for adult-child ratios.

Another line of inquiry in nursing home research uses the number of deficiencies, as reported by state agencies that licenses nursing homes (rather than the national database), as a proxy measure for quality. That work focuses on the extent to which other factors (e.g., nurse to patient ratios; for profit vs. non-profit status) predict deficiencies (Kim et al., 2009a, 2009b; O'Neill et al., 2003). Relying on this straightforward metric for evaluating quality that is available for all facilities in a state is an enormous advantage to research in nursing homes as it virtually eliminates data collection, allowing for large-scale research. For research in CCEE, a similar strategy could be used to investigate links between licensing violations and other characteristics of care settings (e.g., ownership, size, ages of children served). However, in CCEE, quality is typically measured using onsite observations, and researchers in CCEE are unlikely to see licensing violations as a useful proxy for quality.

We found less research regarding licensing for assisted living facilities. As noted previously, the regulations regarding assisted living facilities vary widely by state, and there is no centralized data collection system. Trinkoff et al. (2020) coded the regulations and requirements for assisted living facilities in each state and Washington, DC along several key characteristics, such as whether or not they had specific staffing requirements, whether or not overnight staff are required to be awake, whether they are required to have licensed nurses on staff, initial staff training requirements, frequency of state inspections, and enforcement plans and penalties. Trinkoff et al. (2020) used this coded information to compare assisted living regulations to federal nursing home regulations, demonstrating that the regulations for assisted living facilities are typically less stringent than those for nursing homes. This coding of assisted living facility regulations provided information similar to what the CCEE field obtains from the CCLS.

Although there is little quantitative research regarding assisted living regulation, there is an interesting case study from Oregon (Hernandez, 2007). Oregon has been innovative with regard to its regulation of assisted living facilities and is often used as a model for other states. The case study reviews policy changes that were made and how they related to changes in the system. CCEE research might benefit from an equally detailed look at a few states to delve into the history and effects of their CCEE regulations.

Overall, we did not identify any innovative research methods or designs from reviewing research on nursing homes or assisted living licensing that could be readily applied to research in CCEE licensing. Nursing home licensing research has some advantages over CCEE licensing research as they have national standards and all facilities report standard metrics to a national, publicly available database. CCEE lacks similar systematic, common data. Research in assisted living facilities is less advanced than CCEE research, as they do not have a regular data collection system like the CCLS to regularly gather consistent information across state licensing systems.

# Conclusions

The conclusions section is divided into four areas. First, we highlight conclusions about key components of licensing (e.g., functions, management), summarizing findings and identifying gaps and future research needs within each component. Second, we summarize the literature on outcomes of the licensing system for providers, children, and families (rather than by component, as we did in earlier sections of the review). Third, we present some overarching gaps and suggestions for future research. Finally, we offer a few closing remarks about the current context.

## Elements of licensing

The Child Care and Early Education (CCEE) Licensing Conceptual Framework provides the organizing structure for the review and for this high-level summary, which helps readers see the findings relevant to each component of licensing. This section highlights findings from the literature review, identifies gaps in knowledge, and offers ideas for future research for the CCEE licensing functions and management.

## CCEE licensing functions

Most of the CCEE licensing literature in this review focused on the licensing functions, compared to management.

### Regulations

*Summary*. Much of the research on regulations focuses on specific subsets of regulations (e.g., nutrition, physical activity). Research suggests that sometimes, though not always, changes in specific regulations are associated with changes in practice or children's behavior. Monitoring, enforcement, and TA to support the understanding and implementation of regulations are also likely important in producing intended outcomes. When comparing regulations to national standards, such as Caring for Our Children, research suggests that states are increasingly meeting these standards over time and that regulations for centers are sometimes more likely to meet national standards than those for FCC homes (e.g., Benjamin Neelon et al., 2018; Cradock et al., 2010).

*Gaps and future research needs*. To better understand the role of regulations in supporting intended outcomes, future research studies may want to include data about monitoring, enforcement, and TA to support changes in regulations rather than just examining differences between a change in policy and a change in practice or behavior. Changing a regulation in policy is not enough to ensure that the change is implemented. Additional information is needed to understand whether the changed regulation is monitored during inspections and enforced, if in violation.

While a few studies describe providers' perceptions of regulations, there is little research on the perceptions of subgroups of providers (e.g., newly licensed, receiving CCDF subsidies). Understanding the perceptions of subgroups of providers can help licensing staff identify possible inequities to address. There is also no research on licensing staff's perception or understanding of licensing regulations. As Gormley (1991) noted, regulations must be measurable to be enforced. Thus, an analysis of the extent to which licensing regulations are measurable may help states/territories either refine their regulations or develop interpretive guidelines to support consistent monitoring and enforcement of regulations.

## Monitoring

*Summary*. The 2016 CCDF requires annual unannounced monitoring visits, at minimum. As of 2017, slightly less than half of the states (45%) conduct more than one annual routine monitoring visit for centers; 36% do

so for FCC homes; and 42% do so for GCC homes (National Association for Regulatory Administration [NARA], 2015, 2020a). Two-thirds of states and territories reported in 2017 that they monitored an abbreviated set of regulations during routine monitoring visits (NARA, 2020a).

*Gaps and future research needs*. While two-thirds of states/territories reported in the 2017 Child Care Licensing Study (CCLS) that they used abbreviated inspections, there is little research about the effectiveness of abbreviated versus full inspections. The frequency of monitoring may also influence compliance (Gormley, 1995). We need more studies to understand how *what* is monitored and *how often* providers are monitored influence compliance and other outcomes, such as remaining licensed and improving quality.

Based on a few reports about provider perceptions of monitoring, some providers perceive that there are inconsistencies in monitoring. In 2017, only 8 states reported that they either have or are developing inter-rater reliability training or processes for licensing staff (NARA, 2020a). Fifty-four percent reported having interpretive guidelines to support licensing staff's understanding of regulations. These two findings suggest that licensing staff within a state/territory may have different interpretations of regulations and approaches to monitoring providers. More research is needed to better understand consistencies across licensing staff and the factors that influence monitoring practices among licensing staff.

## Compliance

*Summary*. In 2017, 43% of states defined compliance, and 40% of states reported using compliance to help determine enforcement actions (NARA, 2020a). Some studies have examined factors that predict compliance with specific regulations. Research has found relationships between compliance with all or a subset of regulations and various factors, including provider continuing education (Crowley et al., 2013), higher median income level in provider's ZIP code (Rosenthal et al., 2016), participation in a family child care network (Rosenthal, 2020), publicly operated programs (Doromal et al., 2018), and higher quality providers (Fiene, 2017; Winterbottom, 2014).

*Gaps and future research needs*. We need more research to understand how state/territory licensing agencies define compliance, how they use compliance in making decisions (e.g., eligibility in QRIS, enforcement actions, abbreviated vs. full monitoring visit), and the factors that influence compliance (e.g., community wealth, access to training and technical assistance (TA), licensing staff characteristics). Future research could also examine the extent to which different definitions of compliance are related to CCEE quality (e.g., classroom practices, administrative practices or organizational capacity). For licensing units that do not determine overall compliance for providers, additional research could help describe the data they use to inform decisions (e.g., eligibility in QRIS, enforcement actions).

## Enforcement

*Summary*. Enforcement is a component of the licensing system that is understudied. There is descriptive information from the CCLS about enforcement policies, practices, and possible actions (e.g., civil fines, closures), along with a few reports about recommended practices. The most common allowable enforcement actions across all setting types in 2017 were: revocation and/or denial of a license, emergency/immediate closure of a facility, issuing a conditional license, and civil fines (NARA, 2020a).

*Gaps and future research needs*. Besides the CCLS, we did not find any other research studies examining enforcement or its relationship to outcomes, such as future compliance. Future research could examine, for instance, the factors that influence enforcement actions (e.g., licensing staff characteristics, number or severity of violations, provider characteristics) and the extent to which enforcement actions predict provider outcomes such as licensure renewal. Research could also examine the combination of preventative strategies (e.g., TA) and sanctions for maintaining or increasing the supply of FCC.

## Communication

*Summary*. Very few studies examined communication within the CCEE licensing system, including communication with providers as well as families. The CCDF regulations call for states/territories to provide consumer education information, including publicly posting licensing inspection reports (45 C.F.R. § 98.33, 2016). The Banghart et al. (2021) and Mitchell (2015) studies suggest, though, that even when states and territories post licensing inspection reports, families may not be aware of or able to find this information.

*Gaps and future research needs.* There is little research about communication with providers or about families' understanding of the information provided. Future research is needed about topics such as the extent to which providers understand regulations and the type of communication preferred. Research can also gather information about how families find, interpret, and use consumer education information as they search for CCEE, which could improve state/territory consumer education efforts.

# Management of licensing

*Summary*: The CCEE Licensing Conceptual Framework includes four aspects of management: 1) equitable policies and procedures, 2) staff management and support, 3) quality assurance, and 4) data-informed decision making. The CCLS provides descriptive information about some policies and procedures, though not with a focus on equity. The CCLS also provides information about some aspects of staff management and support. The median caseload in 2017 was 70, which is higher than the recommendation of 50–60 (NACCRRA, 2012; Payne, 2011). About three-fourths of states require training for licensing staff. Over half reported covering topics about regulations and health and safety; about one-third reported covering cultural competency or provider-licensor communication (NARA, 2020a). As noted in the monitoring summary, the CCLS provides some descriptive information about the third aspect of management, quality assurance (i.e., inter-rater agreement).

*Gaps and future research needs*: We were unable to find research on the first and fourth aspects of management (i.e., equitable licensing policies and procedures, data-informed decision making). More research is needed to understand the various aspects of managing the licensing agency and how they support or hinder implementation of the key licensing functions.

For equitable licensing policies and procedures, future research could address questions like: Are states and territories revising licensing policies and procedures to be more equitable, and if so, how? What types of policies and procedures support positive outcomes (e.g., license renewal, compliance) for various subgroups of providers (e.g., rural, African American, Latina providers in low-income communities)?

For staff management and support, we need to know more about the CCEE licensing workforce itself. We did not find any research that describes CCEE licensing staff. Future research could address questions like: What is their education level and experience? What is their race and ethnicity? What languages do they speak? How do they perceive their role? What do they view as the benefits and challenges of their job? What is the turnover rate among licensing staff? Future research could also examine which types of supports licensing staff find most useful and the extent to which particular supports change the knowledge or behaviors of licensing staff.

With regard to quality assurance, future research could examine how regular inter-rater reliability checks are associated with patterns of violations. Additionally, research could investigate whether providers perceive licensing as being fairer in states that implement inter-rater reliability checks compared to states that do not.

For the fourth function about data-informed decision making, future research could address questions such as: How do licensing administrators use data to inform decisions? What supports or limits licensing staff's ability to use data to inform decisions?

# Outcomes

Earlier sections of the literature review describe outcome studies for various elements of licensing. This section summarizes outcome studies by the type of outcome: provider, child, and family.

*Provider*. Most licensing outcome studies focused on providers. Several studies indicated that there is a positive relationship between the stringency of licensing regulations and CCEE quality. Some research also suggests that FCC licensing status is associated with higher quality. Research assessing the effects of licensing on the supply of CCEE is mixed, suggesting that some regulations may be associated with a reduction in supply, whereas other regulations have no effect on supply or may be associated with an increase in supply.

*Child*. A few studies examined the associations between specific regulations and child outcomes. Generally, these studies found that regulations were associated with intended outcomes for children. Four studies focused on assessing the effects of health-promoting regulations found that the implementation of nutrition and physical activity regulations was positively associated with healthy outcomes for children, including increased physical activity and reduced obesity rates. One study found that playground safety regulations were associated with improvements in playground safety and a decline in injury rates (Kotch et al., 2003). Another study found that vaccine regulations were related to an increase in vaccination rates and a decrease in influenza-related hospitalizations for children aged 4 and younger (Hadler et al., 2014).

*Family*. A few studies assessed the unintended effects of licensing on families, including effects on the cost and use of CCEE. The findings in both areas are mixed. Some studies find that more stringent regulations are not associated with a higher cost of care, however more recent studies conducted with a larger sample of states suggest that some stringent regulations are associated with a higher cost of care. Some studies suggest that the use of CCEE is unaffected by more stringent regulations or may even improve children's access to high-quality CCEE, whereas other studies indicate that more stringent regulations and frequent inspections are associated with a lower probability of using regulated CCEE.

# Overall gaps and future research

This section highlights broad gaps in the research and suggests ideas for future research needed to address the gaps.

- **Independent, peer-reviewed research is limited**. About a third of the literature reviewed in this report was in peer-reviewed journals. Much of what we know about CCEE licensing comes from NARA and the National Center on Early Childhood Quality Assurance (NCECQA), formerly known as the National Center on Child Care Quality Improvement (NCCCQI). The CCLS has been conducted by NARA, in partnership with NCECQA, every few years since 2005. It provides valuable self-reported data from nearly all states and territories that describe point-in-time variation in licensing between states/territories, as well as trends over time. Over the years, other TA reports have highlighted particular components of CCEE licensing and included topic-specific findings from the CCLS (e.g., NCCCQI, 2014g, NCECQA, 2020e). **Having researchers conduct licensing-focused studies and report findings publicly, including in peer-reviewed journals, could help bolster the quality and quantity of studies to strengthen the knowledge base about CCEE licensing.**
- **Public research on state or territory licensing is limited and challenging to generalize**. We identified 95 state reports that included information about CCEE licensing. Because these reports focus on a single state during a particular year, they are helpful for the individual locality but provide limited information about CCEE licensing in general. It is difficult to generalize findings due to variation in state licensing systems and in the research questions and data used. States and territories may also analyze their licensing administrative data for internal planning purposes but do not produce public reports, limiting the availability of information that could add to a collective body of research. **Future studies**

**that address similar questions with similar data across multiple states could help generate findings that generalize to a broader set of states.**

- **Much of the literature on CCEE licensing is descriptive**. Several reports in the literature review either describe components of licensing or compare state/territory licensing practices to a set of national standards or recommendations. While descriptive studies are important to understand similarities and differences across states and territories, they do not typically address a specific hypothesis or research question beyond, "What is licensing like?" **More hypothesis-driven research that looks at associations between variables (e.g., link between frequency of inspections and violations) would help build the evidence base for licensing.**
    - **Case studies could inform future research.** Because few studies are available to inform the development of hypotheses to test, case studies may be helpful in deepening the field's understanding of the interplay between various aspects of licensing, thereby leading to specific research questions or hypotheses to test. **Case studies of key features within different types of CCEE licensing systems (e.g., licensing co-located with CCDF administrators vs. not; centralized vs. local licensing implementation) could provide preliminary information to guide future, multi-state studies.** Case studies could also help us understand exemplary practices in particular areas (e.g., equity, continuous quality improvement).
- **Much of the literature focuses on licensing regulations.** Few research studies focus on other components of CCEE licensing, such as monitoring, compliance, enforcement, and management of licensing. **Additional research is needed to better understand other components of the licensing system**. Examples of future research questions in these other areas include: How does *what* is monitored (e.g., full vs. abbreviated set of regulations) and *how often* providers are monitored influence compliance and other outcomes, such as remaining licensed? What factors (e.g., licensing staff characteristics, number of violations, provider characteristics) influence decisions about enforcement actions? How is compliance related to CCEE quality (e.g., classroom practices, administrative practices)? To what extent do enforcement actions predict provider outcomes such as licensure renewal? Do licensed providers view licensing as being "fairer" in states that conduct regular inter-rater reliability checks among licensing staff?
- **There is limited research on the relationships among the various components of licensing. We need more research to understand how the components work together to form a system.** Future research questions could include: How do cultural values influence the management and execution of licensing functions? How does the relationship between licensing staff and providers influence provider compliance with regulations? What is the relationship between violations and enforcement decisions?
- **There is little research about how licensing works with other aspects of the CCEE system to support outcomes of interest. We need more research that examines how licensing and its partners support providers, children, and families.** Research questions could examine, for instance, the factors (e.g., co-location with CCDF administrator) that influence the strength of the relationship or coordination between licensing and other aspects of the system (including other entities that monitor providers and those that support licensing and quality like QRIS or pre-K). Research could also examine the extent to which the relationship or alignment between licensing and other entities influences provider quality and burden associated with multiple sets of standards (e.g., licensing, QRIS, pre-K).

- **There is some research about associations between elements of licensing (e.g., stringency of regulations, frequency of monitoring) and outcomes of interest (e.g., supply or quality of licensed CCEE), but the findings are typically mixed.** This is most likely because multiple factors—within and beyond licensing—influence outcomes. While studies may focus on particular aspects of licensing (e.g., frequency of monitoring), other aspects of licensing not covered in the study (e.g., stringency of regulations) may also influence the outcomes, making it is difficult to identify the role of any single licensing element (as noted in the previous bullet point). Additionally, outcomes are likely determined by many factors outside of licensing. For instance, although licensing regulations (and their monitoring and enforcement) may influence child health, other factors, like access to medical care, also influence child health and are typically unmeasured in licensing studies. **We need studies that address the complexity of licensing and include other factors that may influence outcomes for children, families, and providers.**
    - **There is some outcome research that examines whether and how specific regulations or the number of inspections affect children and providers; however, many of these study designs did not control for extraneous variables that may also affect child and provider outcomes (e.g., funding). We need stronger research designs in outcome studies** that control for extraneous variables, increasing our ability to isolate the effects of licensing elements. For instance, researchers may capitalize on naturally occurring licensing changes happening within a state and use a research design, like an interrupted time series analysis, to better understand links between such changes and provider outcomes.
- **The general perception is that each state and territory's licensing system is unique, and there is little research on possible profiles or approaches to licensing**. It is important to move beyond the assumption that between state/territory variation in licensing systems is so great that there is little to learn at a national level. While there is some variation in context, number and type of licensed providers, and regulations and management of licensing across states and territories, we need to search for the features, patterns, and relationships that are consistent across states/territories or subgroups of states/territories. Identifying common themes and associations across states can help provide guidance to states/territories for best practices. **Additional research to identify and examine similarities across states could help develop profiles of different types of licensing systems to inform future research and TA**.
- **There is little research on provider perceptions**. Available information tends to be from individual states across different years and cannot be generalized across states. Additionally, provider perception findings are typically not presented for subgroups beyond setting type (i.e., center-

### Licensing Agency Partnerships with Researchers

It would be helpful to develop long-term research partnerships with licensing agencies to build the research base on CCEE licensing. Long-term partnerships could ensure that research is addressing relevant questions to licensing administrators and their teams. Especially because of the complexity in CCEE licensing, researchers outside of licensing agencies must work closely with licensing staff to understand the licensing system and the data. By working together over time, researchers can help strengthen the quality of licensing data and implement timely studies to examine questions to inform licensing decisions. The Gormley (1995) study of natural variation could be a model for how to build the research base. In that study, Vermont gradually rolled out a differential monitoring system, which allowed researchers to study the effects of differential monitoring on compliance. This phased implementation approach enabled researchers to gather information about its effectiveness. If there is a standing relationship between researchers and licensing administrative teams, then it will likely be easier to work together to develop and implement a study that can provide timely information to states and territories about a priority question or policy change.

based providers, FCC homes). **We need more research to better understand provider perceptions of licensing, including the perceptions of subgroups of providers**. Subgroups of providers could include, for instance, rural providers, providers in low-income communities, providers serving children receiving subsidies, license-exempt providers receiving subsidies, and newly licensed providers. Examples of future research questions include: What do licensed providers view as most helpful in understanding licensing regulations or in monitoring? Most challenging? What supports would they like to help them maintain their license and improve quality?

- **We found few studies about family perceptions of CCEE licensing. Future research is needed to better understand family perceptions of licensing**. Research questions could include: What do families understand about licensing? How confident are families that licensing is protecting children, supporting quality, and addressing equity? Do families use information from licensing inspection reports when choosing CCEE and, if so, what information is most useful?
- **We did not find any research studies that examined racial equity within licensing. If studies included subgroups of providers, the groupings often focused on setting type (e.g., center vs. FCC homes)**. In examining equity, states/territories may be interested in disaggregating data by various subgroups of providers other than setting type, such as race and ethnicity of directors/owners, license status, subsidy receipt, and language spoken by director/owner. States and territories likely vary in the extent to which they have administrative data on these possible subgroups of interest and, if so, how easy it is for them to access and analyze the data. **To help explore equity issues, states/territories may need to add this information to their licensing administrative data. Researchers may need to combine licensing administrative data with other sources of data to examine questions related to equity.**

# Closing

This review summarizes various types of research over the last few decades that has focused on CCEE licensing. It provides a conceptual framework to structure future research and also offers ideas about gaps in the field and future research needed to address those gaps. The conceptual framework and literature reviewed focuses on licensing as it was before the COVID-19 pandemic. Although there have been a few studies conducted during the pandemic (e.g., Ali et al., 2021), this review does not include pandemic-related or other studies examining licensing beyond 2020. Because of time and the disruptive nature of the COVID-19 pandemic, the research summarized may not reflect current licensing policies and practices. Future research is needed to document the continuing evolution of CCEE licensing and its interactions with other CCEE entities in the United States that may be brought about by changes from the COVID-19 pandemic, federal recovery investments in CCEE, and increased awareness of structural racism.

# Glossary

**Abbreviated compliance review:** A type of differential monitoring strategy where only a select subset of rules within a licensing system are reviewed during the inspection (National Center on Child Care Quality Improvement, 2014a; National Association for Regulatory Administration, 2020).

**Administrative data:** "Information programs collect about individual children, families, and staff to deliver program services and meet program, funding, or legal requirements. Generally, programs collect administrative data to determine child/family eligibility for services, monitor staff workload, document services provided, or examine progress children are making" (King et al., 2016, p.2).

**Announced inspection:** An inspection that occurs after a CCEE provider is notified by the licensing agency that it will be inspected on a certain day and time (adapted from National Association for Regulatory Administration & National Child Care Information Center, 2006).

