

# Licensing Research Scan 2017

Compiled by Child Trends

## Introduction

What research addresses issues of child care licensing? To answer this, Child Trends conducted a preliminary scan of the licensing literature and developed a summary report that was shared at last year's Licensing Expert Panel meeting held in September 2016. The 2016 research scan covered the history of licensing standards; core licensing regulations; and research findings related to monitoring, quality, and the child care market. In preparation for the September 2017 Licensing Expert Panel meeting, Child Trends conducted a more comprehensive review of the literature and created this annotated bibliography to describe the existing research regarding early care and education licensing. The research reviewed addresses the following eight topics:

1. [Licensing Standards](#)
2. [Licensing Regulations and Health and Safety Outcomes in Child Care Settings](#)
3. [Licensing Monitoring Strategies](#)
4. [Licensing Enforcement Policies](#)
5. [Licensing and the Child Care and Labor Markets](#)
6. [Licensing and Program Quality](#)
7. [Licensing and the Cost of Child Care](#)
8. [Licensing Regulations and Child Development](#)

This document provides an annotated bibliography of articles and reports on each of these topics. For each section, references are provided along with brief summaries of the reports or findings relevant to licensing in early care and education. We include research from peer-reviewed journal articles as well as reports produced by the federal government, states, and other organizations. The literature search was conducted primarily through Research Connections (<http://www.researchconnections.org>), a website supported by the Office of Planning, Research, and Evaluation, Administration for Children and Families (OPRE) that provides access to reports and articles about early care and education. The Child Trends team used multiple search terms related to the eight categories of licensing research represented here. Google Scholar was also searched using the same terms. The published dates for articles were not limited, as there were some relevant articles from the 1990s. However, when multiple papers were found on the same or similar topics, preference was given to the most recent articles. Research on topics not specifically about licensing were excluded (e.g., market rate surveys, workforce surveys, license-exempt programs).

The summaries provided below are brief and provide a few highlights from each report. Readers are encouraged to read the full reports or articles to more fully understand the research and its limitations. Although some articles could be included under multiple headings, we placed them in the most relevant category rather than duplicate them. Within each of the eight sections, the articles and reports are organized from most recent to oldest.

# Licensing Research Annotated Bibliography

## 1. Licensing Standards

**National Center on Early Childhood Quality Assurance. (2015). *Research brief #1: Trends in child care center licensing regulations and policies for 2014 (No. 314)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014>**

This brief used the 2014 NARA Child Care Licensing Programs and Policies Survey, as well as state licensing data, to examine trends (since 2011) in child care center licensing regulations and policies as of 2014<sup>1</sup>. Trends in licensing regulations included: increases in training requirements for teachers and directors, more states requiring comprehensive background checks for staff, and increases in Sudden Infant Death Syndrome training and procedures. A few states added reporting requirements regarding injuries or deaths in child care settings.

Trends in licensing policies included: decreases in average caseload for licensing staff, increased use of differential monitoring strategies, more states posting licensing information on their websites, and more states providing technical assistance to help programs improve quality.

**National Center on Early Childhood Quality Assurance. (2015). *Research brief #2: Trends in family child care home licensing regulations and policies for 2014 (No. 315)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>**

This brief used the 2014 NARA Child Care Licensing Programs and Policies Survey as well as state licensing data to examine trends (since 2011) in family child care licensing regulations and policies as of 2014. Trends in licensing regulations included: more states requiring pre-service qualifications and annual training hours for providers, more states requiring criminal background checks, more requirements to help with obesity prevention, increases in Sudden Infant Death Syndrome training and requirements, and increases in requirements about emergency preparedness.

Trends in licensing policies from 2011-2014 included: decreases in average caseload for licensing staff, increased use of differential monitoring strategies, more states posting licensing information on their websites, and more states providing technical assistance to help programs improve quality.

**National Center on Early Childhood Quality Assurance. (2015). *Research brief #3: Trends in group child care home licensing regulations and policies for 2014 (No. 316)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014>**

This brief reported on data from the 2014 NARA Child Care Licensing Programs and Policies Survey and state licensing requirements and policies for group child care homes (GCCHs) in all 50 states, the District of Columbia, Guam, and the Virgin Islands. The purpose of the brief was to examine trends in licensing regulations since 2011. Though the definition for GCCH varies from state to state, the author's use the following parameters to describe GCCHs, (1) they are operated by two or more individuals, (2) they are open for fewer than 24 hours per day per

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<sup>1</sup> Previous survey reports are available at <http://www.naralicensing.org/child-care-licensing-study> and the data are available at <https://www.researchconnections.org/childcare/series/00231>

child and, (3) they operate out of a private residence, unless care is needed for more than 24 hours to accommodate a parents' work schedule.

