Technical Detail Updates to the Fiene Key Indicator Methodology January 2015

The Key Indicator Methodology has recently been highlighted in a very significant Federal Office of Child Care publication series on Contemporary Licensing Highlights. In that Brief the Key Indicator Methodology is described as part of a differential monitoring approach along with the risk assessment methodology. Because of the potential increased interest in the Key Indicator Methodology, a brief update regarding the technical details of the methodology is warranted. For those readers who are interested in the historical development of Key Indicators I would suggest they download the resources available at the end of the paper.

This brief paper provides the technical and statistical updates for the key indicator methodology based upon the latest research in the field related to licensing and quality rating & improvement systems (QRIS). The examples will be drawn from the licensing research but all the reader needs to do is substitute "rule" for "standard" and the methodology holds for QRIS.

Before proceeding with the technical updates, let me review the purpose and conceptual underpinning of the Key Indicator Methodology. Key Indicators generated from the methodology are not the rules that have the highest levels of non-compliance nor are they the rules that place children most at risk of mortality or morbidity. Key Indicators are generally somewhere in the middle of the pack when it comes to non-compliance and risk assessment. The other important conceptual difference between Key Indicators and risk assessment is that only Key Indicators statistically predict or are predictor rules of overall compliance with all the rules for a particular service type. Risk assessment rules do not predict anything other than a group of experts has rated these rules as high risk for children's mortality/morbidity if not complied with.

Something that both Key Indicators and risk assessment have in common is through their use one will save time in their monitoring reviews because you will be looking at substantially fewer rules. But it is only with Key Indicators that you can statistically predict additional compliance or non-compliance; this is not the case with risk assessment in which one is only looking at those rules which are a state's high risk rules. And this is where differential monitoring comes into play by determining which programs are entitled to either Key Indicators and/or risk assessment for more abbreviated monitoring reviews rather than full licensing reviews (the interested reader

should see the *Contemporary Licensing Series on Differential Monitoring, Risk Assessment and Key Indicators* published by the Office of Child Care.

Technical and Statistical Framework

One of the first steps in the Key Indicator Methodology is to sort the licensing data into high and low groups, generally the highest and lowest licensing compliance with all the rules can be used for this sorting. Frequency data will be obtained on those programs in the top level (usually top 20-25%) and the bottom level (usually the bottom 20-25%). The middle levels are not used for the purposes of these analyses. These two groups (top level & the bottom level) are then compared to how each program scored on each child care rule (see Figure 1). In some cases, especially where there is very high compliance with the rules and the data are extremely skewed, it may be necessary to use all those programs that are in full (100%) compliance with all the rules as the high group. The next step is to look at each rule and determine if it is in compliance or out of compliance with the rule. This result is cross-referenced with the High Group and the Low Group as depicted in Figure 1.

Figure 1	Providers In Compliance on Rule	Programs Out Of Compliance on Rule	Row Total
Highest level (top 20-25%)	A	В	Y
Lowest level (bottom 20-25%)	С	D	Z
Column Total	W	X	Grand Total

Once the data are sorted in the above matrix, the following formula (Figure 2) is used to determine if the rule is a key indicator or not by calculating its respective Key Indicator coefficient. Please refer back to Figure 1 for the actual placement within the cells. The legend (Figure 3) below the formula shows how the cells are defined.

Figure 2 – Formula for Fiene Key Indicator Coefficient

$$\phi = (A)(D) - (B)(C) \div \sqrt{(W)(X)(Y)(Z)}$$

Figure 3 – Legend for the Cells within the Fiene Key Indicator Coefficient

A = High Group + Programs in Compliance on Specific Rule.
B = High Group + Programs out of Compliance on Specific Rule.
C = Low Group + Programs in Compliance on Specific Rule.
D = Low Group + Programs out of Compliance on Specific Rule.

W = Total Number of Programs in Compliance on Specific Rule. X = Total Number of Programs out of Compliance on Specific Rule.

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group.

Once the data are run through the formula in Figure 2, the following chart (Figure 4) can be used to make the final determination of including or not including the rule as a key indicator. Based upon the chart in Figure 4, it is best to have a Key Indicator Coefficient approaching +1.00 however that is rarely attained with licensing data but has occurred in more normally distributed data.