**Caseload:** The number of CCEE providers assigned to an individual front-line CCEE licensing staff member.

**Child Care and Development Block Grant (CCDBG):** The source of discretionary funding for the Child Care and Development Fund (CCDF). The CCDBG was originally enacted under the Omnibus Budget Reconciliation Act of 1990. In 2014, Congress reauthorized the CCDBG for the first time since 1996 and included new laws and requirements related to the quality and availability of CCDF-funded child care programs and related activities (Administration for Children and Families, 2022).

**Child Care and Development Fund (CCDF):** "A federal and state partnership program … authorized under the Child Care and Development Block Grant Act (CCDBG) and administered by states, territories, and tribes with funding and support from the Administration for Children and Families' Office of Child Care. States use CCDF to provide financial assistance to low-income families to access child care so they can work or attend a job training or educational program ... In addition, states use the CCDF to invest in quality to benefit millions more children by building the skills and qualifications of the teacher workforce, supporting child care programs to achieve higher standards, and providing consumer education to help parents select child care that meets their families' needs" (Administration for Children and Families, 2016).

**Child Care and Development Fund Regulations:** The CCDF regulations contain provisions that were published in five final rules: 2014 Final Rule, 2016 Final Rule, 1998 Final Rule, CCDF State Match Provisions Final Rule, and CCDF Error Rate Reporting Final Rule. The CCDF regulations are available on the Government Printing Office Electronic Code of Federal Regulations website (adapted from Administration for Children and Families, 2023).

**Child care and early education:** Caregiving and educational services for children from birth to age 13. CCEE includes center- and home-based settings for infants, toddlers, preschool- and school-aged children. CCEE refers to services for a larger age group than early care and education (ECE), which consists of services provided only for young children (birth to age 5 who are not yet in kindergarten). ECE programs are included within the definition of CCEE.

**Child care and early education center:** "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, 2015a, p. 3).

**Child care and early education licensing:** Establishes regulations that must be met to legally operate a child care program. Child care licensing also monitors and enforces those regulations.

**Child care and early education licensing staff:** Any staff who work in CCEE licensing (e.g., front-line staff, managers, administrative or clerical staff).

**Child care and early education provider:** An organization or individual that provides CCEE services (adapted from Child Care & Early Education Research Connections, n.d. -a).

**Complaint:** A concern or grievance about a CCEE provider that families or the public make to the licensing agency.

**Compliance:** Adherence to licensing regulations.

**Dataset**: A collection of separate pieces of information or data (e.g., pieces of information about each licensed CCEE provider).

**Differential monitoring**: This is an "umbrella term used to describe alternative approaches to monitoring every program using all licensing regulations at the same frequency. Instead of monitoring every program at the same frequency for all licensing regulations, differential monitoring strategies specify variations in the frequency or depth of monitoring inspections. For example, programs with a history of strong compliance may receive fewer inspections or may be monitored using an abbreviated list of regulations" (Miranda, et al., 2022, p.3).

**Enforcement:** The actions that licensing agencies use to address licensing violations. These may include fines, probation, and revocation of licensure.

**Equity:** "The state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic" (National Association for the Education of Young Children, 2019, p.17).

**Facility:** "The buildings, the grounds, the equipment, and the people involved in providing child care of any type" (National Resource Center for Health and Safety in Child Care and Early Education, 2023).

**Family child care:** "Child care provided for one or more unrelated children in a provider's home setting." (Child Care & Early Education Research Connections, n.d. -a). "Family child care" can be used to describe a provider (i.e., person) or a setting (i.e., home).

**Full compliance review:** An inspection where facilities are monitored for compliance with all licensing regulations (adapted from National Center on Child Care Quality Improvement, 2014a).

**Group child care:** This term is used in the Child Care Licensing Study (CCLS); TRLECE uses this term only when referring to this setting type specified by CCLS data. Defined as "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, 2015b, p.3).

**High-risk violations:** Some licensing agencies designate a subset of their regulations as high-risk. These regulations are considered critical to children's health and safety, and, if violated, pose a greater risk of harm to children. Repeated violations may also be considered high-risk by some licensing agencies.

**Incidents:** An event that places a child or children at risk that the CCEE provider is required to report by law or regulation (e.g., child injuries, accidents involving children).

**Inspection:** A visit to assess if a CCEE provider is meeting licensing regulations.

**Inspector:** This is an alternate term, used by some licensing agencies, for "front-line licensing staff." (See definition for "front-line licensing staff.")

**Interpretive guidelines, guides, or guidance:** Guides that help CCEE licensing staff understand the purpose of licensing requirements and how they should assess providers' compliance with the requirements; guides

can also be used by CCEE providers to help better understand the licensing requirements and how they will be assessed (National Center on Child Care Quality Improvement, 2014b).

**Key indicators approach:** An approach to determine the subset of regulations to be included in an abbreviated compliance monitoring review. In this approach, regulations that predict overall compliance are identified through statistical methods to determine the subset of regulations (referred to as key indicators) that best predict compliance with the full set of regulations (Fiene & Kroh, 2016; National Center on Child Care Quality Improvement, 2014a).

**License-exempt:** A determination by states/territories of providers who can operate legally without a license. License-exempt providers might include providers caring only for related children (e.g., person caring for grandchildren only), providers caring for a small number of children (e.g., one or two children), and facilities operating for only a few hours per day (e.g., serving children from 9-11am on Tuesdays and Thursdays only) or caring for children while adults are present (e.g., exercise facility caring for children while parent is exercising on site).

**Licensed capacity:** "The maximum number of children allowed to be in a licensed or regulated child care program or setting at any one time. Capacity is based upon the number of children for which adequate facilities and teachers/caregivers are provided, in accordance with supervision and space requirements" (Child Care & Early Education Research Connections, n.d. -a).

**Licensing administrator:** The person who oversees the operation of the CCEE licensing agency.

**Licensing agency:** The agency responsible for regulating and licensing CCEE facilities. The term "licensing unit" may also be used.

**Licensing data system:** A repository for collecting and managing information related to licensed CCEE providers. This can include one or multiple datasets.

**Licensing procedures:** Information about carrying out the functions of the licensing unit.

**Licensing regulations:** "Requirements that providers must meet to legally operate child care services in a state or locality, including registration requirements established under state, local, or Tribal law" (Child Care & Early Education Research Connections, n.d. -a). (Child Care & Early Education Research Connections uses this definition for "licensing or regulatory requirements.")

**Monitoring:** "The process used to enforce child care providers' compliance with licensing rules and regulations" (Child Care & Early Education Research Connections, n.d. -a).

**Preservice training:** Training for licensed CCEE providers that must be completed before they begin their job duties.

**Quality rating and improvement system (QRIS):** "A system typically administered by a state or local jurisdiction used to assess, improve, and communicate the quality of CCEE settings. Most incorporate some variation of the following elements: quality standards; a system for rating/measuring and monitoring program quality; resources to improve quality, such as grants for classroom materials and staff scholarships; and outreach services to educate and communicate … about choosing high quality [CCEE]. QRIS may also create a range of financial incentives to motivate programs to achieve higher levels of quality" (Child Care & Early Education Research Connections, n.d. -a).

**Risk assessment:** An approach to determine and then monitor the subset of rules to be included in an abbreviated compliance review. In this approach, licensing agency staff and other rules experts identify rules that place children at greater risk of harm if the rules are not followed (National Center on Child Care Quality Improvement, 2014a).

**Routine compliance inspection:** An inspection of a CCEE provider for compliance with the regulations that occurs periodically throughout the year and is not part of the initial licensure or renewal (adapted from National Association for Regulatory Administration & National Child Care Information Center, 2006). The term "routine inspection" may also be used.

**Severity level:** A level assigned to licensing regulations to indicate the risk to children if violated. A higher severity level for a regulation suggests that a violation would pose a greater risk to children.

**Subsidy**: "Private or public assistance that reduces the cost of child care for families" (Child Care & Early Education Research Connections, n.d. -a).

**Technical assistance (TA):** "The provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients" (National Association for the Education of Young Children & National Association for Child Care Resource and Referral Agencies, 2011, p. 18).

**Unannounced inspection:** An inspection that occurs without first notifying the CCEE provider that they will be inspected on a certain day and time (adapted from National Association for Regulatory Administration & National Child Care Information Center, 2006).

**Violation:** Failure to comply with a licensing regulation.

# References


Abujarad, F., Desloge A., Carlson K., & Swierenga S.J. (2018). The importance of user-centered design in performing background checks in child care. In: Marcus A., Wang W. (Eds.), *Design, user experience, and usability: Users, contexts and case studies*. DUXU 2018. Lecture Notes in Computer Science, vol 10920. https://doi.org/10.1007/978-3-319-91806-8_12

Adams, D. (1982). Family day care regulations: State policies in transition. *Day Care Journal*, 8-13.

Administration for Children and Families. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/ecd/caring-our-children-basics

Agénor, M., Perkins, C., Stamoulis, C., Hall, R. D., Samnaliev, M., Berland, S., & Bryn Austin, S. (2021). *Developing a database of structural racism-related state laws for health equity research and practice in the United States.* Public health reports (Washington, DC: 1974), *136*(4), 428–440. https://doi.org/10.1177/0033354920984168

Ali, U., Herbst, C. M., & Makridis, C. A. (2021). *Minimum quality regulations and the demand for child care labor* (IZA Discussion Papers 14684). Institute of Labor Economics.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2019). *Caring for Our Children. National health and safety performance standards guidelines for early care and education programs. Fourth edition.* National Resource Center for Health and Safety in Child Care and Early Education.

The Annie E. Casey Foundation. (2014). *Race equity and inclusion action guide.* https://www.aecf.org/resources/race-equity-and-inclusion-action-guide

Apple, P. (2006) A developmental approach to early childhood program quality improvement: The relation between state regulation and NAEYC accreditation. *Early Education and Development, 17*(4), 535-552, doi: 10.1207/s15566935eed1704_2

Austin, L. J., Edwards, B., Chávez, R., & Whitebook, M. (2019). *Racial wage gaps in early education employment*. https://cscce.berkeley.edu/publications/brief/racial-wage-gaps-in-early-education-employment/

Azer, S., Morgan, G., Clifford, R. M., & Crawford G. M. (2002). Regulation of child care. *Early Childhood Research and Policy Briefs*, *2*(1). National Center for Early Development and Learning.

Banghart, P., Hill, Z., Guerra, G. Covington, D., and Tout, K. (2021). Supporting families' access to child care and early education: A descriptive profile of states' consumer education websites. OPRE Report #2021-161. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/supporting-families-access-child-care-and-early-education-descriptive-profile-states

BBC Research and Consulting. (2010). *Supply and demand for infant and toddler child care services.* Department of Workforce Services, Office of Child Care. http://digitallibrary.utah.gov/awweb/awarchive?type=fileanditem=58585

Benjamin, S. E., Copeland, K. A., Cradock, A., Neelon, B. H., Walker, E. M., Slining, M., & Gillman, M. (2009a). Menus in child care: A comparison of state regulations with national standards. *Journal of the American Dietetic Association*, *109*(1), 109-115.

Benjamin, S. E., Taveras, E. M., Cradock, A., Walker, E. M., Slining, M., & Gillman, M. (2009b). State and regional variation in regulations related to feeding infants in child care. *Pediatrics*, *124*(1), e104-e111.

Benjamin Neelon, S., Duffey, K., & Slining, M. (2014). Regulations to promote healthy sleep practices in child care. Pediatrics, 134(6), 1167-74. https://doi.org.10.1542/peds.2014-0578

Benjamin Neelon, S. E., Finkelstein, J., Neelon, B., & Gillman, M. W. (2017a). Evaluation of a physical activity regulation for child care in Massachusetts. *Childhood Obesity, 13*(1), 36-43.

Benjamin Neelon, S. E., Gonzalez-Nahm, S., Grossman, E., Davis, M. L., Neelon, B., Looby, A. A., & Frost, N. (2017b). State variations in infant feeding regulations for child care. *Pediatrics, 140*(6).

Benjamin Neelon, S., Neelon, B., Pearce, J., Grossman, E., Gonzalez-Nahm, S., Slining, M., Duffey, K., Frost, N. (2018). State regulations promoting infant physical activity in early care and education. *Childhood Obesity, 14*(6), 368-374. doi: 10.1089/chi.2018.0087

Bernstein, T., Streitwieser, A., Stroebel, C., Smyth, S., Brown, G., Lam, S., & Rigney, M. K. (2015). *Reducing environmental exposures in child care facilities: A review of state policy*. Environmental Law Institute.

Bipartisan Policy Center. (2019). *History of federal funding for child care and early learning.* https://bipartisanpolicy.org/explainer/history-of-federal-funding-for-child-care-and-early-learning/

Blau, D. M. (2003). Do child care regulations affect the child care and labor markets? *Journal of Policy Analysis and Management, 22*(3), 443-465.

Blau, D. M. (2006). Unintended consequences of child care regulations. *Labour Economics, 14*(3), 513-538.

Boyd-Swan, C., & Herbst, C. M. (2018). The demand for teacher characteristics in the market for child care: Evidence from a field experiment. *Journal of Public Economics, 159*, 183-202. https://doi.org/10.1016/j.jpubeco.2018.02.006

Bradbury, D.E., & Eliot, M.M. (1956). *Four decades of action for children: A short history of the children's bureau.* U.S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau.

Bromer, J., Porter, T., Melvin, S., & Ragonese-Barnes, M. (2021). *Family child care educators' perspectives on leaving, staying, and entering the field: Findings from the multi-state study of family child care decline and supply*. Herr Research Center, Erikson Institute.

Bryant, D. & Maxwell, K. L. (2013). *Georgia child care licensing and monitoring study: Final report*. The University of North Carolina, FPG Child Development Institute.

The BUILD Initiative & Child Trends. (2019a). *A catalog and comparison of quality initiatives. Top trends: Licensing.* https://qualitycompendium.org/top-ten/licensing

The BUILD Initiative & Child Trends. (2019b). *A catalog and comparison of quality initiatives. Top trends: Quality initiative growth.* https://qualitycompendium.org/top-ten/top-ten-questions-about-qris

Burchinal, M. (2017). Measuring early care and education quality. *Child Development Perspectives, 12*(1), 3-9. https://doi.org/10.1111/cdep.12260

Burchinal, M., Magnuson, K., Powell, D., & Soliday Hong, S. (2015). Early childcare and education. In R.M. Lerner, M. H. Bornstein, & T. Leventhal (Eds.), *Handbook of child psychology and developmental science* (7th ed., Vol. 4, pp. 223-267). Wiley.

Byrd-Williams, C. E., Camp, E. J., Mullen, P. D., Briley, M. E., & Hoelscher, D. M. (2015). How local and state regulations affect the child care food environment: A qualitative study of child care center directors' perspectives. *ICAN: Infant, Child, and Adolescent Nutrition, 7*(2), 99–106. https://doi.org/10.1177/1941406415575075

Cahan, E.D. (1989). *Past Caring: A History of US Preschool Care and Education for the Poor, 1820-1965*. National Center for Children in Poverty.

California Child Care Resource and Referral Network. (2019). *Family child care: A closer look*. First 5 LA.

Cambridge Dictionary. (n.d.) Culture. In *Dictionary.Cambridge.org*. https://dictionary.cambridge.org/us/dictionary/english/culture

Child Care Aware of America. (2013). *We can do better: Child Care Aware of America's ranking of state child care center regulations and oversight: 2013 update*. Child Care Aware of America. https://www.childcareaware.org/wp-content/uploads/2015/10/wecandobetter_2013_final_april_11_0.pdf

Child Care and Development Block Grant, 42 U.S.C. §§ 9857–9858, (2015). https://www.govinfo.gov/content/pkg/USCODE-2015-title42/html/USCODE-2015-title42-chap105-subchapII-B.htm

Child Care and Development Fund, 45 C.F.R. § 98, (2016). https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program

Child Care and Development Fund, 45 C.F.R. § 98, (2024). https://www.acf.hhs.gov/occ/outreach-material/2024-ccdf-final-rule

Child Care State Systems Specialist Network. (2015). *Early care and education: State and territory governance structures.* U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/early-child-care-and-education-state-and-territory-governance-structures

Child Care Technical Assistance Network. (n.d.a). *Fundamentals of CCDF administration: standards and licensing requirements.* U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/ccdf-fundamentals/standards-and-licensing-requirements

Child Care Technical Assistance Network. (n.d.b). *History and purposes of the CCDBG and CCDF*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/ccdf-fundamentals/history-and-purposes-ccdbg-and-ccdf

Child Care Technical Assistance Network (n.d.c) *Standards and Licensing: Licensing and exemptions*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/ccdf-fundamentals/licensing-and-exemptions

Children at Risk. (2018). *Quality child care as an engine for economic development in a 21st century Texas.* Building Brains and Economies. https://childrenatrisk.org/building-brains/

Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, *17*(1), 52-86.

Cohen, A. J. (1996). A brief history of federal financing for child care in the United States. *The Future of Children*, *6*(2), 26. https://doi.org/10.2307/1602417

Colbert, J. A. (2002). *Regulating dimensions of quality in early care and education: A review of the research.* National Association for Regulatory Administration. http://www.nara.affiniscape.com/associations/4734/files/Regulating%20Quality%20Dimensions%2Edoc

Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey.* Washington State, Division of Child Care and Early Learning. https://www.researchgate.net/publication/242089003_MINIMIZING_RISKS_TO_CHILDREN_IN_LICENSED_CHILD_CARE_SETTINGS_A_LITERATURE_REVIEW_AND_STATE_SURVEY

Communitas Consulting. (2019). *Commonwealth of Virginia: Preschool Development Grant, Birth through Five: Needs assessment*. Virginia Early Childhood Foundation. https://archive.vecf.org/federal-preschool-development-grant-b-5/

Connors, M. C., & Friedman-Krauss, A. H. (2017). Varying states of Head Start: Impacts of a federal program across state policy contexts. *Journal of Research on Educational Effectiveness*, *10*(4), 675-703.https://doi.org/10.1080/19345747.2017.1320736

Connors, M. C., & Morris, P. A. (2015). Comparing state policy approaches to early care and education quality: A multidimensional assessment of quality rating and improvement systems and child care licensing regulations. *Early Childhood Research Quarterly*, *30*(1), 266-279. https://doi.org/10.1016/j.ecresq.2014.05.006

Copeland, K. A., Sherman, S. N., Kendeigh, C. A., Kalkwarf, H. J., & Saelens, B. E. (2012). Societal values and policies may curtail preschool children's physical activity in child care centers. *Pediatrics*, *129*(2), 265-274.

The Council of Economic Advisers. (2019). *The role of affordable child care in promoting work outside the home*. US GPO, Annual.

Cradock, A. L., O'Donnell, E. M., Benjamin, S. E., Walker, E., & Slining, M. (2010). A review of state regulations to promote physical activity and safety on playgrounds in child care centers and family child care homes. *Journal of Physical Activity and Health*, *7*(s1), S108-S119.

Crowley, A., Jeon, S., & Rosenthal, M. (2013). Health and safety of child care centers: An analysis of licensing specialists' reports of routine, unannounced inspections. *American Journal of Public Health*, *103*(10), E52-E58. http://nclive.org/cgi-bin/nclsm?url=http://search.proquest.com/docview/1441294135?accountid=10049

Cunningham, B. & Ravishankar, N. (2021). *States' status of and identified barriers to implementation of CCDBG Act of 2014 out-of-state background check requirements*. OPRE Report #2021-15: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Currie, J., & Hotz, V. J. (2004). Accidents will happen?: Unintentional childhood injuries and the effects of child care regulations. *Journal of Health Economics*, *23*(1), 25-59.

Dennis, S. E. & O'Connor, E. (2013). Reexamining quality in early childhood education: Exploring the relationship between the organizational climate and the classroom. *Journal of Research in Childhood Education*, *27*(1), 74-92. https://doi.org/10.1080/02568543.2012.739589

Doromal, J. B., Bassok, D., & Wong, V. C. (2018). *How safe are early childhood education programs?: New evidence from the universe of all licensed centers in North Carolina.* EdPolicyWorks Working Paper Series No. 65. University of Virginia, EdPolicyWorks. https://education.virginia.edu/documents/epw65-safety-ece-programs2018-08pdf

Douglass, A. L. (2017). *Leading for change in early care and education: Cultivating leadership from within*. Teachers College Press.

Drake, P. M., Greenspoon, B., Uni, L., Fawcett, L. K., & Neville-Morgan, S. (2006). Family, friend, and neighbor child caregivers: Results of a statewide study to determine needs and desires for support. *Early Childhood Education Journal*, *33*(4), 239-244. https://doi.org/10.1007/s10643-006-0071-5

Duffey, K. J., Slining, M., & Neelon, S. (2014). States lack physical activity policies in child care that are consistent with national recommendations. *Childhood Obesity*, *10*(6), 491-500.

Early Childhood Learning and Knowledge Center. (2019). *Head start timeline.* https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-timeline

Exec. Order No. 13985, 86 FR 7009-7013 (2021). https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government

Fagnoni, C. M. (2000). *Child care: State efforts to enforce safety and health requirements.* United States General Accounting Office Report to Congressional Requesters.

Fiene, R. (2002). *13 Indicators of quality child care: Research update*. US Department of Health and Human Services.

Fiene, R. (2013a). *Differential monitoring logic model and algorithm (DMLMA): A new early childhood program quality indicator model (ECPQIM) for early care and education regulatory agencies.* Research Institute for Key Indicators.

Fiene, R. (2013c). *Oregon differential monitoring logic model and algorithm, risk assessment, and key indicator blueprint report*. Research Institute for Key Indicators.

Fiene, R. (2014a). *Georgia child care licensing study: Validating the core rule differential monitoring system.* Bright from the Start. https://researchconnections.org/childcare/resources/30431

Fiene, R. (2017). *Relationship of size of ECE programs, non-compliance (NC) with licensing rules, and QRIS scores in the state of Washington: RIKI technical research note.* Research Institute for Key Indicators.

Fiene, R. (2019a). A treatise on the theory of regulatory compliance. *Journal of Regulatory Science, 7*, 1-3. http://dx.doi.org/10.2139/ssrn.3390451

Fiene, R. (2019b). *Indiana key indicators for centers, homes, legally licensed exempt homes (LLEP), and ministry facilities.* Research Institute for Key Indicators.