Trends in licensing policies from 2011-2014 included: Increases in the number of states and territories that have made changes to their GCCH licensing regulations. Changes include a more explicit focus on staff training and qualifications (i.e. preservice qualifications, increased annual training hours, background checks for staff) in addition to health and safety promotion (i.e. regulations to prevent obesity, prevention of SIDS, requirements about emergency preparedness). Trends also included decreased caseloads for licensing line staff, increased dissemination of licensing information, increased use of differential monitoring, and increased provision of technical assistance to assist GCCHs in increasing the quality of their programs.

**National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Learning environment, developmental domains, and assessment (No. 181)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29571>**

The brief examines current licensing standards in all 50 states and Quality Rating and Improvement Systems (QRIS) standards in the 36 states which have a state-wide QRIS model related to learning environments, developmental domains, and assessment requirements for infant/toddler care in center-based settings. For the learning environment, daily planned activities and support for infants' exploration are typically covered by licensing regulations. QRIS standards often use the Infant-Toddler Environment Rating Scale-Revised (ITERS-R) to assess the learning environment. About half of states require a primary caregiver for infant/toddlers in their licensing requirements. Licensing requirements usually specify that learning activities align with domains of child development (i.e. social/emotional, cognitive, language/literacy), whereas QRIS typically require alignment with a state's early learning guidelines or use of the ITERS-R to assess the supportiveness of the learning environment. Observation and assessment of children are rarely included in state licensing regulations, whereas many QRIS do include observation and assessment standards.

**National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Family engagement (No. 182)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29567>**

The brief examines current licensing standards in all 50 states and Quality Rating and Improvement Systems (QRIS) standards in the 36 states which have a state-wide QRIS model. Regarding parent engagement, most licensing standards only require programs to provide opportunities for parents to volunteer in the classroom. QRIS standards, in addition to the volunteer requirement, further encourage family involvement in the classroom by providing opportunities for families to interact with other parents in the program, and to contribute to classroom decision making by serving on program committees or contributing to classroom policy/decision making. For family communication and education, most licensing standards require child care staff to provide families with a daily report/summary of their child's activities, including eating, sleeping, toileting, illness, and other activities completed throughout the day. QRIS standards are more likely than licensing standards to focus on having regular parent/teacher conferences and providing educational opportunities for parents. At the time of the report, no state licensing regulations required programs to help families make connections to community resources, whereas this is more common in QRIS.

**National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Health services, nutrition, and disabilities (No. 183)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29571>**

The brief examines licensing standards in all 50 states and Quality Rating and Improvement Systems (QRIS) standards in the 36 states which have a state-wide QRIS. The brief was designed to provide quality practice

recommendations regarding the health, nutrition, and care for infants and toddlers with disabilities. All states have licensing standards about children's health status and medical emergencies. It is less common for QRIS to include standards related to children's health status. Historically, many states first require child care centers to be licensed before joining the QRIS; the QRIS rely on the licensure requirements to address children's health. However, more QRIS now include assessments of children's health and developmental status. Regarding nutrition, all state licensing standards have nutrition requirements and guidelines on how to feed infants. Similar to standards regarding children's health, only some QRIS include nutrition standards. Many states and QRIS include requirements on developing activity plans or accommodating existing plans for children with disabilities, but only a small proportion of both licensing and QRIS address other aspects of supporting children with disabilities, such as providing families with community resources, and building accessibility.

## 2. Licensing Regulations and Health and Safety Outcomes for Children (e.g., accident, injury and death rates)

**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.**

This study used state licensing data to examine the frequency of child care health and safety non-compliance among family day care homes, and the role of median household income for each zip code in non-compliance. The analysis suggested that most family day care homes in Connecticut are in compliance with state regulations. However, non-compliance did occur and was most common for standards related to indoor safety, emergency preparedness, documentation, and provider qualifications. Non-compliance was related to the median income of the area, such that children in lower-income areas were more likely to be served by non-compliant programs, putting them at greater risk for poor health outcomes.

**Carter, J. (2014). *Infant and child injuries in Georgia: A study comparing injuries in child care facilities with infant and child injuries in the general population*. Atlanta, GA: Bright from the Start.** Retrieved from <http://www.dec.state.ga.us/documents/attachments/injuryreportfinal1-8-14.pdf>

The Georgia State Advisory Council on Early Childhood Education and Care commissioned this study to compare the risk of injury among children, birth to age five, in child care settings with the risk of injury among young children in the general population. They analyzed state administrative data on hospital discharges and on injuries in child care settings to find out the frequency of injuries requiring medical attention that occurred in each group. They found that children in the general population were much more likely to sustain an injury relative to children in child care settings.

**National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing: Building and physical premises safety in child care*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.** Retrieved from <http://www.researchconnections.org/childcare/resources/28608?q=contemporary+issues+in+licensing>

The brief focuses on the physical safety of children in child care settings by examining the policies and practices used to protect children in terms of environmental health, fire safety, playgrounds, building codes, and zoning. The standards, oversight, and state licensing agencies' roles in the coordination of inspections in each of these areas is described.