Continuing with the chart in Figure 4, if the Key Indicator Coefficient is between +.25 and -.25, this indicates that the indicator rule is unpredictable in being able to predict overall compliance with the full set of rules. Either a false positive in which the indicator appears too often in the low group as being in compliance, or a false negative in which the indicator appears too often in the high group as being out of compliance. This can occur with Key Indicator Coefficients above +.25 but it becomes unlikely as we approach +1.00 although there is always the possibility that other rules could be found out of compliance. Another solution is to increase the number of key indicator rules to be reviewed but this will cut down on the efficiency which is desirable and the purpose of the key indicators.

The last possible outcome with the Key Indicator Coefficient is if it is between -.26 and -1.00, this indicates that the indicator is a terrible predictor because it is doing just the opposite of the decision we want to make. The indicator rule would predominantly be in compliance with the low group rather than the high group so it would be statistically predicting overall non-compliance. This is obviously something we do not want to occur.

Figure 5 gives the results and decisions for a QRIS system. The thresholds in a QRIS system are increased dramatically because QRIS standard data are less skewed than licensing data and a

more stringent criterion needs to be applied in order to include particular standards as Key Indicators.

Figure 4 – Thresholds for the Fiene Key Indicators for Licensing Rules

Key Indicator Range	Characteristic of Indicator	Decision
(+1.00) - (+.26)	Good Predictor	Include
(+.25) – (25)	Unpredictable	Do not Include
(26) – (-1.00)	Terrible Predictor	Do not Include

Figure 5 – Thresholds for the Fiene Key Indicators for QRIS Standards

Key Indicator Range	Characteristic of Indicator	Decision
(+1.00) - (+.76)	Good Predictor	Include
(+.75) – (25)	Unpredictable	Do not Include
(26) – (-1.00)	Terrible Predictor	Do not Include

RESOURCES AND NOTES

For those readers who are interested in finding out more about the Key Indicator Methodology and the more recent technical updates as applied in this paper in actual state examples, please see the following publication:

Fiene (2014). *ECPQIM4*©: Early Childhood Program Quality Indicator Model4, Middletown: PA; Research Institute for Key Indicators LLC (RIKI). (http://drfiene.wordpress.com/riki-reports-dmlma-ecpqim4/)

In this book of readings/presentations are examples and information about differential monitoring, risk assessment, key indicators, validation, measurement, statistical dichotomization of data, and regulatory paradigms. This publication delineates the research projects, studies, presentations, & reports completed during 2013-14 in which these updates are drawn from.

Fiene Key Indicator Methodology

For those readers interested in a historical perspective to the development of the Key Indicator methodology and licensing measurement, please see the following publications (most of these publications are available at the following website (http://rikinstitute.wikispaces.com/home):

Lahti, Elicker, Zellman, & Fiene (2014). Approaches to validating child care quality rating and improvement systems (QRIS): Results from two states with similar QRIS type designs, *Early Childhood Research Quarterly*, available online 9 June 2014, doi:10.1016/j.ecresq.2014.04.005.

Fiene (2013). A Comparison of International Child Care and US Child Care Using the Child Care Aware – NACCRRA (National Association of Child Care Resource and Referral Agencies) Child Care Benchmarks, *International Journal of Child Care and Education Policy*, 7(1), 1-15.

Zellman & Fiene (2012). Validation of quality rating and improvement systems for early care and education and school-age care, Washington, D.C.: OPRE and Child Trends.

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Fiene, & Kroh (2000). Measurement tools and systems, in *Licensing Curriculum*, National Association for Regulatory Administration, Minneapolis, Minnesota.

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Fiene (1991). New early childhood research, evaluation and training program has impact on Pennsylvania for the 1990's, *Dimensions*, Fall, 4.

Fiene (1988). Human services instrument based program monitoring and indicator systems, in *Information Technology* and the Human Services, B. Glastonburg, W. LaMendola, & S. Toole, editors, Chichester, England: John Wiley and Sons.

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Fiene (1987). The indicator system, in *Evaluation and outcome monitoring*, H. Hornby, editor, Portland, Maine: University of Southern Maine.

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Fiene (1987). Indicator checklist system, in *Maximizing the Use of Existing Data Systems*, Portland, Maine: University of Southern Maine.

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Morgan, Stevenson, Fiene, & Stephens (1986). Gaps and excesses in the regulation of child day care, *Reviews of Infectious Diseases--Infectious Diseases in Child Day Care: Management and Prevention*, 8(4), 634-643.

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