State Child Care Licensing: The Missing Piece of the Early Learning Research Agenda

CCEEPRC
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Presenters

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Overview of the Session

1. Overview of national and state data on child care licensing

2. Minnesota’s use of its child care licensing data

3. Developing a research agenda about licensing

*With discussion throughout—so ask questions and add comments as we go!*
State Licensing Data

What data do states have and how do they use it?
What licensing data do states typically have?
Program Characteristics

- Capacity
- QRIS level
- Participation in other programs
- Years in operation
- Training
- Qualifications
- Accreditation
- Enrollment by age
- Languages
- Hours
- Environmental features
- Transportation options
Monitoring, Violations, and Enforcement

- Type of visit
- Violations
- Corrective action taken by the licensing agency
- Corrective action taken by the program
- Fatalities
- Serious injuries
- Substantiated abuse
- Substantiated complaints
Combine and compare with other data

- Child and family characteristics
- Demographic
- Geographic
- Subsidy
- Quality
How do states typically use their data?
Reporting

- CCDF State Plan
- Licensing Website
- Quality Progress Report
- ACF-800 and 801
Evaluating Practices

- Examine inconsistencies in enforcement
- Explore patterns of violations
- Adjust caseloads
Supporting Quality Improvement

- Target training, informed by frequent violations
- Look at the relationship between health and safety training and compliance
- Assess clarity and reasonableness of frequently violated standards
Coordinating

◆ Communicate with other programs about compliance
◆ Share serious injury trend analyses
◆ Know where children receiving subsidy go when a center or home closes
Addressing Questions

- Examine the number and type of violations at each quality rating level
- Share aggregate data with providers to foster discussion
- Understand disparities in access
National Data on Child Care Licensing
What national data do we have?
National data tells us…

- Frequency of licensing inspections
- Most common enforcement actions
- Ratios and group sizes for all age groups
- States that require safe sleep practices

…and hundreds of other variables
Child Care Licensing Studies

- Partnership with National Association for Regulatory Administration since 2005
- NARA conducts survey of state licensing agencies
- ECQA Center compiles data from regulations, maintains databases, conducts analysis, and publishes reports
  - 2017 study underway
  - 3-year cycle
Methodology

- NARA Survey of Licensing Programs and Policies
  - Survey Monkey
  - Microsoft Access database
  - All 50 states, DC, and some territories respond
    - Follow up done to get response from all
Methodology, continued

- Collection of provider requirements from state and territory licensing regulations
  - National Database of Child Care Licensing Regulations
  - Two Microsoft Access databases
    - Child care centers
    - Family child care homes and large/group family child care homes
Topics Covered in NARA Survey

- Number of licensed facilities and capacity
- Number of licensing staff
- Types of inspections
- Frequency of inspections
- Frequency of licensing renewal
- Inspections and monitoring

- Risk assessment, defining compliance, differential monitoring
- Technical assistance to licensees
- Use of technology and data
- Complaint investigations
Topics Covered, continued

- Enforcement actions
- Sharing licensing information
- Illegally operating providers
- Licensing fees
- Licensing staff qualifications and training

- Quality initiatives and resources for formulating regulations
- Fire, health, and building inspections
- Background checks
New areas of survey for 2017

- License requirement for Head Start
- License requirement for legally exempt centers and homes getting subsidy payment
- Licensing agency’s role in inspecting legally exempt providers getting subsidy payment
Welcome to the National Database of Child Care Licensing Regulations—a tool for finding and searching state and territory licensing regulations and agency contact information. Licensing requirements are frequently updated in response to new legislation, data analysis, provider feedback, and in response to new research and industry trends. This database can support licensing and Child Care and Development Fund administrators in exploring how other States and Territories have developed clear, measurable and achievable regulations to better inform child care providers and safeguard children’s health, development and well-being.

Choose a state from the map below or the list to the right. Select a State

https://childcareta.acf.hhs.gov/licensing
Topics Covered in Regulations

- Types of licensing regulations
- Facility type definitions
- Licensing exemptions
- Staff qualifications and training
- Child-staff ratios and group size (centers)
- Number of children allowed (FCC)
- Supervision of children
- Care of children
- Facility requirements
Staff Qualifications Variables

- Staff roles regulated
- Minimum age requirements
- High school diploma requirements
- Preservice qualifications

- Orientation training
- Health and safety training
- Experience requirements
- Ongoing training
- Staff health requirements
- References
Care of Children Variables