Fiene, R. & Kroh, K. E. (2000). *Measurement tools and systems.* NARA Licensing Curriculum (pp. 1-35). National Association for Regulatory Administration (NARA).

Fiene, R. & Kroh, K. E. (2016). *Human services licensing measurement, regulatory compliance, and program monitoring systems*. Research Institute for Key Indicators.

Gable, S., & Halliburton, A. (2003). Barriers to child care providers' professional development. *Child and Youth Care Forum*, *32*(3), 175-193.

Gabor, V., Mantinan, K., Rudolph, K., Morgan, R., & Longjohn, M. (2010). *Challenges and opportunities related to implementation of child care nutrition and physical activity policies in Delaware*. Altarum Institute. https://researchconnections.org/childcare/resources/19177

Gallagher, J. J., Rooney, R., & Campbell, S. (1999). Child care licensing regulations and child care quality in four states. *Early Childhood Research Quarterly*, *14*(3), 285-312.

Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*. Families and Work Institute

Gilliam, W. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten programs.* [Policy brief series No. 3]. Foundation for Child Development. https://www.fcd-us.org/prekindergartners-left-behind-expulsion-rates-in-state-prekindergarten-programs/

Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, *9*(28), 1-16.

Gold, J. R. (1980). *Administration of the FIDCR: A description and analysis of the federal day care regulatory role. Technical Paper.2*. Department of Health, Education, and Welfare. Office of the Assistant Secretary for Planning and Evaluation.

Gomez, S. A. J. (2018). *Licensing-related predictors of state family child care quality as measured by state quality rating and improvement systems* [Master's thesis, San Diego State University]. https://digitallibrary.sdsu.edu/islandora/object/sdsu%3A4

Gonzalez-Nahm, S., Grossman, E., Frost, N., Babcock, C., Benjamin-Neelon, S. (2018). Media and young minds: Comparing state screen media use regulations for children under 24 months of age in early care and education to a national standard. *Maternal and Child Health Journal*, *22*, 445-453.

Gordon, L. & Batlan, F. (2011). *The legal history of the Aid to Dependent Children Program. Social Welfare History Project*. https://socialwelfare.library.vcu.edu/public-welfare/aid-to-dependent-children-the-legal-history/

Gormley, W.T. (1991). State regulations and the availability of child-care services. *Journal of Policy Analysis and Management, 10*, 78-95. https://doi.org/10.2307/3325514

Gormley Jr, W. T. (1995). *Everybody's Children: Child Care as a Public Problem*. Brookings Institution Press.

Gormley, W. T., Jr. (1999). Regulating child care quality. *The Annals of the American Academy of Political and Social Science, 563*(1), 116-129.

Gormley, W. T., Jr. (2000). Early childhood education and care regulation: A comparative perspective. *International Journal of Educational Research*, *33*(1), 55-74.

Gorry, D. & Thomas, D. W. (2017). Regulation and the cost of childcare. *Applied Economics*, *49*(41), 4138-4147.

Grossman, Elyse R,J.D., Gonzalez-Nahm, S., Frost, N., & Benjamin-Neelon, S. (2018). Childcare providers' possession or use of marijuana, tobacco, or alcohol while caring for children: A comparison of US state regulations. *American Journal of Public Health*, *108*(6), 748-753. doi:http://dx.doi.org/10.2105/AJPH.2018.304351

Hadler, J., Yousey-Hindes, K., Kudish, K., Kennedy, E. D., Sacco, V., & Cartter, M. L. (2014). Impact of requiring influenza vaccination for children in licensed child care or preschool programs—Connecticut, 2012-13 influenza season. *Morbidity and Mortality Weekly Report*, *63*(9), 181-185.

Harrington, C., Mullan, J. T., & Carrillo, H. (2004). State nursing home enforcement systems. *Journal of Health Politics, Policy and Law*, *29*(1), 43-74. https://www.researchgate.net/publication/8673154_State_Nursing_Home_Enforcement_Systems

Heeb, R., & Kilburn, R. (2004). *The effects of state regulations on childcare prices and choices.* Working Paper. Labor and Population Program. RAND.

Helburn, S. W. (1995). *Cost, quality and child outcomes in child care centers. Technical report, public report, and executive summary*. University of Colorado at Denver, Department of Economics.

Herbst, C.M. (2015). *The rising cost of child care in the United States: A reassessment of the evidence.* IZA Discussion Paper No. 9072. Institute for the Study of Labor (IZA).

Hernandez, M. (2007). Assisted living and residential care in Oregon: Two decades of state policy, supply, and Medicaid participation trends. *The Gerontologist*, *47* Spec No 3, 118–124. https://doi.org/10.1093/geront/47.supplement_1.118

Hill, E. (2007). *Developing safety and quality ratings for child care*. The Legislative Analyst's Office.

Hofferth, S. L. & Chaplin, D. D. (1998). State regulations and child care choice. *Population Research and Policy Review*, *17*(2), 111-140.

Hotz, V. J. & Xiao, M. (2011). The impact of regulations on the supply and quality of care in child care markets. *American Economic Review*, *101*(5), 1775-1805.

Johnson, L. & Associates, Inc. (1981). *Comparative Licensing Study: Profiles of State Day Care Licensing Requirements.* Day Care Division, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education and Welfare.

Kagan, S., Brandon, R., Ripple, C., Maher, E., & Joesch, J. (2002). Supporting quality early childhood care and education: Addressing compensation and infrastructure. *Young Children*, *57*(3), 58-65.

Kagan, S., & Cohen, N. (1997). *Not by chance: Creating an early care and education system for america's children*. Abridged Report. The Quality 2000 Initiative.

Kaphingst, K. M. & Story, M. (2009). Child care as an untapped setting for obesity prevention: State child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. *Preventing Chronic Disease*, *6*(1), 1-13.

Kim, H., Harrington, C., & Greene, W. H. (2009a). Registered nurse staffing mix and quality of care in nursing homes: A longitudinal analysis. *The Gerontologist*, *49*(1), 81-90. doi: 10.1093/geront/gnp014.

Kim, H., Kovner, C., Harrington, C., Greene, W., & Mezey, M. (2009b). A panel data analysis of the relationships of nursing home staffing levels and standards to regulatory deficiencies. *Journals of Gerontology: Series B*, *64*(2), 269-278. doi: 10.1093/geronb/gbn019.

Kim, J., Kaste, L. M., Fadavi, S., & Neelon, S. (2012). Are state child care regulations meeting national oral health and nutritional standards? *Pediatric Dentistry*, *34*(4), 317-324.

Kirby, G., Boller, K., & Zaveri, H. (2011). *The Child Care Quality Rating System (QRS) Assessment: Child care quality rating and improvement systems: Approaches to integrating programs for young children in two states*. (OPRE Report 2011-28). U.S. Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/child-care-quality-rating-and-improvement-systems-approaches-integrating-programs-young

Kirby, G., Ross, C., & Puffer, L. (2001). *Welfare-to-work transitions for parents of infants: In-depth study of eight communities*. Mathematica Policy Research. https://www.mathematica.org/publications/welfaretowork-transitions-for-parents-of-infants-indepth-study-of-eight-communities

Koch Consulting. (2005). *Report on effective legal proceedings to ensure provider compliance*. Koch Consulting.

Kotch, J. B., Hussey, J. M., & Carter, A. (2003). Evaluation of North Carolina child care safety regulations. *Injury Prevention*, *9*, 220-225.

Kranz, A. M., & Rozier, R. (2011). Oral health content of early education and child care regulations and standards. *Journal of Public Health Dentistry*, *71*(2), 81-90.

Larson, N., Looby, A., Frost, N., Nanney, M. S., & Story, M. (2017). What can be learned from existing investigations of weight-related practices and policies with the potential to impact disparities in US child-care settings?: A narrative review and call for surveillance and evaluation efforts. *Journal of the Academy of Nutrition and Dietetics*, *117*(10), 1554-1577.

Larson, N., Ward, D. S., Benjamin-Neelon, S., & Story, M. (2011). What role can child-care settings play in obesity prevention? A review of the evidence and call for research efforts. *American Dietetic Association 111*, 1343-1362. doi: 10.1016/j.jada.2011.06.007

Lawrence, K., Sutton, S., Kubisch, A., Susi, G., & Fulbright-Anderson, K. (2004). *Structural racism and community building*. https://www.aspeninstitute.org/publications/structural-racism-community-building/

Lent, C. (2015). *Family child care relationship-based intentional pedagogy: Provider perspectives on regulation, education and quality rating* [Doctoral dissertation, University of Wisconsin-Madison]. Proquest Dissertations Publishing.

Leone, C., Jaykus, L., Cates, S., & Fraser, A. (2016). A review of state licensing regulations to determine alignment with best practices to prevent human norovirus infections in child care centers. *Public Health Reports, 131*, 449-460.

Lessard, L., Lesesne, C., Kakietek, J., Breck, A., Jernigan, J., Dunn, L., Nonas, C., O'Dell, S. A., Stephens, R. L., Xu, Ye., & Khan, L. K. (2014). Measurement of compliance with New York City's regulations on beverages, physical activity, and screen time in early child care centers. *Preventing Chronic Disease*, *11*, 1-9. DOI: 10.5888/pcd11.130433

Lessard, L., Speirs, K. E., & Slesinger, N. (2018). Implementation strategies used by states to support physical activity licensing standards for toddlers in early care and education settings: An exploratory qualitative study. *Childhood Obesity*, *14*(6), 386-392. https://doi.org/10.1089/chi.2018.0081

Lin, V., Maxwell, K., Daily, S., & Stepleton, K. (2020). *Initial implementation of the 2014 reauthorization of the Child Care and Development Block Grant*, OPRE Report #2020-111, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Louisiana Legislative Auditor. (2018). *Regulation of child care providers Louisiana Department of Education (Audit Control #40170010)*. Louisiana Department of Education.

Maier, M. F., Hsueh, J., & McCormick, M. (2020). *Rethinking classroom quality: What we know and what we are learning*. MDRC. https://www.mdrc.org/work/publications/rethinking-classroom-quality

Massachusetts Office of the State Auditor. (2013). *Department of Early Education and Care: For the period July 1, 2010 through September 30, 2011*. (2012-0837-3S). Office of the State Auditor. https://www.mass.gov/doc/department-of-early-education-and-care-0/download

Maxwell, K., & Starr, R. (2019). *The Role of Licensing in Supporting Quality Practices in Early Care and Education*. OPRE Research Brief #2019-31. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/role-licensing-supporting-quality-practices-early-care-and-education

Maxwell, K. L., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated monitoring systems for early care and education. OPRE Research Brief #2016-19*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

McDaniel, M., Woods, T., Pratt, E., and Simms, M. C. (2017). *Identifying racial and ethnic disparities in human services: A conceptual framework and literature review*. OPRE Report #2017-69. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

McGaha, C., Snow, C., & Teleki, J. (2001). Family child care in the United States: A comparative analysis of 1981 and 1998 state regulations. *Early Childhood Education Journal*, *28*(4), 251-255.

Meek, S., Iruka, I. U., Allen, R., Yazzie, D., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M. L., Blevins, D., & Powell, T. (2020). *Fourteen priorities to dismantle systemic racism in early care and education*. Children's Equity Project. https://childandfamilysuccess.asu.edu/cep

Melnick, H., Meloy, B., Gardner, M., Wechsler, M., & Maier, A. (2018). *Building an early learning system that works: Next steps for California*. Learning Policy Institute.

Miller, P. (2011). *Delaware's child care regulations promote healthy child development.* Nemours Health and Prevention Services.

Mitchell, C. H. (2015). *Parents' use of online child care licensing reports as part of child care decisions in the state of Georgia* [Doctoral dissertation, University of Georgia].

Moon, R. Y., Biliter, W. M., & Croskell, S. E. (2001). Examination of state regulations regarding infants and sleep in licensed child care centers and family child care settings. *Pediatrics, 107*(5), 1029-1036.

Moon, R. Y., Kotch, L., & Aird, L. (2006). State child care regulations regarding infant sleep environment since the Healthy Child Care America-Back to Sleep campaign. *Pediatrics, 118*(1), 73-83.

Morgan, G. G. (2003). Regulatory policy. In D. Cryer & R. M. Clifford (Eds.), *Early childhood education care in the U.S.A* (pp. 65-85). Baltimore, MD: Paul H. Brookes.

Morrison, J. and Schlesinger, A. (2001). *A side-by-side comparison of federal and state early education regulations and requirements affecting early care and education in Connecticut*. Connecticut Head Start State Collaboration Office.

Mukamel, D. B., Li, Y., Harrington, C., Spector, W. D., Weimer, D. L., & Bailey, L. (2011). Does state regulation of quality impose costs on nursing homes? *Medical Care*, 529-534. doi: 10.1097/MLR.0b013e318207ef9e

National Association for the Education of Young Children & Davis, M. D. (1930). *Minimum essentials for nursery school education, as accepted by the national committee on nursery schools, October, 1929*. The Committee.

National Association for the Education of Young Children. (1983, rev. 1992 & 1997). *Licensing and public regulation of early childhood programs: A position statement of the National Association for the Education of Young Children*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSLIC98.PDF

National Association for the Education of Young Children. (2019a). *Advancing equity in early childhood education*. (Position Statement). https://www.naeyc.org/resources/position-statements/equity

National Association for the Education of Young Children. (2019b). *NAEYC early learning program accreditation standards and assessment items*. https://www.naeyc.org/accreditation/early-learning/tools

National Association for the Education of Young Children. (2020). *Developmentally appropriate practice (DAP) position statement*. https://www.naeyc.org/resources/position-statements/dap/contents

National Association for Regulatory Administration. (2013). *The 50 state child care licensing study 2011-2013*. National Association for Regulatory Administration (US). Report No: 043.

National Association for Regulatory Administration. (2015). *Child Care Licensing Study 2014*. https://www.naralicensing.org/2014-cc-licensing-study

National Association for Regulatory Administration. (2020a). *Child Care Licensing Study 2017*. https://www.naralicensing.org/2017-cc-licensing-study

National Association for Regulatory Administration. (2020b). *NARA Survey #2 COVID Impact on Licensing*. https://nara.memberclicks.net/assets/docs/COVID-19/NARA%20Survey%202%20COVID%20Impact%20on%20Licensing.pdf

National Association for Regulatory Administration. (2020c). *Remote inspections in child care settings.* https://nara.memberclicks.net/assets/docs/Publications/VirtualInspections/REMOTE%20INSPECTIONS%20IN%20CHILD%20CARE%20SETTINGS%20July%202020.pdf

National Association for Regulatory Administration & National Center on Child Care Quality Improvement. (2015). *Best practices for human care regulation.* http://www.naralicensing.org/assets/docs/Publications/BestPractices/nara%20best%20practices%20final.pdf

National Association for Regulatory Administration (NARA) & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Association of Child Care Resource and Referral Agencies. (2007). *We can do better: NACCRRA's ranking of state child care center standards and oversight*. National Association of Child Care Resource & Referral Agencies.

National Association of Child Care Resource and Referral Agencies. (2008). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes*. National Association of Child Care Resource and Referral Agencies.[26]

National Association of Child Care Resource and Referral Agencies. (2009). *We can do better: 2009 update. NACCRRA's ranking of state child care center regulations and oversight.*

National Association of Child Care Resource and Referral Agencies. (2011). *We can do better: 2011 update: NACCRRA's ranking of state child care center regulations and oversight*.

National Association of Child Care Resource and Referral Agencies. (2010). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes*. National Association of Child Care Resource and Referral Agencies.

National Association of Child Care Resource and Referral Agencies. (2012). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes: 2012 update*. National Association of Child Care Resource and Referral Agencies. https://www.childcareaware.org/leaving-children-to-chance-2012-update/

National Center on Child Care Quality Improvement. (2013a). *Research brief #1: Trends in child care center licensing regulations and policies for 2011*. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011

National Center on Child Care Quality Improvement. (2014a). *Building support for licensing.* https://childcareta.acf.hhs.gov/resource/building-support-licensing

National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-building-and-physical-premises-safety-child-care

[26] This report was no longer available online at the time of our review.

National Center on Child Care Quality Improvement. (2014c). *Contemporary issues in licensing: Child care licensing inspection policies.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-child-care-licensing-inspection-policies

National Center on Child Care Quality Improvement. (2014d). *Contemporary issues in licensing: Elements of a Licensing Statute.* https://childcareta.acf.hhs.gov/resource/building-support-licensing

National Center on Child Care Quality Improvement. (2014e). *Contemporary issues in licensing: Enforcement and approaches with illegally-operating providers.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-and-approaches-illegally-operating-providers

National Center on Child Care Quality Improvement. (2014f). *Contemporary issues in licensing: Enforcement strategies with licensed child care providers.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-strategies-licensed-child-care-providers

National Center on Child Care Quality Improvement. (2014g). *Contemporary issues in licensing: Monitoring strategies for determining compliance: Differential monitoring, risk assessment, and key indicators.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-monitoring-strategies-determining-compliance-differential

National Center on Child Care Quality Improvement. (2014h). *Contemporary issues in licensing: Quality assurance in child care licensing.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-quality-assurance-child-care-licensing

National Center on Child Care Quality Improvement. (2014i). *Contemporary issues in licensing: Reporting, tracking, and responding to serious injuries and fatalities in child care.* (Report No. 3). https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-reporting-tracking-and-responding-serious-injuries-and

National Center on Child Care Quality Improvement. (2014j). *Use of technology to enhance licensing administration.* https://childcareta.acf.hhs.gov/sites/default/files/public/001_1408_technology_licensing_final.pdf

National Center for Early Childhood Quality Assurance (n.d.). *National database of child care licensing regulations*. National Center for Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/licensing

National Center on Early Childhood Quality Assurance. (2015c). *Monitoring and supporting license-exempt care: Case studies.* (No. 317). National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies

National Center on Early Childhood Quality Assurance. (2015d). *Monitoring license-exempt CCDF homes.* https://childcareta.acf.hhs.gov/resource/monitoring-license-exempt-ccdf-homes

National Center on Early Childhood Quality Assurance. (2015e). *Trends in child care center licensing regulations and policies for 2014.* (Research Brief #1). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015f). *Trends in family child care home licensing regulations and policies for 2014.* (Research Brief #2). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-requirements-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015g). *Trends in group child care home licensing regulations and policies for 2014.* (Research Brief #3). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2016). *CCDF health and safety requirements brief #9. Health and safety training.* U.S. Department of Health and Human Services. https://researchconnections.org/childcare/resources/32403

National Center on Early Childhood Quality Assurance. (2017a). *A guide to support states and territories' use of child care licensing data*. National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/guide-support-states-and-territories-use-child-care-licensing-data

National Center on Early Childhood Quality Assurance. (2017b). *Interpretive guides for child care licensing regulations*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/sites/default/files/public/interpretive_guidelines.pdf

National Center on Early Childhood Quality Assurance. (2018). *Licensing caseloads: Finding the right ratio of licensors to providers*. https://childcareta.acf.hhs.gov/resource/licensing-caseloads-finding-right-ratio-licensors-providershttps://childcareta.acf.hhs.gov/sites/default/files/public/licensing_caseloads.pdf

National Center on Early Childhood Quality Assurance. (2020a). *Addressing the decreasing number of family child care providers in the United States*. https://childcareta.acf.hhs.gov/resource/addressing-decreasing-number-family-child-care-providers-united-states

National Center on Early Childhood Quality Assurance. (2020b). *CCDF health and safety requirements brief #1: Prevention and control of infectious diseases*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-1-prevention-and-control-infectious-diseases

National Center on Early Childhood Quality Assurance. (2020c). *CCDF health and safety requirements brief #2: Administering medication*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-2-administering-medications

National Center on Early Childhood Quality Assurance. (2020d). *CCDF health and safety requirements brief #3: Prevention of and response to emergencies due to food and allergic reactions*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-3-prevention-and-response-emergencies-due-food

National Center on Early Childhood Quality Assurance. (2020e). *Reducing the risk of sudden infant death syndrome and using safe sleeping practices*. (CCDF Health and Safety Requirements Brief #4). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://researchconnections.org/childcare/resources/38378

National Center on Early Childhood Quality Assurance. (2020f). *CCDF health and safety requirements brief #5: Building and physical premises safety*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-5-building-and-physical-premises-safety

National Center on Early Childhood Quality Assurance. (2020g). *CCDF health and safety requirements brief #6. Emergency preparedness and response planning*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-6-emergency-preparedness-and-response-planning

National Center on Early Childhood Quality Assurance. (2020h). *CCDF health and safety requirements brief #7. Handling, storing, and disposing of hazardous materials and biological contaminants*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-7-handling-storing-and-disposing-hazardous

National Center on Early Childhood Quality Assurance. (2020i). *CCDF health and safety requirements brief #8. Transportation of children*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-8-transportation-children

National Center on Early Childhood Quality Assurance. (2020j). *Trends in child care center licensing requirements and policies for 2017*. (Research Brief #1). https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-and-policies-2017-research-brief-1

National Center on Early Childhood Quality Assurance. (2020k). *Trends in family child care home licensing requirements and policies for 2017.* (Research Brief #2). https://childcareta.acf.hhs.gov/resource/trends-family-child-care-home-licensing-requirements-and-policies-2017-research-brief-2

National Center on Early Childhood Quality Assurance. (2020l). *Trends in group child care home licensing requirements and policies for 2017.* (Research Brief #3). https://childcareta.acf.hhs.gov/resource/trends-group-child-care-home-licensing-requirements-and-policies-2017-research-brief-3

National Center on Early Childhood Quality Assurance. (2021). *Equity considerations for the child care licensing system.* National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/equity-considerations-child-care-licensing-system

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study.* National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Achieving a state of healthy weight: A national assessment of obesity prevention terminology in child care regulations 2010.* National Resource Center for Health and Safety in Child Care and Early Education.

National Resource Center for Health and Safety in Child Care and Early Education. (2019). *Achieving a state of healthy weight 2018 report.* University of Colorado Anschutz Medical Campus.

