Early Care and Education Virtual Inspections

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The purpose of this paper is to delineate what the key elements for virtual inspections could be given the present COVID19 pandemic. It is suggested as guidance for licensing agencies and other Early Care and Education (ECE) agencies, such as Head Start. Specific rule/standards will be suggested as well as other possible approaches to conducting virtual inspections. It should be looked upon as a companion document to go along with **NARA's (National Association for Regulatory Administration) Virtual Inspection** document (Attached to this document).

Obviously, program monitoring via virtual inspections will change the oversight and inspection function of licensing agencies and other agencies responsible for measuring compliance or performance with ECE programs. Here are the key elements and rules/standards that should be emphasized in these virtual reviews.   The focus will be on keeping children and staff healthy and safe. Rules/standards related to health and safety should be emphasized, especially those that will prevent the spread of infectious diseases.   Also rules/standards that will support and enhance mitigation efforts such as group size, staff-child ratios, square footage should be emphasized.

Specific rules/standards in the following areas:

Group size

Attendance/Enrollment

Health and Safety (especially related to the spread of infectious diseases)

Exposure time

Square footage

Drop off and Pick Up arrangements

Transportation

*Mixing of groups and small group activities*

Care for Ill Children

Fiscal Stability

If the above suggested rules/standards review does not work then an alternative approach could be one in which the virtual inspection would focus on the rules/standards in the following tool:

Thirteen ECE Key Indicators (Attached to this document)

 This tool contain statistical key predictor rules/standards that will predict overall compliance. So an agency can administer this tool virtually similar to the suggestions in **NARA's Virtual Inspection Guid**e and only follow up with those ECE programs which demonstrate non-compliance with any of the rules/standards with the 13 Key Indicators.
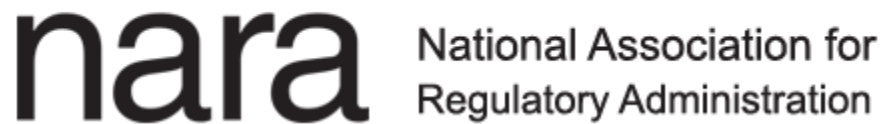
REMOTE INSPECTIONS IN CHILD CARE SETTINGS: A VIABLE ALTERNATIVE DURING EMERGENCY SITUATIONS

Abstract

This paper discusses, shares, and demonstrates the use of Remote Inspections as a means to validate and verify compliance with licensing regulations when it is unsafe or impractical to complete onsite inspections.

CONSUMER PROTECTION THROUGH PREVENTION

Contents

Introduction

The purpose of this paper is to discuss, share, and demonstrate the use of *Remote Inspections* as a means to validate and verify compliance with licensing regulations when it is unsafe or impractical to complete onsite inspections.

Onsite inspections, where the licensing staff measure compliance with licensing regulations while physically present at the licensed location, are the primary means to identify, remediate, and prevent recurrence of noncompliant conditions that could result in harm to children in care. However, conducting onsite inspections may not always be possible due to severely inclement weather, natural disasters, communicable disease pandemics, or similar unforeseeable circumstances that impede travel or in-person contact. Conducting onsite inspections during such conditions puts children, licensees, and licensing staff at risk of injury, illness, or death. Licensing oversight agencies must therefore identify and adopt alternatives to onsite inspections in child care programs[1] to ensure that the regulatory agency can meet its obligations to protect children's health and safety when onsite inspections cannot be safely conducted.

In response to the COVID-19 pandemic, several states have determined that it is in the best interest of the people supported in licensed settings to measure regulatory compliance via Remote Inspections[2] in lieu of or in addition to onsite inspections.

Remote Inspections – The Basics

Many licensing oversight agencies currently apply "offsite" techniques to supplement in-person compliance determination. These include activities such as conducting telephone interviews with witnesses or requesting abuse or medical records from a hospital which are subsequently reviewed at the agency's office. It is extremely rare that compliance or noncompliance would be determined solely through these activities; there is almost always an onsite component to the inspection process.

A true Remote Inspection, or RI, is different from the above in that:
- There is no in-person component to the inspection;
- The techniques that would normally be applied in-person at the licensed setting are applied at an offsite location such as the regulator's home or office;
- The regulator uses one or more technological mediums to complete the inspection, and

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[1] "Child care programs" includes, but is not limited to, family child care homes, group child care homes, and child care centers.
[2] Some states use the term "Virtual Inspection," or VI; the terms "Remote Inspection" and "Virtual Inspection" are synonymous for purposes of this discussion.

- There is greater active participation in the inspection process by the child care program.