- **Health requirements**
  - Physical exams
  - Immunizations

- **Nutrition**

- **Guiding behavior and discipline**

- **Activities and equipment/materials**
  - Child development domains
Care of Children, continued

- Parent involvement
- Child assessment
- Children with special needs
- Specialized care
  - Infant and toddler care, reducing the risk of SIDS
  - School-age care
  - Care of mildly ill children
  - Evening/overnight care
  - Drop-in care
Facility Requirements Variables

- Environmental tests
- Square footage
- Condition of facility and equipment
- Safety of equipment
- Outdoor space
- Fire safety and emergency preparedness
- Security
- Transportation
- Liability and automobile insurance

- Medical care and related issues, administration of medication
- Handwashing
- Diapering
- Smoking policies
- Hazardous materials
- Firearms
- Animals in facilities
Dissemination of findings

◆ Research briefs on trends
  ▪ Look back to changes from previous studies
  ▪ Example of child care center trends

◆ Data Explorer
  ▪ 50 state data tables of key variables
    • https://childcareta.acf.hhs.gov/data
Dissemination, continued

- **Written products**
  - Contemporary issues in licensing
    - New licensing resource guide
  - Health and safety briefs
  - Visit Child Care TA website at https://childcareta.acf.hhs.gov/topics/protecting-childrens-health-and-safety

- **Presentations, webinars**
What questions do we want to answer?
Licensing study could answer with more analysis

- Does the frequency of inspections correlate to the number of enforcement actions taken?
- How does conducting abbreviated inspections impact licensing staff caseloads?
Availability of databases

- Data sets in Child Care and Early Education Research Connections
  - Child Care Licensing Survey Series
  - [http://www.researchconnections.org/childcare/series/00231](http://www.researchconnections.org/childcare/series/00231)
Minnesota is a State-Supervised, county-administered human services system.

Minnesota has 87 Counties, and 11 Tribal Governments within the state.
The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.
The Licensing Division, partnering with many others, helps to protect and to promote the health, safety, and well-being of people receiving human services and health care through informed, objective, and consistent enforcement of applicable regulations.

We are accountable to consumers and their families, communities, caregivers, providers, our partners, and elected representatives in these public and private activities.
DHS and county licensors monitor licensed child care providers in three key areas:

- health and safety;
- staff training and qualifications; and
- physical building and site.

By ensuring that providers meet minimum standards in these three areas, licensing promotes safe and nurturing child care environments.
What Licensing Monitors to Ensure Quality

The licensor monitors the program’s compliance with each health and safety requirement.

- Maintaining caregiver-to-child ratios and permissible group sizes;
- Maintaining appropriate supervision of children;
- Complying with safe sleep requirements specific to infants.
- Safely preparing and providing nutritious foods.
- Practicing safety drills for potential emergency situations.
- Safely storing and administering medications.
What Licensing Monitors to Ensure Quality

- Staff Qualifications, which may include credentialing, education requirements, experience requirements and requisite training.
- Annual Training in Required Topics,
- Group Size and Teacher/Child Ratios to ensure supervision and appropriate developmental interaction.
- Cleared background studies BEFORE having unsupervised access to children.
What Licensing Monitors to Ensure Quality

• The space used for child care is safe and clean.

• Adequate space, equipment, and supplies for the children to play, rest, and eat.

• The center or home meets applicable building and fire code requirements.

• Centers must meet health department requirements related to the preparation, handling, and serving of food.

• Programs must maintain diaper changing areas, having clean restrooms, safe cribs, and age-appropriate toys and furniture.

• Ensure the program areas are safe from potential hazards (i.e., use of fences and barriers to ensure children cannot wander into the street).
Using Licensing Data to Help Reduce Infant Deaths
Deaths in Licensed Settings Were Increasing Over Time

Deaths in Minnesota Licensed Child Care Settings, 2002-2012

1/29/2018
2012: DHS-Licensing Identified 3 Alarming Trends:

• The number of deaths was increasing, from an average of six per year prior to 2006 to more than 11 in both 2010 and 2011

• Almost all of these deaths (80 out of 83) occurred in licensed family child care homes (as opposed to licensed centers)

• 75% of the deaths (63 out of 83) occurred when the infant was in an unsafe sleep arrangement in a family child care setting
2012: Media Interest Raises Public Awareness

• Minneapolis Star Tribune noted lengthy legal action needed to revoke a child care license involving child’s death even as program continued to operate while under appeal.