Researchers conducted interviews and surveys with directors or administrators of licensing agencies in 9 states (with the most effective and innovative practices) to learn how states monitor building and physical safety, and ways to monitor these issues more efficiently. The results indicated that 1) states use a wide range of practices for monitoring fire safety and environmental health; 2) agencies are taking on more responsibility for monitoring physical health and safety issues, but are not getting more resources to help with it; and 3) researchers did not find evidence that there is a significant problem in overlap/inefficiency of regulatory practices.

Licensing agencies are assuming more responsibility for monitoring physical health and safety, and the authors suggested that states consider the following, in order to make monitoring more effective and efficient.

- ◆ What level of training is necessary for effective monitoring of physical health and safety?
- ◆ Does too much attention to physical health and safety take away from attention to other aspects of quality?
- ◆ How could state licensing agencies collaborate with local regulators?

**Crowley, A. A., Jeon, S., & Rosenthal, M. S. (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), 52-58.**

This research assessed the frequency of regulatory non-compliance as determined by routine, unannounced inspections, as well as the factors associated with improved compliance. They examined data from 746 reports of unannounced inspections of child care centers collected by the Connecticut Department of Public Health. Many health and safety standards had rates of non-compliance over 10%. These standards were in the categories of outdoor safety, indoor safety, indoor health, child and staff documentation, emergency preparedness, infant-toddler indoor health, and infant-toddler indoor safety. The researchers found that complying with staff regulations for training was most positively associated with compliance on health and safety regulations, suggesting a need for ongoing training to improve and sustain health and safety practices in child care centers.

**Children and Family Services Administration/Child Mortality Review Panel. (2012). *Review of child deaths in Minnesota licensed family child care homes*. St. Paul, MN: Children and Family Services Administration, Minnesota Department of Human Services. Retrieved from <https://www.leg.state.mn.us/docs/2012/other/120696.pdf>**

Researchers in Minnesota analyzed existing government data and documents to examine child death rates in child care by setting type and cause of death (Minnesota Department of Human Services, 2012). Researchers also examined how Minnesota's relevant statutes and regulations might be related to incidences of death in child care settings. They found that there were increases in the number of deaths between 2002 and 2012. Ninety-six percent (96%) of the deaths occurred in family child care (FCC) homes. All of the deaths that occurred in FCC happened in homes that were licensed for 10 or more children. The causes of death included abusive head trauma and choking (5% each), serious illness (9%), and sleep-related (75%).

Minnesota's standards for licensed FCCs are lower than most other states', as well as lower than federal guidelines. Generally, Minnesota allows for more children in care, higher child to adult ratios, and lower training requirements than typically found in other sets of regulations.

The authors concluded that Minnesota licensing regulations for FCC are too low and should be increased, along with stricter monitoring and enforcement.

**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.**

The purpose of this study was to examine the relationship between child care regulations and rates of accidental injury. The authors used two complementary sets of data to compare individual-level injury reports to state-level child care licensing regulations. The first data set, the National Longitudinal Survey of Youth, contains parent-reported injuries requiring medical attention, as well as information about parents' child care decisions for children under the age of three. The second data set was the Vital Statistics mortality records, which contains information about every death in the United States. The authors measured the impact of state-level child care regulations on child care arrangements, reported injuries, and mortalities. Key findings suggest that increased education requirements for ECE directors was the strongest predictor of fatal and non-fatal injury reduction. However, the authors suggest that more stringent educational requirements for centers increases the cost of care, which may make it more difficult for some families to pay for care (and might move them to unregulated care).



### 3. Licensing Monitoring Strategies

This section has been divided into two categories: 1) general monitoring strategies, and 2) differential monitoring strategies (a method for reducing the frequency of monitoring visits or the number of regulations monitored).

#### Monitoring

**Maxwell, K., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated monitoring systems for early care and education*. OPRE Research Brief #2016-19. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/opre/resource/monitoring-in-early-care-and-education>**

This paper provides an overview of monitoring and the eight major early care and education monitoring systems (e.g., pre-K, licensing, Head Start). The authors describe 11 dimensions (e.g., staff, planning and implementation, data systems) that are important to consider in developing plans to coordinate monitoring, along with various approaches to move toward a more coordinated approach to monitoring early care and education programs. The efforts of two states, Ohio and Rhode Island, are highlighted to demonstrate different ways states can address this issue. The appendix provides a detailed description of each of the eight major monitoring systems in early care and education.