National Resource Center for Health and Safety in Child Care and Early Education. (n.d.). *Stepping stones to caring for our children.*

Nelson, J.R. (1982). The Federal Interagency Day Care Requirements. In Cheryl D. Hayes (Ed.), *Making policies for children: A study of the federal process.* https://doi.org/10.17226/75.

Ng, G. T. (2006). Child care in the United States: Who shapes state policies for children? *Social Work Research*, *30*(2), 71-81. doi:http://dx.doi.org/10.1093/swr/30.2.71

North Dakota Department of Public Instruction. (2014). *North Dakota early care and early education study*. Department of Public Instruction. https://researchconnections.org/childcare/resources/28250

Office of the Assistant Secretary for Planning and Evaluation (ASPE). (n.d.). *Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF) – Overview.* U.S. Department of Health and Human Services. https://aspe.hhs.gov/aid-families-dependent-children-afdc-temporary-assistance-needy-families-tanf-overview#:~:text=Aid%20to%20Families%20with%20Dependent%20Children%20(AFDC)%20was%20established%20by,home%2C%20incapacitated%2C%20deceased%2C%20or

Office of Child Care. (2016). *Overview of 2016 Child Care and Development Fund Final Rule* [Fact sheet]. Administration for Children & Families. https://www.acf.hhs.gov/sites/default/files/documents/occ/ccdf_final_rule_fact_sheet.pdf

Office of Child Care. (2018). *Consumer education requirements and resources IM.* Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/occ/policy-guidance/consumer-education-requirements-and-resources-im

Office of Head Start. (2015). *Head Start early learning outcomes framework: Ages birth to five.* Administration for Children and Families, U.S. Department of Health and Human Services.

Office of Head Start. (2016). *Head Start Program Performance Standards: Section 1302.47 safety practices.* https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices

Office of Head Start. (2023). *Head Start history.* https://www.acf.hhs.gov/ohs/about/history-head-start#:~:text=In%201995%2C%20the%20first%20Early,day%20and%20full%2Dyear%20services

O'Neill, C., Harrington, C., Kitchener, M., & Saliba, D. (2003). Quality of care in nursing homes: An analysis of relationships among profit, quality, and ownership. *Medical Care*, 1318-1330. doi: 10.1097/01.MLR.0000100586.33970.58.

Payne, A. L. (2011). *Strong licensing: The foundation for a quality early care and education system.* National Association for Regulatory Administration.

Race Forward. (2015). *Race reporting guide.* www.raceforward.org/reporting-guide

Raikes, H., Raikes, H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, *20*(2), 164-184.

Raikes, H., Torquati, J. C., Jung, E., Peterson, C. A., Atwater, J., & Scott, J. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy program participation. *Early Childhood Research Quarterly*, *28*(4), 879-892.

Regenstein, E., & Lipper, K. (2013). *A framework for choosing a state-level early childhood governance system*. The BUILD Initiative.

Rhode Island Department for Children, Youth, and Families, Rhode Island Department of Human Services, & Rhode Island Department of Education. (2014). *Quality for every child: Developing a continuum of quality standards for Rhode Island's early care and education programs.* https://exceed.ri.gov/Docs/RI_PSA_TechPaper.pdf

Rice, G. A. (2009). *A proposed training guide for new regulatory specialists in the Office of Child Care Licensing and Regulatory Services.* South Carolina State Documents Depository.

Rigby, E., Ryan, R., & Brooks-Gunn, J. (2007). Child care quality in different state policy contexts. *Journal of Policy Analysis and Management*, *26*(4), 887-907.

Rohacek, M., Adams, G. C., & Kisker, E. E. (2010). *Understanding quality in context: Child care centers, communities, markets, and public policy*. Urban Institute.

Rosenthal, M. S., Jeon, S., & Crowley, A. A. (2016). Health and safety in family day care homes: Association between regulatory non-compliance and lower median income. *Maternal and Child Health Journal*, *20*(5), 984-992.

Rosenthal, M., Franco-Labarga, A., Sangchoon, J., Ma, T., & Crowley, A. (2020). Health and safety in family child care network: An analysis of violation data of routine, full unannounced inspections. *Maternal and Child Health Journal*, *24*(8), 1019-1027. doi: 10.1007/s10995-020-02939-x. PMID: 32350728.

Ruopp, R., & Smith, A. N. (1979). *Children at the center: Final report of the National Day Care Study: Executive summary prepared for the Day Care Division, Administration for Children, Youth and Families, Office of Human Development Services, US Dept. of Health, Education, and Welfare*. Abt Associates.

Sekhobo, J. P., et al. (2014). Neighborhood disparities in prevalence of childhood obesity among low-income children before and after implementation of new york city child care regulations. *Preventing Chronic Disease*, *11*(E181). doi: http://dx.doi.org/10.5888/pcd11.140152.

Sethi, S., Johnson-Staub, C., & Robbins, K. G. (2020). *An anti-racist approach to supporting child care through COVID-19 and beyond*. The Center for Law and Social Policy. https://www.clasp.org/publications/report/brief/anti-racist-approach-supporting-child-care-through-covid-19-and-beyond/

Shapiro, S. (2002). Speed bumps and road blocks: Procedural controls and regulatory change. *Journal of Public Administration Research and Theory*, *12*(1), 29-58.

Shdaimah, C., Palley, E., & Miller, A. (2018). Voices of child care providers: An exploratory study on the impact of policy changes. *International Journal of Child Care and Education Policy*, *12*(1), 1-18.

Slining, M., Benjamin-Neelon, S., Duffey, K. (2014). A review of state regulations to promote infant physical activity in child care. *International Journal of Behavioral Nutrition and Physical Activity*, *11*, 139.

Social Security Act, 42 U.S.C. § 601-687, (1962). https://www.ssa.gov/OP_Home/ssact/title04/0400.htm

Sosinsky, L., Ruprecht, K., Horm, D., Kriener-Althen, K., Vogel, C., & Halle, T. (2016). *Including relationship-based care practices in infant-toddler care: Implications for practice and policy*. OPRE report 2016-46. Administration for Children and Families, U.S. Department of Health and Human Services.

South Carolina Education Oversight Committee. (2008). *Implementation and expansion of the Child Development Education Pilot Program (CDEPP) evaluation report, 2007-08*. South Carolina State Documents Depository.

South Carolina Education Oversight Committee. (2010). *Implementation and expansion of the Child Development Education Pilot Program (CDEPP) evaluation report, 2009-10*. South Carolina State Documents Depository.

State of Washington Child Care Collaborative Task Force. (2019). *Recommendations report to the Legislature under SHB 2367, Laws of 2018*. Department of Commerce. https://www.commerce.wa.gov/about-us/boards-and-commissions/child-care-collaborative-task-force/

Stephens, R. L., Xu, Y., Lesesne, C. A., Dunn, L., Kakietek, J., Jernigan, J., & Khan, L. K. (2014). Relationship between child care centers' compliance with physical activity regulations and children's physical activity, New York City, 2010. *Preventing Chronic Disease, 11*, E179. https://doi.org/10.5888/pcd11.130432

Stevens, C. (1999). Child care licensing regulations. *Early Childhood Research Quarterly, 14*(3), 335-37.

Stevens, S. & Fiene, R. (2018). *Washington state research agenda: A blueprint for state licensing and regulatory administration.* Department of Children, Youth, and Families.

Thomas, D. & Gorry, D. (2015). *Regulation and the cost of child care.* Mercatus Center, George Mason University.

Trinkoff, A. M., Yoon, J. M., Storr, C. L., Lerner, N. B., Yang, B. K., & Han, K. (2020). Comparing residential long-term care regulations between nursing homes and assisted living facilities. *Nursing Outlook*, *68*(1), 114-122. doi: 10.1016/j.outlook.2019.06.015.

Trivedi, P. A. (2015). *Innovation in monitoring in early care and education: Options for states*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

United States Department of Health and Human Services. (2014). *Some Michigan child care centers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/oas/reports/region5/51300053.pdf

United States Department of Health and Human Services & United States Department of Agriculture. (n.d.). *Joint statement: Coordinated efficiencies in monitoring and oversight of early care and education programs.* *https://www.acf.hhs.gov/ecd/joint-monitoring*

United States Department of Health and Human Services, Office of Inspector General. (2013a). *Child care and development fund: Monitoring of licensed child care providers.* (OEI-07-10-00230). U.S. Department of Health and Human Services, Office of Inspector General. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/child-care-and-development-fund-monitoring-of-licensed-child-care-providers/

United States Government Accountability Office. (2004). *Child care: State efforts to enforce safety and health requirements.* (GAO-04-786). https://www.gao.gov/products/gao-04-786

U.S. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Planning and Evaluation. (1978). *Report on the appropriateness of federal interagency day care requirements*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health, Education, and Welfare.

Vieira, N., & Hill, S. (2019). *Creating the conditions for family child care to thrive: Strategies for increasing the supply, quality, and sustainability of family child care in states and communities.* All Our Kin.

Wang, W. (2018). *A quasi-experimental study on the effectiveness of CCRandR TA/coaching on child care center licensing compliance* [Doctoral dissertation, University of South Carolina]. https://scholarcommons.sc.edu/etd/4848

Winterbottom, C., & Jones, I. (2014). National accreditation and its role in early education: An analysis of Florida's Gold Seal Quality Child-Care program and licensing standards. *Journal of Early Childhood Research, 12*(1), 64-76. doi: 10.1177/1476718X13492942

Wisconsin Department of Children and Families. (2018a). *2017 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants

Witte, A. D., & Queralt, M. (2004). *What happens when child care inspections and complaints are made available on the internet?* (NBER Working Paper Series No. 10227). National Bureau of Economic Research. https://www.nber.org/papers/w10227#:~:text=To%20be%20more%20specific%2C%20we,the%20course%20of%20their%20routine

Wright, D. R., Kenney, E. L., Giles, C. M., Long, M. W., Ward, Z. J., Resch, S. C., Moodie, M. L., Carter, R. C., Wang, Y. C., Sacks, G., Swinburn, B. A., Gortmaker, S. L., & Cradock, A. L. (2015). Modeling the cost effectiveness of child care policy changes in the U.S. *American Journal of Preventive Medicine*, *49*(1), 135-147.

# Appendix A. History of Child Care and Early Education Licensing

Although child care and early education (CCEE) has existed for hundreds of years, the application of consistent standards to CCEE began gaining attention in the middle of the twentieth century. Since then—and through a process of debate and study at the federal level—CCEE licensing has evolved into a multifaceted system driven largely by state government. This section describes the trajectory of child care licensing, from the late 1800s through 2020, focusing on the evolving roles of federal, state, and local government. See Figure 1 for a timeline of key historical events.

## Late 1800s-1960

### Day nurseries and the creation of the U.S. Children's Bureau

Child care was largely unregulated prior to the 1960s. During the 19th and early part of the 20th century, child care was a part of social reform movements, an effort to provide children in poverty a safe (and in some cases, enriching) place to be during the day (called day nurseries; Nelson, 1982). In 1912, issues pertaining to child *welfare* gained enough political traction to warrant the creation of a federal bureau. The **U.S. Children's Bureau** studied "special groups of children," including child care, child labor, children without parental care, and other groups into the 1920s (Bradbury & Eliot, 1956). However, their focus was on developing and expanding mothers' pensions so that mothers could stay home with their children; not on supporting child care outside the home (Michel, 2011).

Children's advocates pushed for improved conditions in **day nurseries** through state licensure and regulation during the 1920s. Their efforts were somewhat successful in that most day nurseries became publicly regulated, but "ordinances were not strictly enforced" (Wright, 1922 in Cahan, p. 25).

### The federal government's increased role in supporting child care

The role of the state and federal government in supporting children and families expanded during the Great Depression and World War II (1930s and 1940s) as families looked for overall financial support as well as support in accessing child care. During this time, funding and regulation existed in the form of temporary federal programs (Cahan, 1989). The Federal Emergency Relief Administration and, later, the Works Progress Administration, administered a range of economy boosting programs in response to the Great Depression, including **emergency nursery schools**. The nursery schools served two purposes: employing out-of-work teachers and other workers as well as providing care for children from low-income families (Cahan, 1989). The Minimum Essentials for Nursery Education (published in 1929 by the organization now known as the NAEYC) offered guidance (not requirements) for the operation of nursery schools (NAEYC & Davis, 1930). The emergency nursery school programs were largely of a custodial nature (Cahan p.27). Aid to Dependent Children (later named Aid to Families with Dependent Children) was also established during this period (1935) to provide financial aid to single parents with children (Gordon & Batlan, 2011).

The influx of women working outside the home to support the war effort in the 1940s generated an unprecedented need for child care. The federal government responded by providing funding through the **Lanham Act** for local communities in war-impacted areas to operate child care facilities (Cahan, 1989);

typically, local school districts oversaw the facility's operation. Although the federal government did not oversee the operation of the programs, the Children's Bureau, in 1942, issued a recommended set of standards that addressed ratios, child development, staff training, nutrition, and health and safety (Nelson, 1982). The facilities funded through the Lanham Act served only a small proportion of the children needing care (Cahan, p. 29). Many communities didn't apply for funds and those that did expressed frustration with the bureaucracy. Once centers were established, they often couldn't provide quality care due to a shortage of staff and inadequate facilities. Only those that could supplement with community funding provided quality care (Cahan, p. 30).

Many women remained in the workforce, despite the end of the Lanham Act's funding for child care programs in 1946. Most families used informal care provided by friends, neighbors, or family; a smaller portion used state or community funded programs or private preschools (Cahan, 1989).

In 1953, the U.S. Children's Bureau, in partnership with the Women's Bureau and U.S. Department of Labor, held a National Conference on Planning Services for Children of Employed Mothers, in which they pushed for the expansion of child care as a way to support working mothers. In 1954, Congress passed a **child care tax deduction** (Nelson, 1982, p.157). This mitigated the cost of child care for some families, but "failed to address basic issues such as the supply, distribution, affordability, and quality of child care" (Michel, 2011).

# 1960-1990

## Differing perspectives on the federal government's role in regulating child care

This period was marked by divergent philosophies about the primary function of child care (work support vs. support for child development) and conflicting political views about the role of the federal government in regulating child care.

Child advocates and some federal government staff acknowledged that children's development was associated with key standards of care (e.g., basic health and safety, nutrition, low staff-child ratios, and staff training). The federal government also saw child care as a critical work support (Nelson, 1982). Because parents paid for child care, these dual purposes of child care—work support and support for child development—existed in opposition. Meeting higher standards (particularly ratios) that support children's development was costly, so providers would need to pass those costs on to parents. However, if care was too expensive, parents could not use it to support their work and would need to either drop out of the workforce or find a less expensive source of child care (forms of care that were not regulated, including care by family, friends, or neighbors).

The debate over the role of the federal government hinged on the somewhat opposing concepts that 1) states need the flexibility to regulate according to their own unique needs, culture, and resources and 2) there should be a uniform federal standard for child care to ensure the welfare of all children (Gold, 1980).

## Key events in the 1960s and 1980s

Through the 1960s and into the 1980s, the federal government studied, debated, issued, and revised a **unified set of federal standards** for child care several times (Nelson, 1982). A number of important events unfolded during this period:

- In 1960, the Child Welfare League of America published **Standards for Day Care Service**, covering the same areas as the standards authored by the Children's Bureau in the 1940s (Nelson, 1982).

- In 1962, Title IV of the Social Securities Act was amended to include language that specifically addressed child care, rather than child welfare more broadly. Most importantly, the Act designated funds to be used specifically for child care and required that **child care supported under the funding be provided in facilities licensed by states** (P.L. 87-543, Public Welfare Amendments of 1962). By 1962, most states were licensing child care centers (Morgan, 2003).
- **Head Start** was created in 1965 to provide comprehensive child development services for families with low incomes. It was not tied to federal work support funding, nor was it tied to child care licensing (Nelson, 1982). Research by Joseph Hunt and Benjamin Bloom on the influence of early development and experiences on later learning was a foundation for Head Start's creation (Nelson, 1982). The Head Start Performance Standards, regulations for Head Start programs, were first published in 1975 (ECLKC, 2019).
- The **Federal Interagency Day Care Regulations** (FIDCR) were incorporated into work support funding in 1968 (P.L. 90-222, the Economic Opportunity Amendments of 1968). The regulations, which addressed facilities, staff-child ratios and group size, environmental standards, educational services, social services, parent involvement, staff training, health and nutrition, administration and coordination, and evaluation, remained in place for thirteen years, but vague language, loopholes, and partial suspensions left them effectively unenforceable (Gold, 1980; Nelson, 1982).
- The federal Office of Child Development, established in 1969, developed **Guides for Day Care Licensing** (1973), intended to encourage states to revise and enforce their licensing regulations (Nelson, 1982). FIDCR and the Guides for Day Care Licensing contributed to states' revision of their child care licensing standards (Gold, 1980).
- Three reports studying child care licensing were released:
    1. **Report on the Appropriateness of Federal Interagency Day Care Requirements** (FIDCR; U.S. Department of Health, Education, and Welfare & Office of the Assistant Secretary for Planning and Evaluation, 1978) studied the impact, costs, and administration of FIDCR.
    2. **National Day Care Study** (Abt Associates, Inc., 1979) underlined the importance of staff training and qualifications in federally subsidized child care and elevated group size slightly over ratios in its relation to quality.
    3. **Comparative Licensing Study** (Johnson [Lawrence] and Associates, Inc., 1981) analyzed state licensing regulations.

## States' responsibility for regulating child care

In 1981, FIDCR standards were eliminated and the duty of regulating child care was put squarely into the hands of states and municipalities through the **Social Services Block Grant** (SSBG), which required that funding for child care services meet applicable standards of state and local law (Cohen, 1996). When the federal government backed away from regulating child care, most states had some form of licensing in place, either state-administered, state-supervised county-administered, or a combination of state- and county-administered (Gold, 1980).

States' exemptions from licensing regulations differed, but many exempted summer camps, nursery schools and kindergartens operated by schools, church-affiliated child care, part time care, programs where the parents are nearby, and care provided by relatives (Office of Child Development, 1971).

## Key features of licensing

By 1978 most states' licensing systems shared some key features (Gold, 1980).

- A requirement that private child care centers be licensed;
- The licensure/regulation of some FCC homes;
- Regulations within common categories for center-based care across states, including staff education, nutrition, administrative record keeping, health and safety, emergency, environmental, and some component of child-staff ratios;
- Family child care home regulations within common categories, including child-staff ratios and group size, education, emergency, nutrition, administrative record keeping, and staff requirements; and
- Reliance on other entities for monitoring of fire and building safety, local health regulations, and local zoning and building codes.

The stringency and application of standards, however, varied. For example, ratios and group size did not always cover all age groups (Gold, 1980).

## Family child care homes

Most states had some sort of licensing or regulatory system for family child care (FCC) homes by 1971. In 1982, Diane Adams surveyed state child care licensing directors to learn more about FCC regulations. Some states required licensure, registration, or certification, and some offered voluntary registration. Certification standards were typically modified FIDCR standards (which were attached to federal work support funding) established for providers serving children from families with low incomes who received subsidies.

Although most states licensed or regulated some FCC homes, only a small percentage of FCC homes overall were licensed/registered. This was in part because providers weren't aware of licensing, did not want to be licensed, or weren't required to be licensed (because, for example, they served fewer children than the state-required threshold for licensure). States' thresholds for licensure and registration ranged from one child in care to six children in care. For example, if an FCC provider were caring for six or more children, they would need to be licensed. By 1982, 31 states licensed FCC homes, but there was a trend toward registering rather than licensing FCC homes and exempting FCC providers caring for a few children (Adams, 1982). [27]

McGaha et al., (2001) compared licensing regulations for FCC from 1981 to 1998 in all states and DC and found that more states had regulations for FCC in 1998 than in 1981 and more states were conducting inspections of FCC homes. They also noted an increase in exemptions for some regulations in 1998 compared to 1981.

## 1990-2020

The federal government established the Child Care and Development Block Grant Act (CCDBG) and the Child Care and Development Fund (CCDF) during this period, providing a consistent source of funding for child care. There were requirements attached to the funding, but states, territories, and Tribes had latitude in determining how they used the funds. They could use the funding, in part, to support licensing.

[27] Note: the terms *licensure*, *registered*, and *certification* may be used differently, with different requirements, across states.

States strengthened their licensing regulations and practices during this time, guided by recommended national health and safety performance standards (American Public Health Association and the American Academy of Pediatrics, 1992) and research on licensing and quality (see NCECQA, 2015e; 2015f; 2015g; 2020j; 2020k; 2020l). States also created quality rating and improvement systems (QRIS), growing from 6 in 2001 to 41 states (plus DC) by 2019 (BUILD Initiative & Child Trends, 2019b). Many states tied their QRIS to licensing. (For more details, see the *other entities with CCEE standards and monitoring systems* section of this report.)

This section highlights major federal efforts as well as key research studies and reports. During this decade, landmark federal programs (i.e., CCDF) were established and reauthorized that strengthened licensing. Research emerged that provided updated information about licensing systems across all states and territories and examined the links between licensing and quality. Efforts during this period increased our understanding of the role of licensing in the broader CCEE system.

# Key federal programs

- The **Child Care and Development Block Grant Act** was enacted in 1990. Although its standards for child care were minimal, the law acknowledged states' critical role in regulating child care and designated that 5% of funding must be set aside for quality activities (Cohen, 1996).
- The **CCDF** program was created in 1996 and authorized under the CCDBG Act of 1990. It combined Aid to Families with Dependent Children (AFDC) child care programs (AFDC Child Care, Transitional Child Care, and At-Risk Child Care) with CCDBG. The Child Care Development Fund continues to be a primary source of funding for child care. (For additional information, see BPC, 2019 and Child Care Technical Assistance Network, n.d.b.)
- The passage of the **CCDBG Act of 2014** (42 U.S.C. §§ 9857–9858, 2015) and subsequent CCDF Regulations (CCDF, 45 C.F.R. § 98, 2016) underscored the dual importance of supporting families at work or school as well as supporting children's development (Child Care Technical Assistance Network, n.d.b). Among the changes were requirements for health and safety standards, training, and monitoring of licensed CCEE providers and license-exempt child care providers receiving CCDF funds. States, territories, and Tribes receiving CCDF were (and still are) expected to fully comply with the regulations; those who did not were placed on a corrective action plan. (See Child Care Technical Assistance Network, n.d.a, for more information. See Lin, et al. 2020 for data about early implementation of reauthorization requirements.)