In order for an RI to be completed, the following conditions must exist:
- The agency's governing statutes, regulations, and/or policies must permit "announced" inspections, or be waived on a temporary basis to allow them. In most states, some or all inspections of child care programs must be unannounced[3], that is, the program may not be informed of the inspection in advance of the inspection. Since the program acts as an intermediary for the regulator (more on this below), the program must be informed of the RI before the inspection.

- The regulator must have the hardware and software necessary to engage in real-time videotelephony or video chats.

- The child care program must have the hardware and software necessary to engage in real-time videotelephony or video chats.

The primary benefit to RIs is that essential health and safety oversight can continue in crisis situations, especially when the alternative is no oversight of any kind. The primary shortcoming of RIs is that the regulator's sensory input is limited to sight and sound – smell, touch, and the overall "feel" of a child care program are powerful indicators of compliance or suspected noncompliance that are simply not accessible through video inspections.

Compliance Measurement Techniques

The three types of compliance measurement techniques are generally categorized as follows:

- Material Examination, which involves the review of materials of any kind produced by the provider or an unrelated party that relates directly or indirectly to regulatory compliance. Materials may be in any format, including but not limited to written documents, photographs, and video footage. Examples may include health records for children and staff, background screening verifications, fire drill records, etc.

- Direct Observation, which involves viewing the premises or events in real-time to determine if regulatory compliance is achieved. This may include observing staff-

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[3] NARA *2017 Child Care Licensing Study*

to-child ratios, staff/child interaction, posted documents such as menus and classroom activities, play equipment maintenance, and so forth.

- Interaction, which means engaging in expressive or receptive communication with a person or persons responsible for complying with or impacted by the regulatory requirements, i.e. director, teachers and other staff, as well as the children themselves.

Each of the above techniques can be applied remotely when necessary.

Remote Material Examination

Any materials that would normally be requested and reviewed during an onsite inspection can be provided electronically as long as both programs and regulators have the necessary technology.

In general, there are four methods that can be used to access materials as part of the RI process:

1. The materials can be accessed through an information management system maintained by the licensing oversight agency or its parent agency.

2. The program uploads the materials to a cloud storage platform maintained by the licensing oversight agency.

3. The program uploads the materials to a program-maintained cloud storage location and grants the licensing oversight agency access to the location.

4. The program emails the materials to the licensing oversight agency.

Any combination of the above methods may be used to conduct RIs; which method(s), how they are used, and when in the inspection process they are requested and reviewed should be considered when developing RI policy and operational procedures (see "Developing a Remote Inspection Process" below).

Remote Direct Observation

The basic steps of the direct observation process during Remote Inspections are:

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1. The regulator and a child care program representative engage in real-time video chats using applications such as Skype, Teams, Google Duo, FaceTime, Zoom, GoToMeeting, etc.

2. The regulator will instruct the child care program representative to perform compliance measurement activities dictated by the reason for the inspection – in other words, the program representative acts as the regulator's intermediary through use of video chats on a mobile device. For example, a program may be asked to live-stream things such as:
   - Demonstration of handwashing techniques;
   - Validating the temperature of refrigeration;
   - Determining the availability of running water and of paper products in the bathrooms or kitchen, as applicable;
   - Verifying appropriate room temperatures;
   - Providing the location of fire extinguisher and first aid kits;
   - Scanning rooms for placement of furniture;
   - Counting numbers of children in care, by room with staff;
   - Opening cupboards, closets, and other storage areas potentially accessible to children;
   - Testing smoke detectors; and
   - Verifying safety and availability of other features such as playground equipment (closed s hooks, resilient surfacing…) and possibly transportation features – safety belts, working horn, etc., if a program offers transportation and the like.

3. The regulator will watch the stream to determine if any noncompliances exist.

4. Identified noncompliances will be documented and addressed in the same manner as if the noncompliances had been identified during an onsite inspection.

Tips for Successful Remote Direct Observation

While RI processes are still in their infancy, testing has shown that the following techniques significantly improve remote direct observation:

- Disable the regulator's webcam (i.e. the camera that allows the program to see the regulator) to improve video speed and quality.

- Recommend that the program connect the mobile device to the program's wireless internet connection to improve video speed and quality.

- Request that the program slowly pan the camera across each room upon entry to identify any conspicuous noncompliances.

Remote Interaction

Interaction is possibly the most difficult technique to conduct remotely but is a critical component of any inspection.

Do not hesitate to engage the contact person and ask questions of others encountered throughout the RI. Asking and answering questions is important and should be considered an opportunity for technical assistance, within the confines of compliance vs. noncompliance.

Part of the RI may simply be asking the contact person to stay in a room for a period of time to observe the staff and the children to determine staff-child interactions, which is an important part of child care and child development.