**Trivedi, P. A. (2015). *Innovation in monitoring in early care and education: Options for states*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved from <https://aspe.hhs.gov/innovation-monitoring-early-care-and-education-options-states-aspe-white-paper-partnership-acf>**

This report summarizes the variability in approaches to monitoring across states. Lack of alignment in monitoring strategies across funding streams results in fragmented, often redundant, and burdensome monitoring requirements for providers. The authors then present case studies of states currently implementing differential monitoring (monitoring tailored to a provider's level of risk for non-compliance) and other innovative approaches to monitoring. Options for states to improve their monitoring practices include: aligning standards across funding streams, using differential monitoring, expanding use of a third-party system, using national organizations for monitoring, sharing data of non-compliance across federal and state agencies, and better communicating to providers the benefits of licensing.

**National Center on Child Care Quality and Improvement. (2014). *Contemporary issues in licensing: Child care licensing and inspection policies*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/28591?q=contemporary+issues+in+licensing+in+inspection+policies>**

This brief described interview data from nine states (CT, FL, GA, NC, OH, OK, TX, UT, and WA). To contextualize the information gathered from states, the authors also used information from previous National Center on Child Care Quality and Improvement reports that describe findings on child care licensing in all 50 states. Key findings suggest that although states vary on their authority to conduct inspections, all of the states interviewed, with the exception of Connecticut, had policies and procedures specifying the process for conducting both announced and unannounced licensing visits. Prior to awarding licensure, most states conduct full inspections of child care centers and family care providers. Most states conduct at least annual inspections of child care programs, with some using a differential monitoring approach resulting in more frequent inspections of non-compliant programs. Several states reported increasing the frequency of routine inspections since 2005. The report also describes use and challenges in unannounced visits and notes that more states now use the internet to share inspection reports.

Levinson, D. R. (2013). *Child Care and Development Fund: Monitoring of licensed child care providers*. Washington, DC: Office of the Inspector General, Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/26578?state=LOUISIANA>

The goals of this report included 1) determining the extent to which monitoring requirements for licensed providers meet Administration for Children and Families (ACF) recommendations, and 2) assessing ACF's monitoring of states' oversight of child care providers. The researchers examined licensing requirements in all states; the researchers also examined documentation from providers in five selected states to determine whether they comply with their own policies/procedures for monitoring child care providers, and they surveyed ACF staff about monitoring of states' licensing and health and safety requirements. The study found that monitoring requirements did not always meet ACF and National Standards recommendations. The authors found that all states met the federal regulation to include licensing standards related to infectious disease, building safety, and health and safety training for staff. Monitoring requirements, though, did not always meet the ACF recommendations for background checks and unannounced visits.

## Differential Monitoring

Fiene, R. (2014). *Georgia child care licensing study: Validating the core rule differential monitoring system*. Atlanta, GA: Bright from the Start. Retrieved from [http://www.dec.state.ga.us/documents/attachments/ChildCareLicensingStudy\\_FinalReport.pdf](http://www.dec.state.ga.us/documents/attachments/ChildCareLicensingStudy_FinalReport.pdf)

The goal of this study was to determine whether meeting a set of "Core Rules" was indicative of compliance with the full set of licensing regulations for Georgia's child care centers and homes. The analysis indicated that compliance on the Core Rules was related to compliance on the full licensing rules. The author concluded that the Core Rules act as "Key Indicators", meaning that if a program is in full compliance with those indicators, they are very likely to be substantially or fully in compliance with all of the licensing rules.

National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing: Monitoring strategies for determining compliance: Differential monitoring, risk assessment, and key indicators*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/28605?q=contemporary+issues+in+licensing+in+specification+policies>

This report describes various monitoring strategies used by states, noting distinctions between differential monitoring, risk assessment, and key indicators. The authors defined differential monitoring as, "regulatory method for determining the frequency or depth of monitoring based on an assessment of a facility's history of compliance with licensing rules." The use of differential monitoring has increased over time. In 2005, 11 states reported using differential monitoring; in 2011, 26 states reported using differential monitoring.

## 4. Licensing Enforcement Policies

National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing enforcement strategies with licensed child care providers*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/28604?q=contemporary+issues+in+licensing+in+specification+policies>

Surveys and interviews with licensing administrators in nine states were conducted to learn about many aspects of licensing, including enforcement practices. The brief outlines enforcement policies in the states and offers three areas for future consideration: approaches used for enforcement, the role of technology, and the impact of QRIS on licensing. The authors conclude that effective enforcement includes helping providers with positive strategies while using stronger, restrictive practices when necessary to ensure the safety of the children in care. As

technology allows for more automated licensing systems, human intervention is still necessary to review enforcement decisions. Finally, QRIS are important tools for improving licensing compliance. For effective monitoring, the relation between the two systems needs to be well-coordinated and maintained.