# Key reports and studies

## Reports with recommended standards

- In 1992, the American Public Health Association and the American Academy of Pediatrics jointly published ***Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-Home Child Care Programs***. The work was supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. The guidelines describe the rationale and evidence base for the standards. Now in its fourth edition (American Academy of Pediatrics et al., 2019), the first nine chapters focus on guidelines for individual providers; the last chapter describes responsibilities of the licensing agency, other organizations, and society at large.
- A companion resource, ***Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education*** (ACF, 2015) highlights the health and safety standards that experts suggest serve as the minimum standards for CCEE programs.

- Another companion resource, ***Stepping Stones to Caring for Our Children***, includes the subset of standards that are "most likely to prevent serious adverse outcomes" (p.1) in CCEE settings (NRCHSCCEE, n.d.).
- In 2002, Richard Fiene presented ***13 Indicators of Quality Child Care: Research Update*** to the Office of the Assistant Secretary for Planning and Evaluation and HRSA/MCHB. The report was based on *Stepping Stones* and focused on standards that protect children from harm in care. It provided guidance to states and territories updating licensing regulations (Fiene, 2002). The U. S. Department of Health & Human Services and the U.S. Department of Agriculture (n.d.) issued a **joint statement about coordinated monitoring of CCEE programs**, and one of its recommendations included adopting one set of health and safety standards, such as *Caring for Our Children Basics*, across all CCEE programs. In 2017, 94% of CCEE licensing agencies reported using the full *Caring for our Children* report when developing regulations, and 77% reported using the *Basics* companion resource (NARA, 2020a).

## Summaries of state licensing regulations, policies, and practices

- In 2002, Azer et al. summarized **state-by-state information about a few licensing regulations** in 2001 and noted changes since a 1986 review. They reported, for example, smaller infant ratios over time yet consistently high toddler ratio requirements. They also offered recommendations about licensing, funding, and research.
- While there had been a few reviews of state licensing regulations over the years, a regular review of licensing was launched in 2005. The National Association for Regulatory Administration (NARA) and the National Child Care Information Center partnered in 2005 to conduct a **survey of state licensing policies and practices and summarize licensing regulations**. NARA and the National Center on Early Childhood Quality Assurance (NCECQA) have conducted the study every few years. NARA surveyed licensing agencies in 2017; NCECQA most recently reviewed regulations in 2020. This groundbreaking study has provided a 50-state glimpse of licensing in the U.S. over time.
- The National Association of Child Care Resource & Referral Agencies (now known as Child Care Aware of America) issued **reports about the extent to which state licensing systems met a set of recommended benchmarks** for licensing centers in the *We Can Do Better* report (NACCRRA, 2007, 2009, 2011, 2013) and for FCC in the *Leaving Children to Chance* reports (NACCRRA, 2008, 2010, 2012). The 2013 version of the benchmarks report for centers includes 11 program benchmarks (e.g., minimum education for directors, staff-child ratios) and 4 oversight benchmarks (e.g., frequency of inspections). The 2012 version of the benchmarks report for FCC includes 11 program benchmarks (e.g., minimum provider education, group size) and 5 oversight benchmarks (e.g., oversight thresholds, posting rating inspections).

## Licensing and quality reports

- ***Not by Chance: Creating and Early Care and Education System for America's Children*** (Kagan & Cohen, 1997) was part of 1997's Quality 2000 Advancing Early Care and Education Initiative. The authors described the decline in the quality of child care and provided recommendations for improving quality, including "eliminate exemptions and streamline and enforce facility licensing" (p.30).
- In 2002, Colbert identified a set of **practices related to health and safety as well as quality** and then reviewed the research evidence for each. Colbert presented a historical overview of research linking regulatable features of CCEE with child outcomes. This report also summarized recommendations from the NAEYC, the National Health and Safety Program Standards, and the Head Start Program Performance Standards.

- The ***2011 Strong Licensing: The Foundation for a Quality Early Care and Education System*** (Payne, 2011) notes the importance of licensing in supporting quality and provides suggestions for developing, revising, and enforcing CCEE licensing regulations.
- The connection between licensing and quality was articulated in ***The Role of Licensing in Supporting Quality Practices in Early Care and Education*** (Maxwell & Starr, 2019), which offered a framework for licensing's role in supporting quality CCEE; this framework guided the development of the conceptual framework included in this literature review.

## Licensing and quality studies

- The 1995 **Cost, Quality, and Outcomes study** in four states (California, Colorado, Connecticut, and North Carolina) reported an association between licensing and quality. They found that states with fewer low-quality centers had more stringent licensing regulations (Helburn, 1995). The research team also analyzed licensing regulations to compare those that supported protection vs. those that enhanced child development, noting that the four states set higher licensing standards for protection than enhanced child development (Gallagher et al., 1999; see also the Stevens, 1999 practitioner perspective on this study).
- In 1992, researchers conducted a **study of FCC homes and relative care** in communities within three states (California, North Carolina, and Texas). They reported that significantly fewer regulated providers were rated as having low quality compared to unregulated providers or relatives; regulated providers also were more likely to be sensitive and responsive to children (Galinsky et al., 1994). The authors posited that these relationships might be due to the intentionality of providers to be part of a larger community of providers rather than the regulations per se.

# Summary

A century's worth of effort, debate, laws, and guidance has informed the present-day licensing field. The role of the federal government and of states in regulating CCEE has shifted over time, bringing us to the current context: state-administered CCEE licensing systems and specific federal regulations outlining expectations for states that are inclusive of health, safety, and quality. While the federal government guidelines primarily apply to those providers receiving federal funding, states can choose to apply the requirements to all licensed providers.

National guidance from various sources on the care of children has become more robust over time, with an emphasis on health, safety, training, and child development. State/Territory CCEE licensing has also evolved, guided in part by national guidelines and increasingly prescriptive federal requirements primarily for federally funded providers. Although regulations and implementation vary depending on state/territory and community context, licensing systems share similar licensing functions, including establishing and revising regulations, monitoring providers, enforcing compliance, providing training and technical assistance, and educating consumers about licensing. In the last decade, surveys of state/territory licensing agencies have provided regular information about the trends over time in licensing policies, practices, and regulations. Additionally, research studies have examined the link between licensing and provider quality.

# Appendix B. Defining Who is Licensed and License-Exempt

## Licensed care

There are three commonly regulated child care setting types in the U.S: child care centers, family child care (FCC) homes, and group child care (GCC) homes (National Center on Early Childhood Quality Assurance [NCECQA], 2020l). All 50 states and DC license centers, most of which define a center by minimum number of children enrolled (78%) and as operating during any part of the day (71%); slightly less than half (47%) include regular operating hours in their definition (NCECQA, 2020j). Forty-four states and DC license FCC homes, defined as one adult caring for a group of children in the provider's home (NCECQA, 2020k). Thirty-eight states and DC license GCC homes, defined as two or more adults caring for children in the provider's home (NCECQA, 2020l). Four states license GCC homes, but not FCC homes; and three states do not have mandatory licensing for FCC or GCC homes.

As of 2017, most states begin regulating FCC homes when they serve between 1–4 children (77%). States most commonly begin regulating GCC homes when they serve 7 or more children (45%). Table 23 outlines the number and percentage of states setting the threshold for licensing at each group size.

***Table 23. Percentage[a] (and Number) of States[b] Setting Licensing Thresholds at Each Group Size in 2017, among Those That License FCC and GCC***

| Licensing Threshold | FCC 2017 *(n=44)* | GCC 2017 *(n=38)* |
|---|---|---|
| 1 child | 23% (10) | 3% (1) |
| 2 children | 11% (5) | 0% (0) |
| 3 children | 18% (8) | 0% (0) |
| 4 children | 25% (11) | 3% (1) |
| 5 children | 16% (7) | 3% (1) |
| 6 children | 7% (3) | 5% (2) |
| 7 children | 0% (0) | 45% (17) |
| 8 children | 0% (0) | 8% (3) |
| 9 children | 0% (0) | 13% (5) |
| 11 children | 0% (0) | 3% (1) |
| 13+ children | 0% (0) | 3% (1) |
| Not specified | 0% (0) | 16% (6) |

**Source:** NCECQA, 2020k, 2020l.
[a] The denominator for percentages is the number of states that license a setting type, not the total number of states.
[b] The NCECQA reports note that the 2017 CCLS includes data from 50 states plus DC.

The number of licensed centers decreased by about .7% between 2014 and 2017, however capacity increased by 3% (NCECQA, 2020j). The number of licensed FCC homes decreased by 22% and licensed GCC homes decreased by 3% between 2014 and 2017 (NCECQA, 2020k; 2020l). Despite these declines, overall licensed capacity of all types of care increased by .5% during the same time frame (NCECQA, 2020j; 2020k; 2020l).

# License-exempt care

In 2017, the most commonly reported reasons for licensing exemptions included: facilities where the parent is on-site (59%), preschool programs operated or approved by the state department of education (57%), recreation programs, instructional classes, and club programs (55%), summer day camps (55%), facilities with a small number of children in care (51%), facilities operating a small number of hours per day or week (37%), and child care offered during religious services (31%; NCECQA, 2020j).

# Appendix C. Request for Reports

Dear [NAME],

**Please share your research and evaluation reports about licensing in early care and education (ECE)! Send materials, along with your contact information, to TRLECE@acf.hhs.gov by January 31, 2020.**

The Office of Planning, Research and Evaluation (OPRE) recently posted a request for research and evaluation reports about licensing in ECE to inform the project, *The Role of Licensing in Early Care and Education (TRLECE) project*. TRLECE will identify and address gaps in knowledge about how key features of the licensing system in ECE are related to ECE quality and outcomes for children, families, and key constituents (e.g., providers, licensing agencies).

One of the early project activities is to refine a conceptual framework and synthesize information regarding what is currently known about licensing research, policies, and administrative practices. The project team will review a broad range of information and is searching for relevant licensing materials. We invite you to share your relevant work with us. Examples include:

- Evaluation reports of ECE licensing regulations or practices;
- Reports that summarize or analyze ECE licensing data at the local, regional, or state/territory level;
- Research reports, including manuscripts under review;
- National reports of licensing data across states or territories;
- Conceptual frameworks or models of ECE licensing;
- Logic models that include ECE licensing; and
- Descriptions of outcomes or benefits of the ECE licensing system.

We will assume materials you share are publicly available, unless you specify otherwise. Please include URL information for publicly available reports, if applicable.

**Please send all materials, along with your contact information, via email to TRLECE@acf.hhs.gov by January 31, 2020.**

We also encourage you to share this email with colleagues who may have relevant work to share. To learn more about this request, visit the request for research and evaluation reports page.

Sincerely,

**TRLECE project team**

*Tracy Carter Clopet, Emily Ross, Ivelisse Martinez-Beck and Ellen Litkowski, OPRE*

*Kelly Maxwell, Child Trends*

*Nina Johnson, ICF*

# Appendix D. Regulations Resources

## International

Gormley, Jr., W. T. (2000). Early childhood education and care regulation: A comparative perspective. *International Journal of Educational Research*, *33*(1), 55-74.

## National

Ali, U., Herbst, C. M., & Makridis, C. A. (2021). *Minimum quality regulations and the demand for child care labor* (IZA Discussion Papers 14684). Institute of Labor Economics.

Apple, P. (2006) A developmental approach to early childhood program quality improvement: The relation between state regulation and NAEYC accreditation. *Early Education and Development*, *17*(4), 535-552, doi: 10.1207/s15566935eed1704_2

Benjamin, S. E., Copeland, K. A., Cradock, A., Neelon, B. H., Walker, E. M., Slining, M., & Gillman, M. (2009). Menus in child care: A comparison of state regulations with national standards. *Journal of the American Dietetic Association*, *109*(1), 109-115.

Benjamin, S. E., Cradock, A., Walker, E. M. Slining, M., & Gillman, M. W. (2008). Obesity prevention in child care: A review of U.S. state regulations. *BMC Public Health 8*(188).

Benjamin, S. E., Taveras, E. M., Cradock, A., Walker, E. M., Slining, M., & Gillman, M. (2011). State and regional variation in regulations related to feeding infants in child care. *Pediatrics*, *124*(1), e104-e111.

Benjamin Neelon, S.E., Duffey, K., & Slining, M. (2014). Regulations to promote healthy sleep practices in child care. *Pediatrics*, *134*(6), 1167-74. https://doi.org.10.1542/peds.2014-0578

Benjamin Neelon, S.E., Duncan, D.T., Burgoine, T., Mayhew, M., & Platt, A. (2015). Promoting breastfeeding in child care through state regulation. *Maternal Child Health Journal*, *19*, 745–754. doi: 10.1007/s10995-014-1560-6

Benjamin-Neelon, S.E., Gonzalez-Nahm, S., Grossman, E., Davis, M. L., Neelon, B., Looby, A. A., & Frost, N. (2017b). State variations in infant feeding regulations for child care. *Pediatrics*, *140*(6), 1-10. doi: https://doi.org/10.1542/peds.2017-2076

Benjamin-Neelon, S.E., Neelon, B., Pearce, J., Grossman, E., Gonzalez-Nahm, S., Slining, M., Duffey, K., Frost, N. (2018). State regulations promoting infant physical activity in early care and education. *Childhood Obesity*. *14*(6), 368-374. doi: 10.1089/chi.2018.0087

Bernstein, T., Streitwieser, A., Stroebel, C., Smyth, S., Brown, G., Lam, S., & Rigney, M. K. (2015). *Reducing environmental exposures in child care facilities: A review of state policy*. Environmental Law Institute.

Blau, D. M. (2003). Do child care regulations affect the child care and labor markets? *Journal of Policy Analysis and Management*, *22*(3), 443-465.

Blau, D., & Currie, J. (2007). Preschool, day care, and afterschool care: Who's minding the kids? *Handbook of the Economics of Education*, *2*, 1163-1278.

Bruder, M., & Fink, D. (2004). State policy as an influence on the participation of young children with medical needs in childcare. *Topics in Early Childhood Special Education*, *24*(2), 68-75.

Child Care Aware of America. (2013). *We can do better: Child Care Aware of America's ranking of state child care center regulations and oversight: 2013 update*. Child Care Aware of America. http://www.naccrra.org/sites/default/files/default_site_pages/2013/wcdb_2013_final_april_11.pdf

Colbert, J. A. (2002). *Regulating dimensions of quality in early care and education: A review of the research.* National Association for Regulatory Administration. http://www.nara.affiniscape.com/associations/4734/files/Regulating%20Quality%20Dimensions%2Edoc

Connors, M. C., & Friedman-Krauss, A. H. (2017). Varying states of Head Start: Impacts of a federal program across state policy contexts. *Journal of Research on Educational Effectiveness, 10*(4), 675-703.https://doi.org/10.1080/19345747.2017.1320736

Cradock, A. L., O'Donnell, E. M., Benjamin, S. E., Walker, E., & Slining, M. (2010). A review of state regulations to promote physical activity and safety on playgrounds in child care centers and family child care homes. *Journal of Physical Activity and Health, 7*(s1), S108-S119.

Currie, J., & Hotz, V. J. (2004). Accidents will happen?: Unintentional childhood injuries and the effects of child care regulations. *Journal of Health Economics, 23*(1), 25-59.

Duffey, K. J., Slining, M., & Neelon, S. (2014). States lack physical activity policies in child care that are consistent with national recommendations. *Childhood Obesity, 10*(6), 491-500.

Fiene, R. & Kroh, K. E. (2016). *Human services licensing measurement, regulatory compliance, and program monitoring systems.* Research Institute for Key Indicators.

Gomez, S. A. J. (2018). *Licensing-related predictors of state family child care quality as measured by state quality rating and improvement systems* [Master's thesis, San Diego State University]. https://digitallibrary.sdsu.edu/islandora/object/sdsu%3A4

Gonzalez-Nahm, S., Grossman, E., Frost, N., Babcock, C., Benjamin-Neelon, S. (2018). Media and young minds: Comparing state screen media use regulations for children under 24 months of age in early care and education to a national standard. *Maternal and Child Health Journal, 22*, 445-453.

Gormley, W. T., Jr. (1999). Regulating child care quality. *The Annals of the American Academy of Political and Social Science, 563*(1), 116-129.

Gorry, D. & Thomas, D. W. (2017). Regulation and the cost of childcare. *Applied Economics, 49*(41), 4138-4147.

Grossman, Elyse R,J.D., Gonzalez-Nahm, S., Frost, N., & Benjamin-Neelon, S. (2018). Childcare providers' possession or use of marijuana, tobacco, or alcohol while caring for children: A comparison of U.S. state regulations. *American Journal of Public Health, 108*(6), 748-753. doi:http://dx.doi.org/10.2105/AJPH.2018.304351

Hedden, E. M., Jessop, A. B., & Field, R. I. (2014). An education in contrast: State-by-state assessment of school immunization records requirements. *American Journal of Public Health, 104*(10), 1993-2001.

Herbst, C.M. (2015). *The rising cost of child care in the United States: A reassessment of the evidence.* IZA Discussion Paper No. 9072. Institute for the Study of Labor (IZA).

Hofferth, S. L. & Chaplin, D. D. (1998). State regulations and child care choice. *Population Research and Policy Review, 17*(2), 111-140.

Hotz, V. J. & Wiswall, M. (2019). Child care and child care policy: Existing policies, their effects, and reforms. *The ANNALS of the American Academy of Political and Social Science*, *686*(1), 310-338.

Hotz, V. J. & Xiao, M. (2005). *The impact of minimum quality standards on firm entry, exit and product quality: The case of the child care market*. Working Papers 05-28, Center for Economic Studies, U.S. Census Bureau.

Hotz, V. J. & Xiao, M. (2011). The impact of regulations on the supply and quality of care in child care markets. *American Economic Review*, *101*(5), 1775-1805.

Hudson, G., Miller, G. G., & Seikel, K. (2014). Regulations, policies, and guidelines addressing environmental exposures in early learning environments: A review. *Journal of Environmental Health*, *76*(7), 24-34. http://nclive.org/cgi-bin/nclsm?url=http://search.proquest.com/docview/1503137593?accountid=10049

Kagan, S., Brandon, R., Ripple, C., Maher, E., & Joesch, J. (2002). Supporting quality early childhood care and education: Addressing compensation and infrastructure. *Young Children*, *57*(3), 58-65.

Kang, J. (2006). *Institutions, politics, and regulatory policy: Analyzing childcare regulation in states*. [Doctoral dissertation, Florida State University]. http://purl.flvc.org/fsu/fd/FSU_migr_etd-3347

Kaphingst, K. M. & Story, M. (2009). Child care as an untapped setting for obesity prevention: State child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. *Preventing Chronic Disease*, *6*(1), 1-13.

Kim, J., Kaste, L. M., Fadavi, S., & Neelon, S. (2012). Are state child care regulations meeting national oral health and nutritional standards? *Pediatric Dentistry*, *34*(4), 317-324.

Kranz, A. M., & Rozier, R. (2011). Oral health content of early education and child care regulations and standards. *Journal of Public Health Dentistry*, *71*(2), 81-90.

Larson, N., Looby, A., Frost, N., Nanney, M. S., & Story, M. (2017). What can be learned from existing investigations of weight-related practices and policies with the potential to impact disparities in U.S. child-care settings?: A narrative review and call for surveillance and evaluation efforts. *Journal of the Academy of Nutrition and Dietetics*, *117*(10), 1554-1577.

LeMoine, S. & Morgan, G. (2004a). *Do states require child care programs to educate children?: Infant/toddler rules to assure early education and strong relationships*. (Report No. 3). Clearinghouse on Early Education and Parenting.

LeMoine, S. & Morgan, G. (2004b). *Do states require child care programs to educate children?: Qualifications and experience requirements for center teachers and directors (Report No. 4)*. Clearinghouse on Early Education and Parenting. http://ecap.crc.illinois.edu/docs/cc-educate/report4.pdf

Leone, C., Jaykus, L., Cates, S., & Fraser, A. (2016). A review of state licensing regulations to determine alignment with best practices to prevent human norovirus infections in child care centers. *Public Health Reports*, *131*, 449-460.

Lietzow, S. (2009). *Mental health of child care providers: An evaluation of state licensing standards* [Master's Thesis, Wayne State University].

Moon, R. Y., Biliter, W. M., & Croskell, S. E. (2001). Examination of state regulations regarding infants and sleep in licensed child care centers and family child care settings. *Pediatrics*, *107*(5), 1029-1036.

Moon, R. Y., Kotch, L., & Aird, L. (2006). State child care regulations regarding infant sleep environment since the Healthy Child Care America-Back to Sleep campaign. *Pediatrics, 118*(1), 73-83.

Morgan, G. & LeMoine, S. (2004a). *Do states require child care programs to educate children?: State center licensing requirements for child development and early education*. (Report No. 1). Clearinghouse on Early Education and Parenting.

Morgan, G. & LeMoine, S. (2004b). *Do states require child care programs to educate children?: Preschool and child care center rules.* (Report No. 2). Clearinghouse on Early Education and Parenting. National Association for Regulatory Administration & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Association for Regulatory Administration. (2013). *The 50 state child care licensing study 2011-2013*. National Association for Regulatory Administration (US). Report No: 043.

National Association for Regulatory Administration. (2020). *Child Care Licensing Study*. https://www.naralicensing.org/2017-cc-licensing-study

National Association of Child Care Resource and Referral Agencies. (2009). *We can do better: 2009 update. NACCRRA's ranking of state child care center regulations and oversight.*

National Association of Child Care Resource and Referral Agencies. (2010). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes*. National Association of Child Care Resource and Referral Agencies.