Additionally, some states are encouraging program staff to contact them directly if they wish to share any additional information *after* the RI by providing an email contact. This may result in addition RI activities, but should be offered as an opportunity for staff to be engaged and part of the inspection process; and should be treated similarly to any follow up that might be required as if the inspection had been conducted onsite.

The Pre-Inspection Conference

It is strongly recommended that a *pre-inspection conference* be conducted with the provider prior to conducting an RI. Pre-inspection conferences are conducted via the chosen software to be used for the RI; or simply by telephone where the regulator:

- Explains the RI process and why it is being used;

- Assures programs they are working together on the implementation of this new process;

- Identifies a point of contact and person(s) responsible for the RI at the child care program;

- Ensures the program is able to download the approved software and is comfortable using it (some training may be necessary although many applications are user-friendly and intuitive);

- Identifies the RI process steps;

- Assures the program that they may request to pause the RI at any time for clarification or other questions; and

- Schedules the date(s) the RI will be conducted.

Developing a Remote Inspection Process

There are six key process steps in developing a Remote Inspection process:

1. Policy decisions, in which the agency examines and resolves items such as:
    - The types of inspections (e.g. annual inspections, complaint investigation inspections, semiannual monitoring inspections, etc.) that can be completed remotely.
    - The types of programs eligible for remote inspections based on both practical restrictions (the program must have access to the necessary technology) and ideological restrictions (the agency may not be willing to allow a program with current or historical instances of severe noncompliance to have such an active role in the inspection process).
    - Statutes, regulations, and policies that may impact the implementation of a RI program, with particular emphasis on information technology restrictions on software use and actions that may be in conflict with the Health Insurance Portability and Accountability Act (HIPAA).

2. Software identification, in which the agency determines the best applications to use for sharing documents (such as Microsoft OneDrive, Google Docs, etc.) and live video interface (such as Skype, Teams, Facetime, Google Duo, Zoom, etc.). It is recommended that, whenever possible, multiple applications be available for use to account for:
    - Cost
    - Differences in mobile device platforms used by child care programs
    - Accessibility and ease of use

3. Development of Operational Procedures, which involves establishing how RIs will be completed in accordance with the agency's policy and application selections.

4. Testing, where the agency conducts RIs on a limited-scope basis to ensure that its policies, selected applications, and operational procedures are appropriate, and modifying same as appropriate.

5. **Training** licensing staff on the technology and operational procedures used in completing RIs.

6. **Communicating** the RI purpose and process to child care programs, including providing training and technical assistance in using the agency's selected software.

Conclusion

While the RI process was developed in direct response to the COVID-19 pandemic, and with the understanding that RI does have disadvantages, it has provided licensing oversight agencies with the opportunity to explore other options with regard to conducting future inspections. RIs should be viewed as a new tool in the regulator's toolbox as opposed to either a roadblock or replacement for all onsite inspections. This new tool can be useful moving forward as staff face other emergency situations that may preclude onsite inspection.

Once the COVID-19 pandemic has been contained, Remote Inspections should be reviewed, dissected, and determined as to their effectiveness. While NARA supports the intrinsic value of in-person, onsite inspections, there is a recognition of utilizing RI to verify or validate noncompliance items as a time-saving opportunity for staff potentially increasing the amount of time available to assist those providers that may be struggling or demonstrate borderline compliance.

After the states de-briefs on the issue of remote inspections, determines lessons learned, and identifies modifications or improvements to their process for future emergencies, NARA encourages RI information be included in the state's Continuity of Operation Plan (COOP) so states are better prepared for critical situations in the future. Finally, even though we are currently making quick decisions in a rapidly shifting environment, our goal as regulators continues to be ensuring the health and safety of vulnerable children in care. We are used to mitigating risk and balancing resources, and as such, can learn much from this experience.

A Parent's Guide

to Choosing Safe and Healthy Child Care
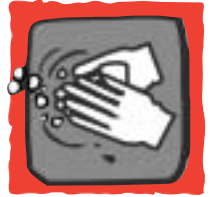
CHILD CARE

A Parent's Guide to
Choosing Safe and Healthy Child Care

More and more, research tells us that our children's healthy development depends on safe and positive experiences during the first few years of life. If you are a parent who works during these early years, choosing good child care is one of the most important decisions you will ever make for your child.

To help you make the right choice for your child, researchers have identified 13 guidelines to think about when choosing a child care program.

You might want to visit several different child care programs, either centers or family child care homes, before you decide which one is best for your family. Call each child care program and schedule an appointment for your visit. Once you are there, stay for at least an hour to watch activities, check the surroundings, and ask questions. This form provides a place for you to note which guidelines are met; the checklist below provides a place where you can make notes on up to 3 different child care programs. Research shows that if a program follows guidelines, it is more likely to be a safe and healthy place for your child.