**Shaul, M. S. (2004). *Child care: State efforts to enforce safety and health requirements*. United States Government Accountability Office, Report prepared for the Honorable Sander M. Levin, House of Representatives. Retrieved from <http://www.gao.gov/assets/250/244025.pdf>**

For this report, licensing officials from all 50 states and the District of Columbia were surveyed about changes in licensing and enforcement activities from 1999-2004. The researchers found that caseloads of facilities per inspector had dropped from an average of 118 to 110. Most states reported conducting compliance inspections annually. Monitoring of exempt providers tended to be limited to information distribution about health and safety requirements and to provider self-report of compliance.

**Gormley, W.T. (2000). *Early childhood education and care regulation: A comparative perspective*. *International Journal of Education Research*, 33 (1), 55-74.**

The author explored differences in early childhood education and care regulation across four countries, (1) France, (2) Germany, (3) Sweden, and (4) The United States. These countries each represent variation in the role government plays in child care access and regulation. Key findings show that the regulations in France and Germany were provider-focused, emphasizing the importance of teacher qualifications and training. The regulations in Sweden were more child-focused, emphasizing low staff-child ratios. Finally, the United States' regulations were facility-focused, emphasizing safety of the physical spaces in childcare programs. There was considerable variation across each country regarding their enforcement of child care regulations. However, the author highlights that overall there is relatively little regulatory enforcement across all four countries, with France, Germany, and Sweden placing the greatest emphasis on technical assistance. The author discusses these findings in the context of 3 major controversies in childcare regulation: (1) who should handle regulatory assignments, (2) what resources should be allocated to regulatory organizations? and (3) what techniques should be employed to achieve regulatory goals?

## 5. Licensing and the Child Care and Labor Markets

**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.**

This study examined the effects of licensing regulations on the supply and quality of child care markets. Using a dataset created with U.S. Census data, state regulation data, and accreditation data from the National Association for the Education of Young Children (NAEYC; as a proxy for program quality), the researchers examined what happens in different income areas when regulations are implemented. Main findings include: the increased stringency of licensing regulations was related to a decrease in the number of child care centers, particularly in low-income areas; and the increased stringency of licensing regulations was related to an increase in the quality of care in programs that meet licensing regulations, particularly in high-income areas. The researchers also found that decreases in the number of child care centers in a market were related to increases in the number of children attending family child care (non-relative care in the provider's home). The authors conclude that there are positive and negative consequences of child care regulation, which may benefit some families and not others.

**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.**

This study examined the effect of regulation on child care and labor markets by examining outcomes following regulation changes made by states. Changes in child care regulations were used to predict child care use and expenditure as well as the child care labor force and labor force participation by mothers of young children. Most of the changes in regulations had small effects or no effects over time on child care and on labor markets.

## 6. Licensing and Program Quality

**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.**

In Indiana, church-sponsored programs can be license-exempt and are called registered child care ministries. They have an option to go through a voluntary regulation process called the Voluntary Certification Process (VCP), which requires programs to meet higher health and safety standards than registration requires. This regulatory structure allowed Lewsader & Elicker (2013) to examine quality for programs at three different levels of regulation: state-licensed programs, unlicensed registered child care ministries that had gone through a VCP, and unlicensed registered child ministries that had not gone through the VCP. They found that global quality was higher in both the licensed programs and the programs that had gone through the VCP than in the unregulated programs. Higher levels of regulation were related to higher program quality (as measured by ERS and the Caregiver Interaction Scale).

**Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (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.**

Licensing and quality were linked in a study of family child care in four Midwestern states. Licensed providers scored significantly higher than license-exempt (but registered in the subsidy system) providers on the Family Day Care Rating Scale and the Quality Instrument for Informal Child Care. Licensed providers also reported significantly more quality characteristics such as staff qualifications, curriculum, parent conferences, and coaching than license-exempt programs.

**Rigby, E., Ryan, R. M., & Brooks-Gunn, J. (2007). Child care quality in different state policy contexts. *Journal of Policy Analysis and Management*, 26(4), 887-908.**

The authors used data from the Fragile Families and Well-being Study to examine relations among the stringency of licensing regulations, program quality, and type of care. They found significant relations between licensing and quality as measured by the Environment Rating Scales, but the link differed by program type. Stringency of licensing regulations, such as higher teacher training requirements, was related to higher quality for family child care and non-profit centers, but there was no relation between licensing policy and quality for for-profit centers.

**Apple, P. L. (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.**

Apple examined the relation between stringency of licensing regulations and the likelihood of achieving accreditation. Licensing stringency was rated based on ratio, group size, and minimum education requirements, and accreditation was measured by the number of programs in each accreditation stage divided by the number of preschool-age children in a state. Results indicated a significant relation between increased stringency of licensing regulations and the number of programs working toward or having achieved accreditation in a state.