National Association of Child Care Resource and Referral Agencies. (2012). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes: 2012 update*. National Association of Child Care Resource and Referral Agencies. https://www.childcareaware.org/leaving-children-to-chance-2012-update/

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013a). *Trends in child care center licensing regulations and policies for 2011.* (Research Brief No. 1). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013b). *Trends in family child care home licensing requirements and policies for 2011.* (Research Brief No. 2). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-requirements-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013c). *Trends in group child care home licensing regulations and policies for 2011.* (Research Brief No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011

National Center on Early Childhood Quality Assurance. (2015d). *Monitoring license-exempt CCDF homes.* https://childcareta.acf.hhs.gov/resource/monitoring-license-exempt-ccdf-homes

National Center on Early Childhood Quality Assurance. (2015e). *Trends in child care center licensing requirements and policies for 2014.* (Research Brief #1). U.S. Department of Health and Human

Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015f). *Trends in family child care home licensing regulations and policies for 2014.* (Research Brief #2). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015g). *Trends in group child care home licensing regulations and policies for 2014.* (Research Brief #3). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2020e). *Reducing the risk of sudden infant death syndrome and using safe sleeping practices*. (CCDF Health and Safety Requirements Brief #4). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://researchconnections.org/childcare/resources/38378

National Center on Early Childhood Quality Assurance. (2018). *Licensing caseloads: Finding the right ratio of licensors to providers*. https://childcareta.acf.hhs.gov/resource/licensing-caseloads-finding-right-ratio-licensors-providers

National Center on Early Childhood Quality Assurance. (2020b). *CCDF health and safety requirements brief #1: Prevention and control of infectious diseases.* U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-1-prevention-and-control-infectious-diseases

National Center on Early Childhood Quality Assurance. (2020c). *CCDF health and safety requirements brief #2: Administering medication.* U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-2-administering-medications

National Center on Early Childhood Quality Assurance. (2020d). *CCDF health and safety requirements brief #3: Prevention of and response to emergencies due to food and allergic reactions.* U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-3-prevention-and-response-emergencies-due-food

National Center on Early Childhood Quality Assurance. (2020e). *CCDF Health and Safety Requirements Brief #4: Reducing the risk of sudden infant death syndrome and using safe sleeping practices.* U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://researchconnections.org/childcare/resources/38378

National Center on Early Childhood Quality Assurance. (2020f). *CCDF health and safety requirements brief #5: Building and physical premises safety*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-5-building-and-physical-premises-safety

National Center on Early Childhood Quality Assurance. (2020g). *CCDF health and safety requirements brief #6. Emergency preparedness and response planning.* U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-6-emergency-preparedness-and-response-planning

National Center on Early Childhood Quality Assurance. (2020h). *CCDF health and safety requirements brief #7. Handling, storing, and disposing of hazardous materials and biological contaminants*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-7-handling-storing-and-disposing-hazardous

National Center on Early Childhood Quality Assurance. (2020i). *CCDF health and safety requirements brief #8. Transportation of children*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-8-transportation-children

National Center on Early Childhood Quality Assurance. (2020j). *CCDF health and safety requirements brief #9. Health and safety training*. U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-9-health-and-safety-training

National Center on Early Childhood Quality Assurance. (2020k). *Trends in child care center licensing requirements and policies for 2017*. (Research Brief #1). https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-and-policies-2017-research-brief-1

National Center on Early Childhood Quality Assurance. (2020l). *Trends in family child care home licensing requirements and policies for 2017*. (Research Brief #2). https://childcareta.acf.hhs.gov/resource/trends-family-child-care-home-licensing-requirements-and-policies-2017-research-brief-2

National Center on Early Childhood Quality Assurance. (2020m). *Trends in group child care home licensing requirements and policies for 2017*. (Research Brief #3). https://childcareta.acf.hhs.gov/resource/trends-group-child-care-home-licensing-requirements-and-policies-2017-research-brief-3

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2009). *The 2007 Child Care Licensing Study: Final report*. National Association for Regulatory Administration. http://www.naralicensing.org/2007_Licensing_Study

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Achieving a state of healthy weight: A national assessment of obesity prevention terminology in child care regulations 2010*. National Resource Center for Health and Safety in Child Care and Early Education.

National Resource Center for Health and Safety in Child Care and Early Education. (2019). *Achieving a state of healthy weight 2018 report*. University of Colorado Anschutz Medical Campus.

Rei, K. and Crowley, A. (2013). *Medication administration in family child care homes: A comparison of state regulations with national standards*. [Poster presentation]. Yale School of Nursing.

Schilder, D., Kiron, E., & Elliott, K. (2003). *Early care and education partnerships: State actions and local lessons*. Education Development Center, Center for Children and Families. https://researchconnections.org/childcare/resources/1515

Slining, M., Benjamin-Neelon, S., Duffey, K. (2014). A review of state regulations to promote infant physical activity in child care. *International Journal of Behavioral Nutrition and Physical Activity, 11*, 139.

Sosinsky, L., Ruprecht, K., Horm, D., Kriener-Althen, K., Vogel, C., & Halle, T. (2016). *Including relationship-based care practices in infant-toddler care: Implications for practice and policy*. OPRE report 2016-46. Administration for Children and Families, US Department of Health and Human Services.

Story, M., Kaphingst, K. M., & French, S. (2006). The role of child care settings in obesity prevention. *The Future of Children, 16*(1). doi:http://dx.doi.org/10.1353/foc.2006.0010

The Council of Economic Advisers (CEA). (2019). *The role of affordable child care in promoting work outside the home*. US GPO, Annual.

United States Department of Health and Human Services Office of Inspector General. (2013b). *License-exempt child care providers in the child care and development fund program*. (OEI-07-10-00231). U.S. Department of Health and Human Services, Office of Inspector General. https://www.govinfo.gov/app/details/GOVPUB-HE-PURL-gpo67799

Viall, S. and Crowley, A. (2012, October). *Medication administration in child care: A comparison of state child care center regulations with national health and safety standards*. [Poster presentation]. APHA Annual Meeting.

Wright, D. R., Kenney, E. L., Giles, C. M., Long, M. W., Ward, Z. J., Resch, S. C., Moodie, M. L., Carter, R. C., Wang, Y. C., Sacks, G., Swinburn, B. A., Gortmaker, S. L., & Cradock, A. L. (2015). Modeling the cost effectiveness of child care policy changes in the U.S. *American Journal of Preventive Medicine, 49*(1), 135-147.

# Multistate

| States | Citation |
|---|---|
| **36 states** | Heeb, R., & Kilburn, R. (2004). *The effects of state regulations on childcare prices and choices. Working Paper*. Labor and Population Program. RAND. |
| **29 states** | Paez, P., & Alcorn, M. (2019). Food safety regulations for childcare programs: State agency perspectives. *Early Childhood Education Journal, 47*(1), 53-61. |
| **14 states** | Rigby, E., Ryan, R., & Brooks-Gunn, J. (2007). Child care quality in different state policy contexts. *Journal of Policy Analysis and Management, 26*(4), 887-907. |
| **10 states: AZ, CA, GA, IL, MA, MN, NY, PA, TX, and WA.** | Boyd-Swan, C., & Herbst, C. M. (2018). The demand for teacher characteristics in the market for child care: Evidence from a field experiment. *Journal of Public Economics, 159*, 183-202. https://doi.org/10.1016/j.jpubeco.2018.02.006 |
| **9 states: not specified** | Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly, 17*(1), 52-86. |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014i). *Contemporary issues in licensing: Reporting, tracking, and responding to serious injuries and fatalities in child care.* (Report No. 3). https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-reporting-tracking-and-responding-serious-injuries-and |

| States | Citation |
|---|---|
| **7 states: CO, KS, LA, MS, NM, RI, and WV.** | Lessard, L., Speirs, K. E., & Slesinger, N. (2018). Implementation strategies used by states to support physical activity licensing standards for toddlers in early care and education settings: An exploratory qualitative study. *Childhood Obesity*, *14*(6), 386-392. https://doi.org/10.1089/chi.2018.0081 |
| **6 states: CA, FL, IA, MI, TN, and WI.** | Kirby, G., Ross, C., & Puffer, L. (2001). *Welfare-to-work transitions for parents of infants: In-depth study of eight communities.* Mathematica Policy Research. https://www.mathematica.org/publications/welfaretowork-transitions-for-parents-of-infants-indepth-study-of-eight-communities |
| **4 states: CA, CO, CT, and NC.** | Blau, D. M. (2006). Unintended consequences of child care regulations. *Labour Economics*, *14*(3), 513-538. |
| **4 states: CA, FL, MA, and WI.** | Bromer, J., Porter, T., Melvin, S., & Ragonese-Barnes, M. (2021). *Family child care educators' perspectives on leaving, staying, and entering the field: Findings from the multi-state study of family child care decline and supply*. Herr Research Center, Erikson Institute. |
| **4 states: CA, CO, CT, and NC.** | Gallagher, J. J., Rooney, R., & Campbell, S. (1999). Child care licensing regulations and child care quality in four states. *Early Childhood Research Quarterly*, *14*(3), 285-312. |
| **4 states: CA, CO, CT, and NC.** | Helburn, S. W. (1995). *Cost, quality and child outcomes in child care centers. Technical report, public report, and executive summary*. University of Colorado at Denver, Department of Economics. |
| **4 states: AL, NJ, WA, and CA.** | Rohacek, M., Adams, G. C., & Kisker, E. E. (2010). *Understanding quality in context: Child care centers, communities, markets, and public policy*. Urban Institute. |
| **2 states: MA, and RI.** | Benjamin Neelon, S.E., Finkelstein, J. A., Neelon, B. H., & Gillman, M. (2017a). Evaluation of a physical activity regulation for child care in Massachusetts. *Childhood Obesity*, *13*(1), 36-43. |

# State

| State | Citation |
|---|---|
| **CA** | California Child Care Resource and Referral Network. (2019). *Family child care: A closer look*. First 5 LA. |
| **CA** | Drake, P. M., Greenspoon, B., Uni, L., Fawcett, L. K., & Neville-Morgan, S. (2006). Family, friend, and neighbor child caregivers: Results of a statewide study to determine needs and desires for support. *Early Childhood Education Journal*, *33*(4), 239-244. https://doi.org/10.1007/s10643-006-0071-5 |
| **CA** | Ritchie, L. D., Sharma, S., Gildengorin, G., Yoshida, S., Braff-Guajardo, E., & Crawford, P. (2015). Policy improves what beverages are served to young children in child care. *Journal of the Academy of Nutrition and Dietetics*, *115*(5), 724-730. |
| **CA** | Ritchie, L. D., Yoshida, S., Sharma, S., Patel, A., Vitale, E. H., & Hecht, K. (2015). Drinking water in California child care sites before and after 2011-2012 beverage policy. *Preventing Chronic Disease*, *12*, E89. https://doi.org/10.5888/pcd12.140548 |
| **CT** | Crowley, A. A., & Rosenthal, M. S. (2009). *Ensuring health and safety in Connecticut's early care and education programs: An analysis of Department of Public Health* |

| State | Citation |
|---|---|
| | *child care licensing specialists' reports of unannounced inspections.* Child Health and Development Institute of Connecticut. |
| CT | Crowley, A., Jeon, S., & Rosenthal, M. (2013). Health and safety of child care centers: An analysis of licensing specialists' reports of routine, unannounced inspections. *American Journal of Public Health, 103*(10), E52-E58. http://nclive.org/cgi-bin/nclsm?url=http://search.proquest.com/docview/1441294135?accountid=10049 |
| CT | Hadler, J., Yousey-Hindes, K., Kudish, K., Kennedy, E. D., Sacco, V., & Cartter, M. L. (2014). Impact of requiring influenza vaccination for children in licensed child care or preschool programs—Connecticut, 2012-13 influenza season. *Morbidity and Mortality Weekly Report, 63*(9), 181-185. |
| CT | Heschel, R. T., Crowley, A. A., & Cohen, S. S. (2005). State policies regarding nursing delegation and medication administration in child care settings: A case study. *Policy, Politics and Nursing Practice, 6*(2), 86-98. |
| CT | Morrison, J. and Schlesinger, A. (2001). *A side-by-side comparison of federal and state early education regulations and requirements affecting early care and education in Connecticut*. Connecticut Head Start State Collaboration Office. |
| CT | Rosenthal, M. S., Jeon, S., & Crowley, A. A. (2016). Health and safety in family day care homes: Association between regulatory non-compliance and lower median income. *Maternal and Child Health Journal, 20*(5), 984-992. |
| DE | Gabor, V., Mantinan, K., Rudolph, K., Morgan, R., & Longjohn, M. (2010). *Challenges and opportunities related to implementation of child care nutrition and physical activity policies in Delaware*. Altarum Institute. https://researchconnections.org/childcare/resources/19177 |
| DE | Lessard, L., Leng, S.W., & Brennan, R. (2013). Consistency of compliance with nutrition-related regulations among Delaware child care centers. *Childhood Obesity, 9*(3), 233-239. |
| DE | Miller, P. (2011). *Delaware's child care regulations promote healthy child development.* Nemours Health and Prevention Services. |
| DE | Timm, E. B. (2019). *Impact of grandfathering caregiver qualifications in center child care regulations on the early childhood classroom teacher workforce in Delaware* [Doctoral dissertation, University of Delaware]. |
| GA | Fiene, R. (2013f). *Validating the Georgia child care center regulations by crosswalking to Stepping Stones: 3rd Edition*. Research Institute for Key Indicators. |
| GA | Maxwell, K., Sotolongo, J., & Gebhart, T. (2018). *Basic health and safety practices in Georgia's license-exempt child care programs.* Child Trends. |
| IN | Cole, P. S. (2000). *Comparison of Indiana's child care licensing and registration requirements to the National Health and Safety Performance Standards: Guidelines for out-of-home child care programs*. Institute on Disability and Community. |
| IN | Lewsader, J. & Elicker, J. (2013). Church sponsored child care: Association of regulatory level with quality. *International Journal of Child Care and Education Policy 7*(2), 67-88. |
| LA | Louisiana Legislative Auditor. (2018). *Regulation of child care providers Louisiana Department of Education (Audit Control #40170010).* Louisiana Department of Education. |

| State | Citation |
|---|---|
| MI | Abujarad F., Desloge A., Carlson K., & Swierenga S.J. (2018). The importance of user-centered design in performing background checks in child care. In: Marcus A., Wang W. (eds), *Design, user experience, and usability: Users, contexts and case studies*. DUXU 2018. Lecture Notes in Computer Science, vol 10920. https://doi.org/10.1007/978-3-319-91806-8_12 |
| MI | Department of Health and Human Services. (2014). *Some Michigan child care centers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/oas/reports/region5/51300053.pdf |
| MN | Minnesota Department of Human Services. (2012). *Review of child deaths in Minnesota licensed family child care homes.* https://www.leg.state.mn.us/docs/2012/other/120696.pdf |
| MN | Minnesota Department of Human Services. (2017). *Status of child care in Minnesota (2017).* https://www.leg.state.mn.us/docs/2018/mandated/180252.pdf |
| MO | Gable, S., & Halliburton, A. (2003). Barriers to child care providers' professional development. *Child and Youth Care Forum, 32*(3), 175-193. |
| NC | Doromal, J. B., Bassok, D., & Wong, V. C. (2018). *How safe are early childhood education programs?: New evidence from the universe of all licensed centers in North Carolina.* EdPolicyWorks Working Paper Series No. 65. University of Virginia, EdPolicyWorks. https://education.virginia.edu/documents/epw65-safety-ece-programs2018-08pdf |
| NC | Kotch, J. B., Hussey, J. M., & Carter, A. (2003). Evaluation of North Carolina child care safety regulations. *Injury Prevention, 9*, 220-225. |
| ND | North Dakota Department of Public Instruction. (2014). *North Dakota early care and early education study*. Department of Public Instruction. https://ndlegis.gov/files/committees/63-2013nma/appendices/15_5119_03000appendixj.pdf |
| NY | Lessard, L., Lesesne, C., Kakietek, J., Breck, A., Jernigan, J., Dunn, L., Nonas, C., O'Dell, S. A., Stephens, R. L., Xu, Ye., & Khan, L. K. (2014). Measurement of compliance with New York City's regulations on beverages, physical activity, and screen time in early child care centers. *Preventing Chronic Disease, 11*, 1-9. |
| NY | Shdaimah, C., Palley, E., & Miller, A. (2018). Voices of child care providers: An exploratory study on the impact of policy changes. *International Journal of Child Care and Education Policy, 12*(1), 1-18. |
| NY | Stephens, R. L., Xu, Y., Lesesne, C. A., Dunn, L., Kakietek, J., Jernigan, J., & Khan, L. K. (2014). Relationship between child care centers' compliance with physical activity regulations and children's physical activity, New York City, 2010. *Preventing Chronic Disease, 11*, E179. https://doi.org/10.5888/pcd11.130432 |
| OH | Copeland, K. A., Sherman, S. N., Kendeigh, C. A., Kalkwarf, H. J., & Saelens, B. E. (2012). Societal values and policies may curtail preschool children's physical activity in child care centers. *Pediatrics, 129*(2), 265-274. |
| OR | Fiene, R. (2013d). *Oregon's stepping stones, risk factor analysis*. Research Institute for Key Indicators. |
| SC | Reynolds, J., & Rajagopal, L. (2017). Food safety practices: Exploratory assessment of South Carolina child care facilities health and safety inspection data. *Food Protection Trends, 37*(2), 107-115. |
| SC | South Carolina Education Oversight Committee. (2008). *Implementation and expansion of the Child Development Education Pilot Program (CDEPP) evaluation report, 2007-08*. South Carolina State Documents Depository. |

| State | Citation |
|---|---|
| TX | Byrd-Williams, C. E., Camp, E. J., Mullen, P. D., Briley, M. E., & Hoelscher, D. M. (2015). How local and state regulations affect the child care food environment: A qualitative study of child care center directors' perspectives. *ICAN: Infant, Child, and Adolescent Nutrition, 7*(2), 99–106. https://doi.org/10.1177/1941406415575075 |
| TX | Children at Risk (2018). *Quality child care as an engine for economic development in a 21st century Texas.* Building Brains and Economies. https://childrenatrisk.org/building-brains / |
| UT | BBC Research and Consulting. (2010). *Supply and demand for infant and toddler child care services.* Department of Workforce Services, Office of Child Care. http://digitallibrary.utah.gov/awweb/awarchive?type=fileanditem=58585 |
| VA | Communitas Consulting. (2019). *Commonwealth of Virginia: Preschool Development Grant, Birth through Five: Needs assessment.* Virginia Early Childhood Foundation. https://archive.vecf.org/federal-preschool-development-grant-b-5/ |
| WA | Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey*. Washington State, Division of Child Care and Early Learning. https://www.researchgate.net/publication/242089003_MINIMIZING_RISKS_TO_CHILDREN_IN_LICENSED_CHILD_CARE_SETTINGS_A_LITERATURE_REVIEW_AND_STATE_SURVEY |
| WA | State of Washington Child Care Collaborative Task Force (2019). *Recommendations report to the Legislature under SHB 2367, Laws of 2018*. Department of Commerce. https://www.commerce.wa.gov/about-us/boards-and-commissions/child-care-collaborative-task-force/ |
| WI | Lent, C. (2015). *Family child care relationship-based intentional pedagogy: Provider perspectives on regulation, education and quality rating* [Doctoral dissertation, University of Wisconsin-Madison]. Proquest Dissertations Publishing. |
| WI | Wisconsin Department of Children and Families. (2019). *2018 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Legislative Audit Bureau Joint Legislative Audit Committee. (2009). *Child care regulations: An evaluation.* (Report 09-15). Wisconsin, Legislature, Legislative Audit Bureau, Joint Legislative Audit Committee. http://www.legis.wisconsin.gov/lab/reports/09-15full.pdf |

# Appendix E. Monitoring Resources

## National


Benjamin, S. E., Copeland, K. A., Cradock, A., Neelon, B. H., Walker, E. M., Slining, M., & Gillman, M. (2009). Menus in child care: A comparison of state regulations with national standards. *Journal of the American Dietetic Association, 109*(1), 109-115.

Benjamin, S. E., Taveras, E. M., Cradock, A., Walker, E. M., Slining, M., & Gillman, M. (2011). State and regional variation in regulations related to feeding infants in child care. *Pediatrics, 124*(1), e104-e111.

Blau, D. M. (2003). Do child care regulations affect the child care and labor markets? *Journal of Policy Analysis and Management, 22*(3), 443-465.

Child Care Aware of America. (2013). *We can do better: Child Care Aware of America's ranking of state child care center regulations and oversight: 2013 update*. Child Care Aware of America. http://www.naccrra.org/sites/default/files/default_site_pages/2013/wcdb_2013_final_april_11.pdf

Currie, J., & Hotz, V. J. (2004). Accidents will happen?: Unintentional childhood injuries and the effects of child care regulations. *Journal of Health Economics, 23*(1), 25-59.

Fagnoni, C. M. (2000). *Child care: State efforts to enforce safety and health requirements.* United States General Accounting Office Report to Congressional Requesters.

Fiene, R. (2013a). *Differential monitoring logic model and algorithm (DMLMA): A new early childhood program quality indicator model (ECPQIM) for early care and education regulatory agencies.* Research Institute for Key Indicators.

Fiene, R. & Kroh, K. E. (2000). *Measurement tools and systems.* NARA Licensing Curriculum (pp. 1-35). National Association for Regulatory Administration (NARA).

Fiene, R. & Kroh, K. E. (2016). *Human services licensing measurement, regulatory compliance, and program monitoring systems*. Research Institute for Key Indicators.

Gormley Jr, W. T. (1995). *Everybody's children: Child care as a public problem*. Brookings Institution Press.

Gormley, W. T., Jr. (1999). Regulating child care quality. *The Annals of the American Academy of Political and Social Science, 563*(1), 116-129.

Hofferth, S. L. & Chaplin, D. D. (1998). State regulations and child care choice. *Population Research and Policy Review, 17*(2), 111-140.

Kagan, S., Brandon, R., Ripple, C., Maher, E., & Joesch, J. (2002). Supporting quality early childhood care and education: Addressing compensation and infrastructure. *Young Children, 57*(3), 58-65.

Maxwell, K. L., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated monitoring systems for early care and education. OPRE Research Brief #2016-19*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

McGaha, C., Snow, C., & Teleki, J. (2001). Family child care in the United States: A comparative analysis of 1981 and 1998 state regulations. *Early Childhood Education Journal, 28*(4), 251-255.

