



# RESEARCH REPORT

## Minnesota Family Child Care Key Indicator Study

### Abstract

This report provides the results from the Minnesota Family Child Care Licensing Key Indicator Study which dealt with over 2000 sites. The study was unique in the level of data skewness, the need for dichotomization of the data base, the elimination of false negatives, the increased effect size, and the stringent p values.

Richard Fiene, Ph.D.

# **Updating the Licensing Key Indicator Methodology for Very Skewed Data: The Minnesota Family Child Care Study**

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## **INTRODUCTION**

This report will describe the Minnesota Family Child Care Licensing Key Indicator Study completed in 2019. This study was very unique in utilizing several advancements in the Key Indicator Methodology. The first major change is dealing with the full population of family child care sites and not needing to select samples. Over 2000 sites were in the data base (over 17MB) with over 400 rules. Only full reviews were included in the analyses.

The second enhancement was the utilization of data dichotomization. This statistical technique has been used in the past with great success and has been recommended as the best model in determining licensing key indicators because of their skewed data distributions and nominal measurement scale. Within this study, this model was tested against other data base models and it was clearly determined that the 25/50/25 data dichotomization model was the best analytical model to use with these very skewed data. The data distribution from Minnesota family child care is one of the most skewed data distributions analyzed to date by this researcher and is in the Early Childhood Program Quality Improvement and Indicator Model (ECPQI2M).

The third enhancement was the use of full compliance (100% compliance with all rules) as defining the high group in the Key Indicator 2 x 2 Matrix. By utilizing this criterion it dramatically reduces the false negatives to practically zero. When dealing with population data, it is highly recommended in going forward with these types of data analyses to utilize this criterion. With sampled data, it may not be possible to be this stringent.

The fourth enhancement which added to the stringent threshold was placing the p value at .0001 which reduced the number of licensing key indicators to only those that were most significant. This along with a very large effect size (.40+) has increased the thresholds for inclusion as licensing key indicators. In the past a .25+ coefficient has always been the threshold. But with the increased use of population data, this can be increased.

All of these above enhancements are highly recommended for future licensing key indicator research and analyses. It helps to really make the methodology more stable and stringent giving a more conservative estimate with the population data distributions.

## RESULTS

Here are the results from the analyses performed on the full data distribution. There are 26 key indicator rules out of a total of over 400 rules which represents approximately 5% of all the rules. This is within the typical range of key indicator rule identification, albeit on the lower end (5-10%).

<b>Rule</b>	<b>Brief Description</b>	<b>Phi Coefficient</b>
1184	Written Policies: Non-Discriminatory	.41
1185	Fire Drill Log: Ill Children	.41
1186	Fire Drill Log	.41
1190	Plans for Helper Emergencies	.41
1192	Complete Copy of Family Child Care Rules	.45
1193	Insurance Coverage	.41
1268	Self Closing Garage Door	.59
1297	Water Temperature	.54
1501	Training	.50
1504	First Aid Training w/I two Years	.41
1515	Sudden Infant Death Training	.51
1520	Sixteen Hours of Training Each Year	.55
1523	Training Supervision Safety	.53
1526	Information for Child's Record	.47
1529	Admission/Arrangement Forms Signed	.60
1530	Child's Name and Date of Birth	.42
1532	Home Address	.51
1533	Physician Contact for Emergencies	.66
1534	Case for Emergencies	.41
1536	Enrollment Dates	.52

### **Key Indicator Rules (cont)**

<b>Rule</b>	<b>Brief Description</b>	<b>Phi Coefficient</b>
1537	Financial Arrangements	.64
1538	Insurance	.61
1543	Toilet Training	.45
1554	Crib Information	.44
1555	Makes Available to Parents	.41
2028	Immunizations Records	.51

### **DISCUSSION**

Although there were some limitations in dealing with this very skewed data distribution, there was a good deal of overlap with the ECPQIM International Data Base with several of the licensing key indicators being present on both (Immunizations, First Aid Training, Fire Drills, Toilet Training Rules). However, Minnesota licensing staff should pay particular attention to the reliability and validity of their monitoring system to ascertain overall face validity of their licensing system. Validation studies as outlined by Stevens & Fiene (2019) would be an appropriate next step.

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## Appendices

### *Definitions:*

**Risk Assessment (RA)** - a differential monitoring approach that employs using only those rules, standards, or regulations that place children at greatest risk of mortality or morbidity if violations/citations occur with the specific rule, standard, or regulation.

**Key Indicators (KI)** - a differential monitoring approach that employs using only those rules, standards, or regulations that statistically predict overall compliance with all the rules, standards, or regulations. In other words, if a program is 100% in compliance with the Key Indicators the program will also be in substantial to full compliance with all rules, standards, or regulations. The reverse is also true in that if a program is not 100% in compliance with the Key Indicators the program will also have other areas of non-compliance with all the rules, standards, or regulations.