**Raikes, H. A., Raikes, H. 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.**

This study examined the associations between licensing regulations, subsidy density, and providers' education and training in predicting quality of family child care homes in four Midwest states. Providers subject to more licensing regulations (e.g., visits by state licensing officials, required trainings) had higher global quality, even after controlling for subsidy receipt and other provider characteristics.

**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.***

Using data from the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care, the authors studied the impact of both regulable features (e.g., education/training, number of children, licensing) and non-regulable features (e.g., professional attitude, length of experience, age, beliefs about child rearing, mental health, and presence of own children) of family child care, and how they related to quality. Findings indicated that both regulable and non-regulable features were related to quality as measured by the Child Care-Home Observation of the Measurement of the Environment (HOME) Inventory. In addition, caregiver beliefs mediated the effects of training on program quality.

**Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2001). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly, 15(4), 475-496.***

The purpose of this study was to examine associations among state licensing regulations, compliance, and measures of quality of care. Data in this study were drawn from three states: 1) Massachusetts, 2) Virginia, and 3) Georgia, representing a total of 104 child care centers. These states were purposively sampled to represent a range of state child care regulations. Phillips and colleagues (2001) found that classroom quality as measured by the Environment Ratings Scales (ERS) was related to structural quality features that can be regulated, such as ratio, staff qualifications, and group size. Teacher wages and parent fees were also significant predictors of classroom quality. Finally, program quality, as measured by the ERS, was higher in states with more stringent licensing regulations than in states with less stringent regulations.

**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), 313-333.***

Gallagher and colleagues compared child care licensing requirements in four separate states (North Carolina, Colorado, Connecticut, and California). The purpose of the study was 1) to identify whether licensing regulations emphasize child development versus child protection, and 2) to compare licensing regulations with measures of quality practice. The authors received documents regarding each state's child care licensing regulations. The authors then coded these state policies into four categories of quality practice: 1) structure, or the physical environment of the program, 2) operations, or the day-to-day activities in a program, 3) personnel, and 4) context, or the links to families in the community. From these four categories of practice, policies were further coded to identify whether they focused more specifically on child development, or child safety. For each of these four categories of quality practice, the authors developed a four-point rubric to compare the practices to state licensing policies, with one representing less alignment with quality practice, and four representing complete alignment with quality practice.

Key findings show that most of the licensing requirements focused on child protection or safety. Sixty-seven percent of the licensing requirements focused on child protection or safety were rated by the authors as meeting at least some or most of the criteria for quality practice (a score of 3 or 4). In comparison, a smaller proportion (34%) of licensing requirements that focused on child development were rated by the authors as meeting some or most of the criteria for quality practice (a score of 3 or 4). Furthermore, findings demonstrated that state policies placed less emphasis on personnel and context, with few policies focusing on connecting families with community resources, or family engagement. Overall, the authors concluded that policies were geared more toward promoting child protection than child development.

**Gormley, W.T. (1999). Regulating child care quality. *The Annals of the American Academy of Political and Social Science, 563, 116-129.***

This paper draws on previous research to outline the framework for regulating child care in the US, explores the relationship between child care regulation and quality, trends in child care regulation, and provides some recommendations for regulatory reforms. The author highlights the importance of regulatory enforcement with a focus on child well-being and development. Key points of the paper are listed below.

- ◆ The federal government plays a limited role in the regulation of child care in the United States. The federal government is involved through the provision of subsidy dollars, while the states maintain the regulatory role. However, because the states are responsible for the oversight of child care regulations, there is a lot of variability about which programs are regulated across states (e.g., centers operated by churches, family day care homes).
- ◆ Previous research supports the notion that states with stricter regulations and enforcement produce higher quality care.
- ◆ The author describes several controversies that exist in the literature on child care regulations and quality. For example, some posit that conventional measures of quality are flawed or not evidenced-based, and that regulation negatively impacts child care supply or increases price of child care for families. Conversely, while some believe regulatory practices are excessive, other critics believe regulation is too weak and standards are poorly enforced. The paper highlights examples where there is weak regulatory enforcement, including states with high caseloads, absence of intermediate sanctions between a warning and a facility closure, and lack of technical assistance to providers.
- ◆ Regulatory trends point to positive changes, such as increased requirements for staff training and financial incentives to child care programs. However, trends also suggest that there has been an increase in child care supply, without increasing the number of regulatory inspectors.

## 7. Licensing and the Cost of Child Care

**Thomas, D. & Gorry, D. (2015). *Regulation and the cost of child care: Research summary*. Arlington, VA: Mercatus Center, George Mason University. Retrieved from: <https://www.mercatus.org/publication/regulation-and-cost-child-care>**

Licensing regulations have the potential to affect the cost of child care, as it can be expensive to meet regulations, leaving less money for staff wages, for example. The authors hypothesized that lowering regulations for observable aspects of care, such as group size and staff-to-child ratios, could help reduce the cost of care without decreasing the quality. They further argued that it is more cost-effective to focus on process regulations such as teacher training that have bigger effects on the quality of care.