• Reporters began requesting data related to deaths and wrote a Pulitzer Prize-winning series,
  
  • **THE DAY-CARE THREAT:** The number of children dying in Minnesota's licensed child-care facilities has risen sharply in the past five years, from incidents that include asphyxia, sudden infant death syndrome (SIDS) and unexplained causes.

• The series brought significant publicity to the issue, educating providers, parents and health professionals DHS legislative proposal addressing infant sleep practices.
2013: Key Infant Safe Sleep Changes Passed Into Law

• License holder must be given a doctor’s directive for anything other than a back sleeping position by an infant.

• Allows an infant who independently rolls over to remain on tummy with signed parent statement.

• Clarifies that nothing is allowed in the crib with the infant except a pacifier.

• Clarifies that the definition of “infant" as being up to the child's first birthday.

• Outlines allowable use of swaddling.

• Encourages in-person checks on sleeping infants at specific intervals.

• Encourages the use of audio or video monitoring of sleeping infants.
Downward Trend in Deaths Since 2012

Deaths in Minnesota Licensed Family Child Care Settings, 2011-2017

- 2011: 11 deaths
- 2012: 9 deaths
- 2013: 3 deaths
- 2014: 1 death
- 2015: 5 deaths
- 2016: 3 deaths
- 2017: 3 deaths
Data Enables DHS to Direct County Licensing Investigations

**DHS Licensing Unit** has central oversight of licensing activities for all 87 counties.

**County A**
- 1 death in last 3 years;
- Investigation: Safe sleep violation found

**County B**
- 1 death in last 4 years
- Investigation: Safe sleep violation found

**County C**
- 1 death in last six years
- County: “No need to investigate - accidental death.”

DHS: – Hmmmm...
75% of deaths have safe sleep violation so please begin to investigate.
Does Center Location Lead to More Violations?

Child Care Center Violations (1/1/10 to 6/30/15)
• In 2014, the Child Care and Development Block Grant Act of 2014 became law.

• This action reauthorized the law governing CCDBG for the first time since 1996 and represents an historic re-envisioning of the program.

• The changes in the new law emphasize that health and safety are the foundation of quality child care by requiring all states to conduct ANNUAL unannounced inspections.

• State licensing systems provide a vehicle to ensure that child care programs meet minimum requirements for the health, safety and well-being of children in out-of-home care.
• In 2015, Licensing Division established a Data and Policy Unit, with focus on child care.

• Minnesota, like other states, has seen a significant decline in the number of licensed in-home family child care providers.

• “Over-regulation” is frequently cited as major cause of decline and faulted for driving providers out of the business.

• Licensing Division wanted to defuse rhetoric and looked to its own licensing data to better understand the trends in licensing.
• Nearly one-third have held their license for less than five years.

• On the contrary, approximately 40% have held their license for more than 15 years.

• If current trends continue, there will not be enough new providers entering into licensure to replace the providers choosing to retire or depart from child care over the coming years.
Understanding Family Child Care Closures

Family Providers Decreasing at Different Rates Across the State

• Raises additional questions: Where are child-age population declines or increases? Are the declines in provider numbers aligned with those decreases? Or are the declines in areas of family growth and/or economic growth?

• Some decrease in provider numbers might be expected due to economic/demographic shifts.
Family License Closures Have Now Normalized

- Providers who held licenses for 2-5 years and less than 2 years represent the groups with the greatest number of closed licenses.
- Substantive regulatory changes were implemented in 2013 through 2015, suggesting some providers may have left at the outset of those changes but the increase in closures was not sustained.
Data Suggest Need to Better Support New Providers

Annual Inspections as a Way to Improve Child Care License Holder Retention

Licenses that Closed in FY 2015, by Years Active

<table>
<thead>
<tr>
<th>Years Active</th>
<th>Percentage of Licenses Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>9% 4%</td>
</tr>
<tr>
<td>1 to 4 years</td>
<td>32% 28%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>23% 15%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>13% 12%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>10% 15%</td>
</tr>
<tr>
<td>Over 20 years</td>
<td>13% 26%</td>
</tr>
</tbody>
</table>

FCCs | CCCs
Enforcement Data Points to Providers Who Struggle During Application Process

• The length of time to become licensed may be an indicator of future compliance issues. Licensed centers that were issued a negative action during their first two years of licensure took, on average, longer than the overall average to become licensed.

  • Newly licensed centers issued a fine during their first two years of licensure took 30 days longer than average to complete the application process.

  • Newly licensed centers issued a conditional and/or revocation during their first two years of licensure took 52 days longer than average.
DHS Licensing can grant a "variance" and waive or modify an existing rule. It is often time-limited.