National Association of Child Care Resource and Referral Agencies. (2009). *We can do better: 2009 update. NACCRRA's ranking of state child care center regulations and oversight.*

National Association of Child Care Resource and Referral Agencies. (2010). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes*. National Association of Child Care Resource and Referral Agencies.

National Association of Child Care Resource and Referral Agencies. (2012). *Leaving children to chance: NACCRRA's ranking of state standards and oversight for small family child care homes: 2012 update*. National Association of Child Care Resource and Referral Agencies. https://www.childcareaware.org/leaving-children-to-chance-2012-update/

National Association for Regulatory Administration. (2013). *The 50 state child care licensing study 2011-2013*. National Association for Regulatory Administration (US). Report No: 043.

National Association for Regulatory Administration. (2015). *Child Care Licensing Study 2014*. https://www.naralicensing.org/2014-cc-licensing-study

National Association for Regulatory Administration. (2020). *Child Care Licensing Study 2017*. https://www.naralicensing.org/2017-cc-licensing-study

National Association for Regulatory Administration & National Center on Child Care Quality Improvement. (2015). *Best practices for human care regulation*. https://www.naralicensing.org/best-practices

National Association for Regulatory Administration & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Center on Child Care Quality Improvement. (2014g). *Contemporary issues in licensing: Monitoring strategies for determining compliance: Differential monitoring, risk assessment, and key indicators.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-monitoring-strategies-determining-compliance-differential

National Center on Child Care Quality Improvement. (2014j). *Use of technology to enhance licensing administration*. https://childcareta.acf.hhs.gov/sites/default/files/public/001_1408_technology_licensing_final.pdf

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013a). *Trends in child care center licensing regulations and policies for 2011*. (Research Brief No. 1). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013b). *Trends in family child care home licensing requirements and policies for 2011*. (Research Brief No. 2). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-requirements-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013c). *Trends in group child care home licensing regulations and policies for 2011*. (Research Brief No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2009). *The 2007 Child Care Licensing Study: Final report*. National Association for Regulatory Administration. http://www.naralicensing.org/2007_Licensing_Study

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

National Center on Early Childhood Quality Assurance. (2015d). *Monitoring license-exempt CCDF homes*. https://childcareta.acf.hhs.gov/sites/default/files/public/monitoring_exempt_ccdf_homes_0.pdf

National Center on Early Childhood Quality Assurance. (2015e). *Trends in child care center licensing requirements and policies for 2014*. (Research Brief #1). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015f). *Trends in family child care home licensing regulations and policies for 2014*. (Research Brief #2). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015g). *Trends in group child care home licensing regulations and policies for 2014*. (Research Brief #3). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2018). *Licensing caseloads: Finding the right ratio of licensors to providers*. https://childcareta.acf.hhs.gov/resource/licensing-caseloads-finding-right-ratio-licensors-providers

National Center on Early Childhood Quality Assurance. (2020k). *Trends in child care center licensing requirements and policies for 2017*. (Research Brief #1). https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-and-policies-2017-research-brief-1

National Center on Early Childhood Quality Assurance. (2020l). *Trends in family child care home licensing requirements and policies for 2017*. (Research Brief #2). https://childcareta.acf.hhs.gov/resource/trends-family-child-care-home-licensing-requirements-and-policies-2017-research-brief-2

National Center on Early Childhood Quality Assurance. (2020m). *Trends in group child care home licensing requirements and policies for 2017*. (Research Brief #3). https://childcareta.acf.hhs.gov/resource/trends-group-child-care-home-licensing-requirements-and-policies-2017-research-brief-3

Payne, A. L. (2011). *Strong licensing: The foundation for a quality early care and education system*. National Association for Regulatory Administration.

Schulman, K. (2019). *The child care and development block grant act of 2014: Update on state implementation of key policies*. National Women's Law Center.

Trivedi, P. A. (2015). *Innovation in monitoring in early care and education: Options for states*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

United States Department of Health and Human Services Office of Inspector General. (2013b). *License-exempt child care providers in the child care and development fund program*. (OEI-07-10-00231). U.S. Department of Health and Human Services, Office of Inspector General. https://www.govinfo.gov/app/details/GOVPUB-HE-PURL-gpo67799

United States Government Accountability Office. (2004). *Child care: State efforts to enforce safety and health requirements.* (GAO-04-786). https://www.gao.gov/products/gao-04-786

Vieira, N., & Hiil, S. (2019). *Creating the conditions for family child care to thrive: Strategies for increasing the supply, quality, and sustainability of family child care in states and communities.* All Our Kin.

# Multistate

| State | Citation |
|---|---|
| **4 states:** **CA, CO, CT, and NC.** | Helburn, S. W. (1995). *Cost, quality and child outcomes in child care centers. Technical report, public report, and executive summary*. University of Colorado at Denver, Department of Economics. |
| **11 states:** **AZ, CO, IL, MD, NC, OK, PA, TN, VA, WA, WI.** | Koch Consulting. (2005). *Report on effective legal proceedings to ensure provider compliance*. Koch Consulting. |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014c). *Contemporary issues in licensing: Child care licensing inspection policies*. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-child-care-licensing-inspection-policies |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014d). *Contemporary issues in licensing: Elements of a Licensing Statute*. https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014e). *Contemporary issues in licensing: Enforcement and approaches with illegally-operating providers.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014f). *Contemporary issues in licensing: Enforcement strategies with licensed child care providers*. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-strategies-licensed-child-care-providers |

| State | Citation |
|---|---|
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014h). *Contemporary issues in licensing: Quality assurance in child care licensing*. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-quality-assurance-child-care-licensing |
| **6 states: AZ, AR, IN, NM, ND, and UT.** | National Center on Early Childhood Quality Assurance. (2015c). *Monitoring and supporting license-exempt care: Case studies*. (No. 317). National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies |
| **5 states: CA, FL, IL, OH and TX.** | United States Department of Health and Human Services Office of Inspector General. (2013a). *Child care and development fund: Monitoring of licensed child care providers*. (OEI-07-10-00230). U.S. Department of Health and Human Services, Office of Inspector General. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/child-care-and-development-fund-monitoring-of-licensed-child-care-providers/ |

# State

| State | Citation |
|---|---|
| **CT** | Crowley, A. A., & Rosenthal, M. S. (2009). *Ensuring health and safety in Connecticut's early care and education programs: An analysis of Department of Public Health child care licensing specialists' reports of unannounced inspections*. Child Health and Development Institute of Connecticut. |
| **FL** | State of Florida Auditor General. (2011). *Early learning programs and related delivery systems: Audit performed pursuant to Chapter 2011-142, Laws of Florida*. [Report No. 2012-061]. |
| **GA** | Bryant, D., & Maxwell, K. L. (2013). *Georgia child care licensing and monitoring study: Final report*. The University of North Carolina, FPG Child Development Institute. |
| **GA** | Fiene, R. (2013f). *Validating the Georgia child care center regulations by crosswalking to Stepping Stones: 3rd Edition*. Research Institute for Key Indicators. |
| **GA** | Fiene, R. (2014a). *Georgia child care licensing study: Validating the core rule differential monitoring system*. Bright from the Start. https://researchconnections.org/childcare/resources/30431 |
| **IL** | Fiene, R. (2014b). *NARA Illinois key indicator report for centers, group homes, and family homes*. Research Institute for Key Indicators. |
| **IN** | Fiene, R. (2019b). *Indiana key indicators for centers, homes, legally licensed exempt homes (LLEP), and ministry facilities*. Research Institute for Key Indicators. |
| **KS** | Fiene, R. (2013b). *Kansas Child Care Licensing Key Indicator Study*. Research Institute for Key Indicators. |
| **LA** | Louisiana Legislative Auditor. (2018). *Regulation of child care providers Louisiana Department of Education (Audit Control #40170010)*. Louisiana Department of Education. |
| **MA** | Massachusetts Office of the State Auditor. (2013). *Department of Early Education and Care: For the period July 1, 2010 through September 30, 2011*. (2012-0837-3S). |

| State | Citation |
|---|---|
| | Office of the State Auditor. http://www.mass.gov/auditor/docs/audits/2013/201208373s.pdf |
| MI | Sorenson, P. (2015). *State's failure to guarantee child care safety places children at risk.* Michigan League for Public Policy. |
| MN | Ceglowski, D. A., & Davis, E. E. (2004). Where child care is above average?: Licensing, legislation, and indicators of quality of care in Minnesota. *Early Education and Development, 15*(3), 343-360. |
| MN | Minnesota Department of Human Services. (2012). *Review of child deaths in Minnesota licensed family child care homes.* https://www.leg.state.mn.us/docs/2012/other/120696.pdf |
| MN | Minnesota Department of Human Services. (2016). *Understanding licensed child care in Minnesota: 2016 issue brief.* https://researchconnections.org/childcare/resources/35885 |
| MN | Minnesota Department of Human Services. (2017). *Status of child care in Minnesota (2017).* https://www.leg.state.mn.us/docs/2018/mandated/180252.pdf |
| NY | New York State Office of Children and Family Services. (2013). *Report to the governor and legislature on family day care and school age child care registration (with comparisons to day care center/group family day care licensing): April 1, 2013-March 31, 2014 (pursuant to Chapter 750 of the Laws of 1990).* Office of Children and Family Services. http://www.ocfs.state.ny.us/main/reports |
| OH | Ohio Department of Job and Family Services. (2013). *Annual child care licensing report: State fiscal year 2012.* Ohio Department of Job and Family Services. http://jfs.ohio.gov/cdc/docs/AnnualReportSFY12.stm |
| OH | Ohio Department of Job and Family Services. (2014). *Child care licensing report state fiscal year 2014.* https://jfs.ohio.gov/cdc/docs/ChildCareLicensingAnnualReport2014.stm |
| OH | Ohio Department of Job and Family Services. (2015). *Child care licensing report state fiscal year 2015.* https://jfs.ohio.gov/cdc/docs/LicensingAnnualReport2015.stm |
| OH | Ohio Department of Job and Family Services. (2016). *Child care licensing report state fiscal year 2016.* https://jfs.ohio.gov/cdc/docs/2016ChildCareLicensingReport.stm |
| OH | Ohio Department of Job and Family Services. (2017). *Child care licensing report state fiscal year 2017.* https://jfs.ohio.gov/cdc/docs/2017CCLicensingAnnualReport.stm |
| OH | Ohio Office for Children and Families & Ohio Bureau of Child Care and Development. (2009). *Annual child care licensing report: State fiscal year 2009*. Ohio Department of Job and Family Services. |
| OR | Fiene, R. (2013c). *Oregon differential monitoring logic model and algorithm, risk assessment, and key indicator blueprint report*. Research Institute for Key Indicators. |
| SC | South Carolina Education Oversight Committee. (2010). *Implementation and expansion of the Child Development Education Pilot Program (CDEPP) evaluation report, 2009-10.* South Carolina State Documents Depository. |
| VA | Communitas Consulting. (2019). *Commonwealth of Virginia: Preschool Development Grant, Birth through Five: Needs assessment.* Virginia Early Childhood Foundation. https://archive.vecf.org/federal-preschool-development-grant-b-5/ |

| State | Citation |
|---|---|
| WA | Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey*. Washington State, Division of Child Care and Early Learning. https://www.researchgate.net/publication/242089003_MINIMIZING_RISKS_TO_CHILDREN_IN_LICENSED_CHILD_CARE_SETTINGS_A_LITERATURE_REVIEW_AND_STATE_SURVEY |
| WA | Stevens, S. & Fiene, R. (2018). *Washington state research agenda: A blueprint for state licensing and regulatory administration.* Department of Children, Youth, and Families. |
| WI | Lent, C. (2015). *Family child care relationship-based intentional pedagogy: Provider perspectives on regulation, education and quality rating* [Doctoral dissertation, University of Wisconsin-Madison]. ProQuest Dissertations Publishing. |
| WI | Wisconsin Department of Children and Families. (2014). *Annual report: Child care licensing and certification activity - January through December 2014.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2015). *Annual report: Division of Early Care and Education*. https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2016). 2016 *annual report: Child care licensing and certification activity January - December 2016.* https://dcf.wisconsin.gov/files/ccregulation/reports/annualreport2016.pdf |
| WI | Wisconsin Department of Children and Families. (2017). 2017*annual report: Early Care and Education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2018a). *2018 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2018b). *Annual report: Child care licensing and certification activity January - December 2018.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2019). *2018 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Legislative Audit Bureau Joint Legislative Audit Committee. (2009). *Child care regulations: An evaluation.* (Report 09-15). Wisconsin, Legislature, Legislative Audit Bureau, Joint Legislative Audit Committee. http://www.legis.wisconsin.gov/lab/reports/09-15full.pdf |

# Appendix F. Compliance Resources

## National

Fiene, R. (2019a). A treatise on the theory of regulatory compliance. *Journal of Regulatory Science*, *7*, 1-3. http://dx.doi.org/10.2139/ssrn.3390451

National Association for Regulatory Administration. (2015). *Child Care Licensing Study 2014*. https://www.naralicensing.org/2014-cc-licensing-study

National Association for Regulatory Administration. (2020). *Child Care Licensing Study 2017*. https://www.naralicensing.org/2017-cc-licensing-study

## Multistate

| State | Citation |
|---|---|
| **6 states:** **AZ, AR, IN, ND, NM, and UT.** | National Center on Early Childhood Quality Assurance. (2015c). *Monitoring and supporting license-exempt care: Case studies.* (No. 317). National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies |

## State

| State | Citation |
|---|---|
| **AZ** | U.S. Department of Health and Human Services. (2015). *Some Arizona family childcare home providers did not always comply with state health and safety certification requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-arizona-family-childcare-home-providers-did-not-always-comply-with-state-health-and-safety-certification-requirements/ |
| **AZ** | U.S. Department of Health and Human Services. (2015). *Some Arizona child daycare centers did not always comply with state health and safety licensing*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-arizona-child-daycare-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| **CA** | Ritchie, L. D., Yoshida, S., Sharma, S., Patel, A., Vitale, E. H., & Hecht, K. (2015). Drinking water in California child care sites before and after 2011-2012 beverage policy. *Preventing Chronic Disease*, *12*, E89. https://doi.org/10.5888/pcd12.140548 |
| **CT** | Crowley, A., Jeon, S., & Rosenthal, M. (2013). Health and safety of child care centers: An analysis of licensing specialists' reports of routine, unannounced inspections. *American Journal of Public Health, 103*(10), E52-E58. http://nclive.org/cgi-bin/nclsm?url=http://search.proquest.com/docview/1441294135?accountid=10049 |
| **CT** | Rosenthal, M. S., Jeon, S., & Crowley, A. A. (2016). Health and safety in family day care homes: Association between regulatory non-compliance and lower median income. *Maternal and Child Health Journal, 20*(5), 984-992. |

| State | Citation |
|---|---|
| CT | Rosenthal, M., Franco-Labarga, A., Sangchoon, J., Ma, T., & Crowley, A. (2020). Health and safety in family child care network: An analysis of violation data of routine, full unannounced inspections. *Maternal and Child Health Journal, 24*(8), 1019-1027. doi: 10.1007/s10995-020-02939-x. PMID: 32350728. |
| CT | U.S. Department of Health and Human Services. (2013). *Connecticut family day care home providers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/connecticut-family-day-care-home-providers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| CT | U.S. Department of Health and Human Services. (2014). *Some Connecticut child day care centers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-connecticut-child-day-care-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| DE | Leng, S.W. & Lessard, L. (2013). Family child care providers' compliance with state physical activity regulations, Delaware Child Care Provider Survey, 2011. *Preventing Chronic Disease, 10* (E114). doi: 10.5888/pcd10.120295. |
| DE | Lessard, L., Leng, S.W., & Brennan, R. (2013). Consistency of compliance with nutrition-related regulations among Delaware child care centers. *Childhood Obesity, 9*(3), 233-239. https://doi.org/10.1089/chi.2012.0126 |
| FL | U.S. Department of Health and Human Services. (2016). *Some Florida childcare centers did not always comply with state health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-florida-childcare-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| FL | U.S. Department of Health and Human Services. (2016). Some Florida family childcare homes did not always comply with state health and safety requirements. https://oig.hhs.gov/oas/reports/region4/41408034.asp |
| FL | Winterbottom, C., & Jones, I. (2014). National accreditation and its role in early education: An analysis of Florida's Gold Seal Quality Child-Care program and licensing standards. *Journal of Early Childhood Research*, *12*(1), 64-76. Retrieved from doi: 10.1177/1476718X13492942 |
| LA | U.S. Department of Health and Human Services. (2014). *Some Louisiana family child day care home providers did not always comply with state health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-louisiana-family-child-day-care-home-providers-did-not-always-comply-with-state-health-and-safety-requirements/ |
| LA | U.S. Department of Health and Human Services. (2014). *Some Louisiana child day Care centers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-louisiana-child-day-care-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| ME | U.S. Department of Health and Human Services. (2014). *Some Maine family child Day care home providers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-maine-family-child-day-care-home-providers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| ME | U.S. Department of Health and Human Services. (2014). *Some Maine child day care centers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and- |

| State | Citation |
|---|---|
| | publications/some-maine-child-day-care-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| MI | U.S. Department of Health and Human Services. (2014). *Some Michigan child care centers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-michigan-child-care-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| MI | U.S. Department of Health and Human Services. (2014). *Some Michigan child care home providers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-michigan-child-care-home-providers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| MN | U.S. Department of Health and Human Services. (2015). *Some Minnesota childcare home providers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-minnesota-childcare-home-providers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| MN | U.S. Department of Health and Human Services. (2015). *Some Minnesota childcare centers did not always comply with state health and safety licensing requirements.* https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-minnesota-childcare-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| NC | Doromal, J. B., Bassok, D., & Wong, V. C. (2018). *How safe are early childhood education programs?: New evidence from the universe of all licensed centers in North Carolina.* EdPolicyWorks Working Paper Series No. 65. University of Virginia, EdPolicyWorks. https://education.virginia.edu/documents/epw65-safety-ece-programs2018-08pdf |
| NY | Lessard, L., Lesesne, C., Kakietek, J., Breck, A., Jernigan, J., Dunn, L., Nonas, C., O'Dell, S. A., Stephens, R. L., Xu, Ye., & Khan, L. K. (2014). Measurement of compliance with New York City's regulations on beverages, physical activity, and screen time in early child care centers. *Preventing Chronic Disease, 11*, 1-9. doi: 10.5888/pcd11.130433 |
| NY | Stephens, R. L., Xu, Y., Lesesne, C. A., Dunn, L., Kakietek, J., Jernigan, J., & Khan, L. K. (2014). Relationship between child care centers' compliance with physical activity regulations and children's physical activity, New York City, 2010. *Preventing Chronic Disease, 11*, E179. https://doi.org/10.5888/pcd11.130432 |
| OH | Ohio Office for Children and Families & Ohio Bureau of Child Care and Development. (2009). *Annual child care licensing report: State fiscal year 2009*. Ohio Department of Job and Family Services. |
| OH | Ohio Department of Job and Family Services. (2014). *Child Care Licensing Report State Fiscal Year 2014.* https://jfs.ohio.gov/PerformanceCenter/ODJFS2014AnnualReport.stm |
| OH | Ohio Department of Job and Family Services. (2015). *Child Care Licensing Report State Fiscal Year 2015*. Office of Family Assistance. https://jfs.ohio.gov/cdc/docs/LicensingAnnualReport2015.stm |
| OH | Ohio Department of Job and Family Services. (2016). *Child Care Licensing Report State Fiscal Year 2016*. Office of Family Assistance. https://jfs.ohio.gov/cdc/docs/2016ChildCareLicensingReport.stm |

| State | Citation |
|---|---|
| OH | Ohio Department of Job and Family Services. (2017). *Child Care Licensing Report State Fiscal Year 2017*. Office of Family Assistance. https://jfs.ohio.gov/cdc/docs/2017CCLicensingAnnualReport.stm |
| PA | U.S. Department of Health and Human Services. (2015). *Some Pennsylvania family child day care home providers did not always comply with state health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-pennsylvania-family-child-day-care-home-providers-did-not-always-comply-with-state-health-and-safety-requirements/ |
| PA | U.S. Department of Health and Human Services. (2015). *Some Pennsylvania family child day care centers did not always comply with state health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-pennsylvania-family-child-day-care-centers-did-not-always-comply-with-state-health-and-safety-requirements/ |
| PR | U.S. Department of Health and Human Services. (2016). *Puerto Rico childcare home providers did not always comply with commonwealth health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/puerto-rico-childcare-home-providers-did-not-always-comply-with-commonwealth-health-and-safety-requirements/ |
| PR | U.S. Department of Health and Human Services. (2015). *Puerto Rico child day care centers did not always comply with commonwealth health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/puerto-rico-child-day-care-centers-did-not-always-comply-with-commonwealth-health-and-safety-requirements/ |
| SC | Reynolds, J., & Rajagopal, L. (2017). Food safety practices: Exploratory assessment of South Carolina child care facilities health and safety inspection data. *Food Protection Trends, 37*(2), 107-115. |
| SC | U.S. Department of Health and Human Services. (2015). *Some South Carolina childcare centers did not always comply with state health and safety licensing requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-south-carolina-childcare-centers-did-not-always-comply-with-state-health-and-safety-licensing-requirements/ |
| SC | U.S. Department of Health and Human Services. (2015). *Some South Carolina family childcare homes did not always comply with state health and safety requirements*. https://oig.hhs.gov/reports-and-publications/all-reports-and-publications/some-south-carolina-family-childcare-homes-did-not-always-comply-with-state-health-and-safety-requirements/ |
| SC | Wang, W. (2018). *A quasi-experimental study on the effectiveness of CCR&R TA/coaching on child care center licensing compliance* [Doctoral dissertation, University of South Carolina]. https://scholarcommons.sc.edu/etd/4848 |
| VA | Communitas Consulting. (2019). *Commonwealth of Virginia: Preschool Development Grant, Birth through Five: Needs assessment.* Virginia Early Childhood Foundation. https://archive.vecf.org/federal-preschool-development-grant-b-5/ |
| WA | Fiene, R. (2017). *Relationship of size of ECE programs, non-compliance (NC) with licensing rules, and QRIS scores in the state of Washington: RIKI technical research note.* Research Institute for Key Indicators. |
| WI | Wisconsin Department of Children and Families. (2018a). *2017 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2019). *2018 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |

# Appendix G. Enforcement Resources

## International

Gormley, W. T., Jr. (2000). Early childhood education and care regulation: A comparative perspective. *International Journal of Educational Research*, *33*(1), 55-74.