Thomas and Gorry (2015) analyzed data from Child Care Aware of America on regulations (including group size/ratio and staff educational requirements) and the cost of child care. They used 2012 data from 50 states. They found that regulations are associated with increases in the cost of care--for every increase of one infant-to-staff ratio, the cost of care decreased by 9%-20%. For 4-year-olds, the cost decreased by 2%-4.7%. Regulations that require lead teachers to have a high school diploma were associated with an increase in the cost of infant care by 25%-46%. Regulations that require lead teachers to have a high school diploma or equivalent correlate with a 25%-46% increase in the cost of infant care and a 22%-40% increase in the cost of care for 4-year-olds.

The authors suggest that regulations should focus on aspects of process quality (like teacher training) more so than aspects of structural quality (like group size and ratios) in order to reduce the cost of child care without compromising quality.

**Helburn, S. W., & Howes, C. (1996). *Child care cost and quality. The Future of Children: Financing Child Care*, 6(2), 62-82.**

This paper reviewed the literature about the relation between child care cost and child care quality. It primarily focuses on two studies from the early 1990s: Cost, Quality, and Child Outcomes in Child Care Centers (Helburn, 1995, as cited in this article) and the Economics of Family Child Care study (Kontos et al., 1994, as cited in this article). Analyses across multiple studies led the authors to conclude that cost and quality are significantly, but modestly, related. The cost increases associated with improving program quality from mediocre to good was approximately ten percent. The authors noted that improving programs already at higher levels of quality, from good to excellent for example, costs more, particularly if doing so requires increased staffing ratios. Given that

researchers have shown that child care quality depends heavily on regulable features (licensing requirements such as staff education and ratios), the authors conclude that investment into raising licensing requirements may be a good approach to increasing child care quality. They recommend that funding provided by public and private investments tie the funding to standards associated with high quality care.

## 8. Licensing and Child Development

**Sekhobo, J. P., Edmunds, L. S., Dalenius, K., Jernigan, J., Davis, C. F., Giddings, M., ... & Khan, L. K. (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, 140-152.**

The authors examined the prevalence of obesity in preschoolers of families enrolled in WIC before and after New York City implemented regulations regarding nutrition, physical activity, and media use in child care centers. Early childhood obesity declined in all neighborhoods, and the decline was greatest in high-risk neighborhoods.

**Larson, N., Ward, D. S., Neelon, S. B., & Story, M. (2011). What role can child-care settings play in obesity prevention? A review of the evidence and call for research efforts. *Journal of the American Dietetic Association*, 111(9), 1343-1362.**

In this article the authors review studies of state regulations and research-based interventions related to nutrition and physical activity in child care settings. The findings indicated that regulations regarding children's healthy eating and physical activity in most states are not strong. In addition, few interventions have been designed to encourage children's physical activity and healthy eating.

**University of Colorado Denver/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. Retrieved from <http://www.researchconnections.org/childcare/resources/21607?state=PENNSYLVANIA>**

Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations (ASHW) was developed in 2010 to identify how well early childhood program regulations are aligned with best practices regarding obesity prevention. The 2010 data stands as the benchmark against which changes in regulations are compared to identify improvements or declines in best practices. Annually since 2010, data have been collected on states where significant policy changes have been made. Therefore, the samples of states in the ASHW report varies from year to year. In 2014, only seven states (Georgia, Illinois, Michigan, New Mexico, New York, Texas, and West Virginia) made significant policy changes related to obesity prevention in early childhood programs. Illinois, Texas, and New York made positive changes to their regulations regarding obesity prevention, with Illinois and Texas making the greatest number of changes and improving their standings. Overall, there was a 5% increase in the number of regulations that supported obesity prevention. Of the positive changes, over 50% were related to nutrition regulations. Furthermore, none of the new regulations resulted in a negative change; all changes represented growth toward meeting the best practices in obesity prevention. Despite the positive changes several states have made, ten states have not made any regulation changes regarding obesity prevention since 2010. Additionally, many states are still not adequately addressing or regulating healthy weight best practices.

**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).**

This study examined state licensing standards related to nutrition, physical activity, and media use. States commonly require providers to follow guidelines from the federal Child and Adult Care Food program. Many states require outdoor and gross motor activity time, but fewer have specific regulations that align with national

recommendations. Approximately a quarter of states address appropriate inclusion of media in child care program activities.