<table>
<thead>
<tr>
<th>Child Care Center Variances Granted by Category</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>3-yr Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Qualifications</td>
<td>1,266</td>
<td>1,552</td>
<td>1,781</td>
<td>41%</td>
</tr>
<tr>
<td>Ages and Groups</td>
<td>996</td>
<td>939</td>
<td>868</td>
<td>-13%</td>
</tr>
<tr>
<td>Physical Plant/Supplies/Equipment</td>
<td>98</td>
<td>94</td>
<td>123</td>
<td>26%</td>
</tr>
<tr>
<td>Programs/Services</td>
<td>93</td>
<td>135</td>
<td>94</td>
<td>1%</td>
</tr>
<tr>
<td>Records/Administration/Other</td>
<td>18</td>
<td>5</td>
<td>24</td>
<td>33%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,471</td>
<td>2,725</td>
<td>2,890</td>
<td>17%</td>
</tr>
</tbody>
</table>
## Data: Licensing Helps Meet Workforce Needs

### Child Care Center Variances Granted by Subcategory (selected)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>3-yr Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Qualifications for Teachers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher #1</td>
<td>758</td>
<td>835</td>
<td>1,023</td>
<td>35%</td>
</tr>
<tr>
<td>Teacher #7</td>
<td>116</td>
<td>148</td>
<td>154</td>
<td>33%</td>
</tr>
<tr>
<td>Teacher #5</td>
<td>54</td>
<td>66</td>
<td>93</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Staff Qualifications for Assistant Teachers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Teacher #1</td>
<td>237</td>
<td>357</td>
<td>369</td>
<td>56%</td>
</tr>
<tr>
<td>Assistant Teacher #5</td>
<td>33</td>
<td>44</td>
<td>68</td>
<td>106%</td>
</tr>
<tr>
<td><strong>Age of Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child to be considered a toddler</td>
<td>601</td>
<td>510</td>
<td>486</td>
<td>-19%</td>
</tr>
<tr>
<td>Child to be considered a preschooler</td>
<td>194</td>
<td>236</td>
<td>199</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Age Category Grouping</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Month Maximum Range</td>
<td>93</td>
<td>85</td>
<td>87</td>
<td>-6%</td>
</tr>
</tbody>
</table>
Thank You!

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Developing a Research Agenda
Acknowledgement

This presentation draws from work that is currently underway and funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families, under the Child Care and Early Education Policy and Research Analysis (CCEEPRA) Project.

- Ivelisse Martinez-Beck, Project Officer
Child Care Licensing

- Historically viewed as the *floor or foundation* of quality

- This view of licensing as a first step toward quality is beginning to change

- Licensing beginning to be viewed as important all along the quality continuum (not just at the lower end)
Supporting Quality in ECE

- Quality Standards
- Monitoring & Supports to Maintain or Improve Quality
- Provider Quality
Licensing is part of the collection of quality standards for ECE providers

Licensing is one of several sets of quality standards (e.g., Head Start, QRIS).

Unique in that many programs are required to meet licensing to legally operate in a state/territory.
Licensing helps programs maintain or improve quality

Licensing staff monitor programs on licensing regulations
Licensing staff provide information and TA about quality
Licensing coordinates with other parts of the ECE system to support quality
Research Needed

Licensing is not typically included in ECE research—yet there are important questions to address.

ECQA Licensing Expert Panel generated some questions of interest.

Experts convened for a Licensing and Quality meeting generated research questions about licensing’s relationship with quality.
Examples of Research Questions

1. Are higher quality programs more likely to have fewer licensing violations than lower quality programs?

2. Are lower quality programs more likely than higher quality programs to experience repeat licensing violations over time?

3. Are higher quality programs able to resolve licensing violations more quickly than low-quality programs?
A Few More Examples

4. Is compliance with all licensing regulations lower when programs are monitored on an abbreviated set of regulations?

5. What’s the relationship between a providers’ participation in quality improvement activities and compliance with licensing regulations?

6. Do licensing staff in states that include more (and/or stricter) licensing requirements related to quality spend more time and effort supporting program quality improvement compared to staff in other states that do not include as many (or as strict) quality indicators?
Discussion

What research questions about state child care licensing are of most interest to you?

What are the challenges in addressing child care licensing in our research—and how can we overcome them?

How have you used child care licensing information in your research?

What are some next steps in building the research in licensing?
  ◦ How can licensing information be added to studies?
  ◦ What new studies need to be conducted?
Thank you!