Considering these guidelines can help you find a place where you can feel comfortable leaving your child.

Child Care
✔checklist

Supervision
✔ Are children supervised at all times, even when they are sleeping?
✔ How do the caregivers discipline children?
Hint: Discipline should be positive, clear, consistent, and fair.

Handwashing and Diapering
✔ Do all caregivers and children wash their hands often, especially before eating and after using the bathroom or changing diapers?
✔ Is the place where diapers are changed clean?
✔ Do caregivers always keep a hand on the child while diapering?
✔ Do caregivers remove the soiled diaper without dirtying any surface not already in contact with stool or urine?
✔ Do caregivers clean and sanitize the surface after finishing the changing process?
Hint: Hands should be scrubbed with soap and water for at least 10 seconds and then rinsed and dried. The water faucet should be turned off with a paper towel.

Director Qualifications
✔ Does the director of a child care center have a bachelor's degree in a child-related field?
✔ Has the director worked in child care for at least 2 years?
✔ Does the director understand what children need to grow and learn?

Lead Teacher Qualifications
✔ Does the lead teacher in a child care center have a bachelor's degree in a child-related field?
✔ Has the teacher worked in child care for at least 1 year?
✔ Does the teacher give children lessons and toys that are right for their ages?

Child:Staff Ratio and Group Size
✔ How many children are being cared for in the child care program?
✔ How many caregivers are there?

Hint: Your child will get more attention if each caregiver has fewer children to take care of. The younger the children are, the more caregivers there should be. For example, one family home caregiver should only take care of two babies.

Immunizations
✔ Is your child up-to-date on all of the required immunizations?
✔ Does the child care program have records proving that the other children in care are up-to-date on all their required immunizations?

Toxic Substances
✔ Are toxic substances like cleaning supplies and pest killers kept away from children?
✔ Has the building been checked for dangerous substances like radon, lead, and asbestos?
✔ Is poison control information posted?

Emergency Plan
✔ Does the child care program have an emergency plan if a child is injured, sick, or lost?
✔ Does the child care program have first aid kits?
✔ Does the child care program have information about who to contact in an emergency?

Fire Drills
✔ Does the child care program have a plan in case of a disaster like a fire, tornado, flood, blizzard, or earthquake?
✔ Does the child care program do practice drills once every month?

Child Abuse
✔ Can caregivers be seen by others at all times, so a child is never alone with one caregiver?
✔ Have all caregivers gone through a background check?
✔ Have the caregivers been trained how to prevent child abuse, how to recognize signs of child abuse, and how to report suspected child abuse?

Medications

✔ Does the child care program keep medication out of reach from children?

✔ Are the caregivers trained and the medications labeled to make sure the right child gets the right amount of the right medication at the right time?

Staff Training/First Aid

✔ Have caregivers been trained how to keep children healthy and safe from injury and illness?

✔ Do they know how to do first aid and rescue breathing?

✔ Have they been trained to understand and meet the needs of children of different ages?

✔ Are all child care staff, volunteers, and substitutes trained on and implementing infant back sleeping and safe sleep policies to reduce the risk of SIDS (Sudden Infant Death Syndrome, crib death)?

Hint: When infants are sleeping, are they on their backs with no pillows, quilts, stuffed toys, or other soft bedding in the crib with them?

Playgrounds

✔ Is the playground inspected for safety often?

✔ Is the playground surrounded by a fence?

✔ If there is a sandbox, is it clean?

✔ Is the playground equipment safe, with no sharp edges, and kept in good shape?

✔ Are the soil and playground surfaces checked often for dangerous substances and hazards?

✔ Is equipment the right size and type for the age of children who use it?

If you would like more information on the research of Dr. Richard Fiene that supports these health and safety guidelines, please visit these web sites: http://nrc.uchsc.edu; http://aspe.hhs.gov. The research paper, 13 Indicators of Quality Child Care: Research Update, is available on the Web at http://aspe.hhs.gov/hsp/ccquality-ind02. This Parent's Guide can be downloaded from the Internet at: http://aspe.hhs.gov and http://nrc.uchsc.edu.

For more information on choosing a safe and healthy child care setting, contact your local child care resource and referral agency by checking CHILD Care Aware, a national consumer education parent hotline and web delivery system, website: http://www.childcareaware.org or calling 1-800-424-2246, or the National Child Care Information Center (NCCIC) website: http://nccic.org or calling NCCIC at 1-800-616-2242.

Internet access is available at your public library.