## References

- Apple, P. L. (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.
- 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.
- Carter, J. (2014). *Infant and child injuries in Georgia: A study comparing injuries in child care facilities with infant and child injuries in the general population*. Atlanta, GA: Bright from the Start. Retrieved from <http://www.dec.state.ga.us/documents/attachments/injuryreportfinal1-8-14.pdf>
- Children and Family Services Administration/Child Mortality Review Panel. (2012). *Review of child deaths in Minnesota licensed family child care homes*. St. Paul, MN: Children and Family Services Administration, Minnesota Department of Human Services. Retrieved from <https://www.leg.state.mn.us/docs/2012/other/120696.pdf>
- 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.
- Crowley, A. A., Jeon, S., & Rosenthal, M. S. (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.
- 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.
- Fiene, R. (2014). *Georgia child care licensing study: Validating the core rule differential monitoring system*. Atlanta, GA: Bright from the Start. Retrieved from [http://www.dec.state.ga.us/documents/attachments/ChildCareLicensingStudy\\_FinalReport.pdf](http://www.dec.state.ga.us/documents/attachments/ChildCareLicensingStudy_FinalReport.pdf)
- 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), 313-333.
- Gormley, W.T. (2000). Early childhood education and care regulation: A comparative perspective. *International Journal of Education Research, 33* (1), 55-74.
- Gormley, W.T. (1999). Regulating child care quality. *The Annals of the American Academy of Political and Social Science, 563*, 116-129.
- Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children: Financing Child Care, 6*(2), 62-82.
- 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.
- 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). Retrieved from <http://www.researchconnections.org/childcare/resources/21607?state=PENNSYLVANIA>
- Larson, N., Ward, D. S., Neelon, S. B., & Story, M. (2011). What role can child-care settings play in obesity prevention? A review of the evidence and call for research efforts. *Journal of the American Dietetic Association, 111*(9), 1343-1362.
- Levinson, D. R. (2013). *Child Care and Development Fund: Monitoring of licensed child care providers*. Washington, DC: Office of the Inspector General, Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/26578?state=LOUISIANA>

- 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.
- Maxwell, K., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated monitoring systems for early care and education*. OPRE Research Brief #2016-19. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/coordinated\\_monitoring\\_systems\\_in\\_early\\_care\\_and\\_education.pdf](https://www.acf.hhs.gov/sites/default/files/opre/coordinated_monitoring_systems_in_early_care_and_education.pdf)
- National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Family engagement (No. 182)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29567>
- National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Health services, nutrition, and disabilities (No. 183)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29571>
- National Center on Child Care Quality Improvement. (2014). *Comparison of state licensing and QRIS standards for infants and toddlers in child care centers: Learning environment, developmental domains, and assessment (No. 181)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.researchconnections.org/childcare/resources/29571>
- National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing: Building and physical premises safety in child care*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-building-and-physical-premises-safety-child-care>
- National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing: Enforcement strategies with licensed child care providers*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-enforcement-strategies-licensed-child-care-providers>
- National Center on Child Care Quality Improvement. (2014). *Contemporary issues in licensing: Monitoring strategies for determining compliance: Differential monitoring, risk assessment, and key indicators*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-monitoring-strategies-determining-compliance-differential>
- National Center on Child Care Quality and Improvement. (2014). *Contemporary issues in licensing: Child care licensing and inspection policies*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/contemporary-issues-licensing-child-care-licensing-inspection-policies>
- National Center on Early Childhood Quality Assurance. (2015). *Research brief #1: Trends in child care center licensing regulations and policies for 2014 (No. 314)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <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. (2015). *Research brief #2: Trends in family child care home licensing regulations and policies for 2014 (No. 315)*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <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. (2015). *Research brief #3: Trends in group child care home licensing regulations and policies for 2014* (No. 316). Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014>
- Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2001). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly*, 15(4), 475-496.
- Raikes, H. A., Raikes, H. 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., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (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.
- Rigby, E., Ryan, R. M., & Brooks-Gunn, J. (2007). Child care quality in different state policy contexts. *Journal of Policy Analysis and Management*, 26(4), 887-908.
- 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.
- Sekhobo, J. P., Edmunds, L. S., Dalenius, K., Jernigan, J., Davis, C. F., Giddings, M., ... & Khan, L. K. (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, 140-152.
- Shaul, M. S. (2004). *Child care: State efforts to enforce safety and health requirements*. United States Government Accountability Office, Report prepared for the Honorable Sander M. Levin, House of Representatives. Retrieved from <http://www.gao.gov/assets/250/244025.pdf>
- Thomas, D. & Gorry, D. (2015). *Regulation and the cost of child care: Research summary*. Arlington, VA: Mercatus Center, George Mason University. Retrieved from <https://www.mercatus.org/publication/regulation-and-cost-child-care>
- Trivedi, P. A. (2015). *Innovation in monitoring in early care and education: Options for states*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- University of Colorado Denver/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*. Retrieved from [http://nrckids.org/default/assets/file/regulations\\_report\\_2010.pdf](http://nrckids.org/default/assets/file/regulations_report_2010.pdf)

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