## National

Blau, D. M. (2003). Do child care regulations affect the child care and labor markets? *Journal of Policy Analysis and Management*, *22*(3), 443-465.

National Association for Regulatory Administration. (2013). *The 50 state child care licensing study 2011-2013*. National Association for Regulatory Administration (US). Report No: 043.

National Association for Regulatory Administration. (2015). *Child Care Licensing Study 2014*. https://www.naralicensing.org/2014-cc-licensing-study

National Association for Regulatory Administration. (2020). *Child Care Licensing Study*. https://www.naralicensing.org/2017-cc-licensing-study

National Association for Regulatory Administration & National Center on Child Care Quality Improvement. (2015). *Best practices for human care regulation.* https://www.naralicensing.org/best-practices f

National Association for Regulatory Administration & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013c). *Trends in group child care home licensing regulations and policies for 2011.* (Research Brief No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011

National Child Care Information Center & National Association for Regulatory Administration. (2009). *The 2007 Child Care Licensing Study: Final report.* National Association for Regulatory Administration.

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

National Center on Early Childhood Quality Assurance. (2015a). *Research brief #1: Trends in child care center licensing regulations and policies for 2014*. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015b). *Research brief #2: Trends in family child care home licensing regulations and policies for 2014.* U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015c). *Research brief #3: Trends in group child care home licensing regulations and policies for 2014.* U.S. Department of Health and Human Services,

Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

Payne, A. L. (2011). *Strong licensing: The foundation for a quality early care and education system.* National Association for Regulatory Administration.

# Multistate

| State | Citation |
|---|---|
| **11 states: AZ, CO, IL, MD, NC, OK, PA, TN, VA, WA, WI.** | Koch Consulting. (2005). *Report on effective legal proceedings to ensure provider compliance*. Koch Consulting. |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-building-and-physical-premises-safety-child-care |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014e). *Contemporary issues in licensing: Enforcement and approaches with illegally-operating providers.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-and-approaches-illegally-operating-providers |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014f). *Contemporary issues in licensing: Enforcement strategies with licensed child care providers*. National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-strategies-licensed-child-care-providers |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014i). *Contemporary issues in licensing: Reporting, tracking, and responding to serious injuries and fatalities in child care.* (Report No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-reporting-tracking-and-responding-serious-injuries-and |
| **6 states: AZ, AR, IN, NM, ND, and UT.** | National Center on Early Childhood Quality Assurance. (2015c). *Monitoring and supporting license-exempt care: Case studies.* (No. 317). National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies |

# State

| State | Citation |
|---|---|
| **DE** | Lessard, L., Leng, S.W., & Brennan, R. (2013). Consistency of compliance with nutrition-related regulations among Delaware child care centers. *Childhood Obesity*, *9*(3), 233-239. |
| **FL** | Witte, A. D., & Queralt, M. (2004). *What happens when child care inspections and complaints are made available on the internet?* (NBER Working Paper Series No. |

| State | Citation |
|---|---|
| | 10227). National Bureau of Economic Research. https://www.nber.org/papers/w10227#:~:text=To%20be%20more%20specific%2C%20we,the%20course%20of%20their%20routine |
| GA | Bryant, D., & Maxwell, K. L. (2013). *Georgia child care licensing and monitoring study: Final report*. The University of North Carolina, FPG Child Development Institute. |
| LA | Louisiana Legislative Auditor. (2018). *Regulation of child care providers Louisiana Department of Education (Audit Control #40170010)*. Louisiana Department of Education. |
| MA | Massachusetts Office of the State Auditor. (2013). *Department of Early Education and Care: For the period July 1, 2010 through September 30, 2011*. (2012-0837-3S). Office of the State Auditor. https://www.mass.gov/doc/department-of-early-education-and-care-0/download |
| MN | Minnesota Department of Human Services. (2012). *Review of child deaths in Minnesota licensed family child care homes.* https://www.leg.state.mn.us/docs/2012/other/120696.pdf |
| MN | Minnesota Department of Human Services. (2016). *Understanding licensed child care in Minnesota: 2016 issue brief.* https://researchconnections.org/childcare/resources/35885 |
| MN | Minnesota Department of Human Services. (2017). *Status of child care in Minnesota (2017)*. https://www.leg.state.mn.us/docs/2018/mandated/180252.pdf |
| NY | Lessard, L., Lesesne, C., Kakietek, J., Breck, A., Jernigan, J., Dunn, L., Nonas, C., O'Dell, S. A., Stephens, R. L., Xu, Ye., & Khan, L. K. (2014). Measurement of compliance with New York City's regulations on beverages, physical activity, and screen time in early child care centers. *Preventing Chronic Disease, 11*, 1-9. |
| OH | Ohio Department of Job and Family Services. (2013). *Annual child care licensing report: State fiscal year 2012*. Ohio Department of Job and Family Services. http://jfs.ohio.gov/cdc/docs/AnnualReportSFY12.stm |
| OH | Ohio Office for Children and Families & Ohio Bureau of Child Care and Development. (2009). *Annual child care licensing report: State fiscal year 2009*. Ohio Department of Job and Family Services. |
| SC | Rice, G. A. (2009). *A proposed training guide for new regulatory specialists in the Office of Child Care Licensing and Regulatory Services*. South Carolina State Documents Depository. |
| TX | Children at Risk. (2018). *Quality child care as an engine for economic development in a 21st century Texas*. Building Brains and Economies. https://childrenatrisk.org/building-brains/ |
| WA | Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey*. Washington State, Division of Child Care and Early Learning. |
| WA | Stevens, S., & Fiene, R. (2018). *Washington state research agenda: A blueprint for state licensing and regulatory administration.* Department of Children, Youth, and Families. |
| WI | Wisconsin Department of Children and Families. (2015). *Annual report: Division of Early Care and Education*. https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2016). *Annual report: Child care licensing and certification activity January - December 2016.* https://dcf.wisconsin.gov/childcare/rptplangrants |

| State | Citation |
|---|---|
| | https://dcf.wisconsin.gov/files/ccregulation/reports/annualreport2016.pdf |
| WI | Wisconsin Department of Children and Families. (2018a). *2017 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |
| WI | Wisconsin Department of Children and Families. (2018b). *Annual report: Child care licensing and certification activity January - December 2018.* https://dcf.wisconsin.gov/files/ccregulation/reports/annual-report-2018-ccregulation.pdf |
| WI | Wisconsin Department of Children and Families. (2019). *2018 annual report early care and education in Wisconsin.* https://dcf.wisconsin.gov/childcare/rptplangrants |

# Appendix H. Consumer Education and Communication with Others

## International

Gormley, W. T., Jr. (2000). Early childhood education and care regulation: A comparative perspective. *International Journal of Educational Research*, *33*(1), 55-74.

## National

Banghart, P., Hill, Z., Guerra, G. Covington, D., and Tout, K. (2021). Supporting families' access to child care and early education: A descriptive profile of states' consumer education websites. OPRE Report #2021-161. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Child Care Aware of America. (2013). *We can do better: Child Care Aware of America's ranking of state child care center regulations and oversight: 2013 update*. Child Care Aware of America. http://www.naccrra.org/sites/default/files/default_site_pages/2013/wcdb_2013_final_april_11.pdf

Drake, P. M., Neville-Morgan, S., & Greenspoon, B. (2005). Licensing family, friend and neighbor caregivers: Paradoxes and possibilities. In R. Rice (Ed.), *Perspectives on family, friend and neighbor child care: Research, programs and policy* (Occasional Paper Series No. 15, pp. 26-32). Bank Street College of Education.

Hill, E. (2007). *Developing safety and quality ratings for child care*. The Legislative Analyst's Office.

Moon, R. Y., Kotch, L., & Aird, L. (2006). State child care regulations regarding infant sleep environment since the Healthy Child Care America-Back to Sleep campaign. *Pediatrics*, *118*(1), 73-83.

National Association of Child Care Resource and Referral Agencies. (2009). *We can do better: 2009 update. NACCRRA's ranking of state child care center regulations and oversight.*

National Association for Regulatory Administration. (2013). *The 50 state child care licensing study 2011-2013*. National Association for Regulatory Administration (US). Report No: 043.

National Association for Regulatory Administration. (2015). *Child Care Licensing Study 2014*. https://www.naralicensing.org/2014-cc-licensing-study

National Association for Regulatory Administration. (2020). *Child Care Licensing Study 2017*. https://www.naralicensing.org/2017-cc-licensing-study

National Association for Regulatory Administration & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Association for Regulatory Administration & National Center on Child Care Quality Improvement. (2015). *Best practices for human care regulation*. https://www.naralicensing.org/best-practices

National Center on Early Childhood Quality Assurance. (2015a). *Consumer education: Information about provider monitoring and oversight*. (No. 282). National Center on Early Childhood Quality Assurance.

https://childcareta.acf.hhs.gov/resource/consumer-education-information-about-provider-monitoring-and-oversight

National Center on Early Childhood Quality Assurance. (2015e). *Trends in child care center licensing requirements and policies for 2014*. (Research Brief #1). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015f). *Trends in family child care home licensing regulations and policies for 2014*. (Research Brief #2). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2015g). *Trends in group child care home licensing regulations and policies for 2014*. (Research Brief #3). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2020a). *Addressing the decreasing number of family child care providers in the United States.* https://childcareta.acf.hhs.gov/resource/addressing-decreasing-number-family-child-care-providers-united-states

National Center on Early Childhood Quality Assurance. (2020k). *Trends in child care center licensing requirements and policies for 2017*. (Research Brief #1). https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-and-policies-2017-research-brief-1

National Center on Early Childhood Quality Assurance. (2020l). *Trends in family child care home licensing requirements and policies for 2017*. (Research Brief #2). https://childcareta.acf.hhs.gov/resource/trends-family-child-care-home-licensing-requirements-and-policies-2017-research-brief-2

National Center on Early Childhood Quality Assurance. (2020m). *Trends in group child care home licensing requirements and policies for 2017*. (Research Brief #3). https://childcareta.acf.hhs.gov/resource/trends-group-child-care-home-licensing-requirements-and-policies-2017-research-brief-3

National Center on Child Care Quality Improvement. (2014a). *Building support for licensing*. https://childcareta.acf.hhs.gov/resource/building-support-licensing

National Center on Child Care Quality Improvement. (2014j). *Use of technology to enhance licensing administration.* https://childcareta.acf.hhs.gov/sites/default/files/public/001_1408_technology_licensing_final.pdf

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013a). *Trends in child care center licensing regulations and policies for 2011*. (Research Brief No. 1). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013b). *Trends in family child care home licensing requirements and policies for 2011*. (Research Brief No. 2). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-requirements-and-policies-2011

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013c). *Trends in group child care home licensing regulations and policies for 2011*. (Research Brief No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011

National Child Care Information Center & National Association for Regulatory Administration. (2009). *The 2007 Child Care Licensing Study: Final report*. National Association for Regulatory Administration. http://www.naralicensing.org/2007_Licensing_Study

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

Payne, A. L. (2011). *Strong licensing: The foundation for a quality early care and education system*. National Association for Regulatory Administration.

United States Government Accountability Office. (2004). *Child care: State efforts to enforce safety and health requirements.* (GAO-04-786). https://www.gao.gov/products/gao-04-786 http://www.gao.gov/new.items/d04786.pdf

Vieira, N., & Hill, S. (2019). *Creating the conditions for family child care to thrive: Strategies for increasing the supply, quality, and sustainability of family child care in states and communities.* All Our Kin.

# Multistate

| State | Citation |
|---|---|
| **4 states:** **CA, CO, CT, and NC.** | Helburn, S. W. (1995). *Cost, quality and child outcomes in child care centers. Technical report, public report, and executive summary*. University of Colorado at Denver, Department of Economics. |
| **2 states: IN and PA.** | Kirby, G., Boller, K., & Zaveri, H. (2011). *The Child Care Quality Rating System (QRS) Assessment: Child care quality rating and improvement systems: Approaches to integrating programs for young children in two states.* (OPRE Report 2011-28). U.S. Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/child-care-quality-rating-and-improvement-systems-approaches-integrating-programs-young |
| **11 states: AZ, CO, IL, MD, NC, OK, PA, TN, VA, WA, WI.** | Koch Consulting. (2005). *Report on effective legal proceedings to ensure provider compliance*. Koch Consulting. |
| **9 states:** | National Center on Child Care Quality Improvement. (2014a). *Building support for licensing*. https://childcareta.acf.hhs.gov/resource/building-support-licensing |

| State | Citation |
|---|---|
| **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014c). *Contemporary issues in licensing: Child care licensing inspection policies.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-child-care-licensing-inspection-policies |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014d). *Contemporary issues in licensing: Elements of a Licensing Statute.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |
| **9 states:** **CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014e). *Contemporary issues in licensing: Enforcement and approaches with illegally-operating providers.* https://childcareta.acf.hhs.gov/resource/building-support-licensing |

# State

| State | Citation |
|---|---|
| **CA** | Jacobson, L. (2001). *Understanding child care demand and supply issues: New lessons from Los Angeles.* Policy Analysis for California Education. |
| **CT** | Rosenthal, M., Franco-Labarga, A., Sangchoon, J., Ma, T., & Crowley, A. (2020). Health and safety in family child care network: An analysis of violation data of routine, full unannounced inspections. *Maternal and Child Health Journal, 24*(8), 1019-1027. doi: 10.1007/s10995-020-02939-x. PMID: 32350728. |
| **FL** | State of Florida Auditor General. (2011). *Early learning programs and related delivery systems: Audit performed pursuant to Chapter 2011-142, Laws of Florida.* [Report No. 2012-061]. |
| **FL** | Witte, A. D., & Queralt, M. (2004). *What happens when child care inspections and complaints are made available on the internet?* (NBER Working Paper Series No. 10227). National Bureau of Economic Research. https://www.nber.org/papers/w10227#:~:text=To%20be%20more%20specific%2C%20we,the%20course%20of%20their%20routine |
| **GA** | Bryant, D., & Maxwell, K. L. (2013). *Georgia child care licensing and monitoring study: Final report.* The University of North Carolina, FPG Child Development Institute. |

| State | Citation |
|---|---|
| GA | Mitchell, C. H. (2015). *Parents' use of online child care licensing reports as part of child care decisions in the state of Georgia* [Doctoral dissertation, University of Georgia]. |
| LA | Louisiana Legislative Auditor. (2018). *Regulation of child care providers Louisiana Department of Education (Audit Control #40170010).* Louisiana Department of Education. |
| MN | Minnesota Department of Human Services. (2017). *Status of child care in Minnesota (2017).* https://www.leg.state.mn.us/docs/2018/mandated/180252.pdf |
| TX | Children at Risk (2018). *Quality child care as an engine for economic development in a 21st century Texas.* Building Brains and Economies. https://childrenatrisk.org/building-brains/ |
| VA | Communitas Consulting. (2019). *Commonwealth of Virginia: Preschool Development Grant, Birth through Five: Needs assessment.* Virginia Early Childhood Foundation. https://archive.vecf.org/federal-preschool-development-grant-b-5/ |
| WA | Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey*. Washington State, Division of Child Care and Early Learning. https://www.researchgate.net/publication/242089003_MINIMIZING_RISKS_TO_CHILDREN_IN_LICENSED_CHILD_CARE_SETTINGS_A_LITERATURE_REVIEW_AND_STATE_SURVEY |
| WA | State of Washington Child Care Collaborative Task Force. (2019). *Recommendations report to the Legislature under SHB 2367, Laws of 2018.* Department of Commerce. https://www.commerce.wa.gov/about-us/boards-and-commissions/child-care-collaborative-task-force/ |
| WI | Wisconsin Department of Children and Families. (2014). *Annual report: Child care licensing and certification activity - January through December 2014.* https://dcf.wisconsin.gov/childcare/rptplangrants |

# Appendix I. Licensing Staff Qualifications Resources

## National

Child Care Aware of America. (2013). *We can do better: Child Care Aware of America's ranking of state child care center regulations and oversight: 2013 update*. Child Care Aware of America.

Fagnoni, C. M. (2000). *Child care: State efforts to enforce safety and health requirements.* United States General Accounting Office Report to Congressional Requesters.

Fiene, R., & Kroh, K. E. (2000). *Measurement tools and systems.* NARA Licensing Curriculum (pp. 1-35). National Association for Regulatory Administration.

Fiene, R. & Kroh, K. E. (2016). *Human services licensing measurement, regulatory compliance, and program monitoring systems.* Research Institute for Key Indicators.

Kagan, S., Brandon, R., Ripple, C., Maher, E., & Joesch, J. (2002). Supporting quality early childhood care and education: Addressing compensation and infrastructure. *Young Children, 57*(3), 58-65.

National Association of Child Care Resource and Referral Agencies. (2009). *We can do better: 2009 update.* NACCRRA's ranking of state child care center regulations and oversight.

National Association for Regulatory Administration. (2020). *Child care licensing study*. https://www.naralicensing.org/2017-cc-licensing-study

National Association for Regulatory Administration & National Child Care Information Center. (2006). *The 2005 child care licensing study: Final report*. National Association for Regulatory Administration. https://www.naralicensing.org/2005-child-care-licensing-study

National Association for Regulatory Administration & National Center on Child Care Quality Improvement. (2015). *Best practices for human care regulation*. https://www.naralicensing.org/best-practices

National Center on Child Care Quality Improvement & National Association for Regulatory Administration. (2013c). *Trends in group child care home licensing regulations and policies for 2011*. (Research Brief No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2011

National Center on Early Childhood Quality Assurance. (2015d). *Monitoring license-exempt CCDF homes.* https://childcareta.acf.hhs.gov/resource/monitoring-license-exempt-ccdf-homes

National Center on Early Childhood Quality Assurance. (2015f). *Trends in family child care home licensing regulations and policies for 2014.* (Research Brief #2). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

National Center on Early Childhood Quality Assurance. (2018). *Licensing caseloads: Finding the right ratio of licensors to providers*. https://childcareta.acf.hhs.gov/resource/licensing-caseloads-finding-right-ratio-licensors-providers

National Center on Early Childhood Quality Assurance. (2020b). *Trends in child care center licensing requirements and policies for 2017*. (Research Brief #1). https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-and-policies-2017-research-brief-1

National Child Care Information Center (U.S.) & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. National Association for Regulatory Administration. https://www.naralicensing.org/2008-child-care-licensing-study

Payne, A. L. (2011). *Strong licensing: The foundation for a quality early care and education system.* National Association for Regulatory Administration.

Vieira, N., & Hill, S. (2019). *Creating the conditions for family child care to thrive: Strategies for increasing the supply, quality, and sustainability of family child care in states and communities.* All Our Kin.

# Multistate

| State | Citation |
|---|---|
| **11 states:** **AZ, CO, IL, MD, NC, OK, PA, TN, VA, WA, WI.** | Koch Consulting. (2005). *Report on effective legal proceedings to ensure provider compliance*. Koch Consulting. |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014b). *Contemporary issues in licensing: Building and physical premises safety in child care.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-building-and-physical-premises-safety-child-care |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014e). *Contemporary issues in licensing: Enforcement and approaches with illegally-operating providers.* https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-and-approaches-illegally-operating-providers |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014f). *Contemporary issues in licensing: Enforcement strategies with licensed child care providers*. National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-strategies-licensed-child-care-providers |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014h). *Contemporary issues in licensing: Quality assurance in child care licensing*. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-quality-assurance-child-care-licensing |
| **9 states: CT, FL, GA, NC, OH, OK, TX, UT, and WA.** | National Center on Child Care Quality Improvement. (2014i). *Contemporary issues in licensing: Reporting, tracking, and responding to serious injuries and fatalities in child care*. (Report No. 3). National Center on Child Care Quality Improvement. https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-reporting-tracking-and-responding-serious-injuries-and |

| State | Citation |
|---|---|
| **6 states: AZ, AR, IN, NM, ND, and UT.** | National Center on Early Childhood Quality Assurance. (2015c). *Monitoring and supporting license-exempt care: Case studies.* (No. 317). National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies |
| **4 states: AL, CA, NJ, and WA.** | Rohacek, M., Adams, G. C., & Kisker, E. E. (2010). *Understanding quality in context: Child care centers, communities, markets, and public policy.* Urban Institute. |

# State

| State | Citation |
|---|---|
| **IN** | Cole, P. S. (2000). Comparison of Indiana's child care licensing and registration requirements to the National Health and Safety Performance Standards: Guidelines for out-of-home child care programs. Institute on Disability and Community. |
| **MN** | Minnesota Department of Human Services. (2017). Status of child care in Minnesota (2017). https://www.leg.state.mn.us/docs/2018/mandated/180252.pdf |
| **MN** | Ceglowski, D. A., & Davis, E. E. (2004). Where child care is above average?: Licensing, legislation, and indicators of quality of care in Minnesota. *Early Education and Development*, *15*(3), 343-360. |
| **SC** | Rice, G. A. (2009). *A proposed training guide for new regulatory specialists in the Office of Child Care Licensing and Regulatory Services.* South Carolina State Documents Depository. |
| **WA** | Colbert, J. A. (2005). *Minimizing risks to children in licensed child care settings: A literature review and state survey.* Washington State, Division of Child Care and Early Learning. https://www.researchgate.net/publication/242089003_MINIMIZING_RISKS_TO_CHILDREN_IN_LICENSED_CHILD_CARE_SETTINGS_A_LITERATURE_REVIEW_AND_STATE_SURVEY |
| **WI** | Wisconsin Department of Children and Families. (2017). *Annual Report: Early Care and Education in Wisconsin.* |