**Differential Monitoring (DM)** - this is a relatively new approach to determining the number of visits made to programs and what rules, standards, or regulations are reviewed during these visits. There are two measurement tools that drive differential monitoring, one is Weighted Risk Assessment tools and the other is Key Indicator checklists. Weighted Risk Assessments determine how often a program will be visited while Key Indicator checklists determine what rules, standards, or regulations will be reviewed in the program. Differential monitoring is a very powerful approach when Risk Assessment is combined with Key Indicators because a program is reviewed by the most critical rules, standards, or regulations and the most predictive rules, standards, or regulations. See Appendix which presents a **Logic Model & Algorithm for Differential Monitoring (DMLMA®)**(Fiene, 2012).

**Early Childhood Program Quality Indicator Model (ECPQIM)** – these are models that employ a key indicator or dashboard approach to program monitoring. Major program monitoring systems in early care and education are integrated conceptually so that the overall early care and education system can be assessed and validated. With these models, it is possible to compare results obtained from licensing systems, quality rating and improvement systems (QRIS), risk assessment systems, key indicator systems, technical assistance, and child development/early learning outcome systems. The various approaches to validation are interposed within this model and the specific expected correlational thresholds that should be observed amongst the key elements of the model are suggested. Key Elements of the model are the following (see Appendix for details): CI = state or federal standards, usually rules or regulations that measure health and safety - **Caring for Our Children or Head Start Performance Standards** will be applicable here. PQ = Quality Rating and Improvement Systems (QRIS) standards at the state level; **ERS (ECERS, ITERS, FDCRS), CLASS, or CDPES** (Fiene & Nixon, 1985). RA = risk assessment tools/systems in which only the most critical rules/standards are measured. Stepping Stones is an example of this approach. KI = key indicators in which only predictor rules/standards are measured. The **Thirteen Indicators of Quality Child Care** is an example of this approach. DM = differential monitoring decision making in which it is determined if a program is in compliance or not and the number of visits/the number of rules/standards are ascertained from a scoring protocol. PD = technical assistance/training and/or professional development system which provides targeted assistance to the program based upon the DM results. CO = child outcomes which assesses how well the children are developing which is the ultimate goal of the system. Please see the following Appendix for the **Logic Model and Algorithm**.

## *Algorithms and Logic Model:*

### **Theory of Regulatory Compliance Algorithm (Fiene KIS Algorithm)**

- 1)  $\Sigma R = C$
- 2) Review C history x 3 yrs
- 3)  $NC + C = CI$
- 4) If  $CI = 100 \rightarrow KI$
- 5) If  $KI > 0 \rightarrow CI$  or if  $C < 100 \rightarrow CI$
- 6) If  $RA (NC\% > 0) \rightarrow CI$
- 7)  $KI + RA = DM$
- 8)  $KI = ((A)(D)) - ((B)(E)) / \sqrt{(W)(X)(Y)(Z)}$
- 9)  $RA = \Sigma R1 + \Sigma R2 + \Sigma R3 + \dots \Sigma Rn / N$
- 10)  $(TRC = 99\%) + (\phi = 100\%)$
- 11)  $(CI < 100) + (CIPQ = 100) \rightarrow KI (10\% CI) + RA (10-20\% CI) + KIQP (5-10\% \text{ of } CIPQ) \rightarrow OU$

#### **Legend:**

R = Rules/Regulations/Standards

C = Compliance with Rules/Regulations/Standards

NC = Non-Compliance with Rules/Regulations/Standards

CI = Comprehensive Instrument for determining Compliance

$\phi$  = Null

KI = Key Indicators;  $KI \geq .26$  Include;  $KI \leq .25$  Null, do not include

RA = Risk Assessment

$\Sigma R1$  = Specific Rule on Likert Risk Assessment Scale (1-8; 1 = low risk, 8 = high risk)

N = Number of Stakeholders

DM = Differential Monitoring

TRC = Theory of Regulatory Compliance

CIPQ = Comprehensive Instrument Program Quality

KIPQ = Key Indicators Program Quality

OU = Outcomes

A = High Group + Programs in Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

B = High Group + Programs out of Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

E = Low Group + Programs in Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

D = Low Group + Programs out of Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

W = Total Number of Programs in Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

X = Total Number of Programs out of Compliance on Specific Compliance Measure ( $R1 \dots Rn$ ).

Y = Total Number of Programs in High Group ( $\Sigma R = 98+$ ).

Z = Total Number of Programs in Low Group ( $\Sigma R \leq 97$ ).

High Group = Top 25% of Programs in Compliance with all Compliance Measures ( $\Sigma R$ ).

Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures ( $\Sigma R$ ).

# DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2012): A 4<sup>th</sup> Generation ECPQIM – Early Childhood Program Quality Indicator Model

$$CI \times PQ \Rightarrow RA + KI \Rightarrow DM + PD \Rightarrow CO$$

Definitions of Key Elements:

CI = Comprehensive Licensing Tool (Health and Safety)(*Caring for Our Children*)

PQ = *ECERS-R, FDCRS-R, CLASS, CDPES* (Caregiver/Child Interactions/Classroom Environment)

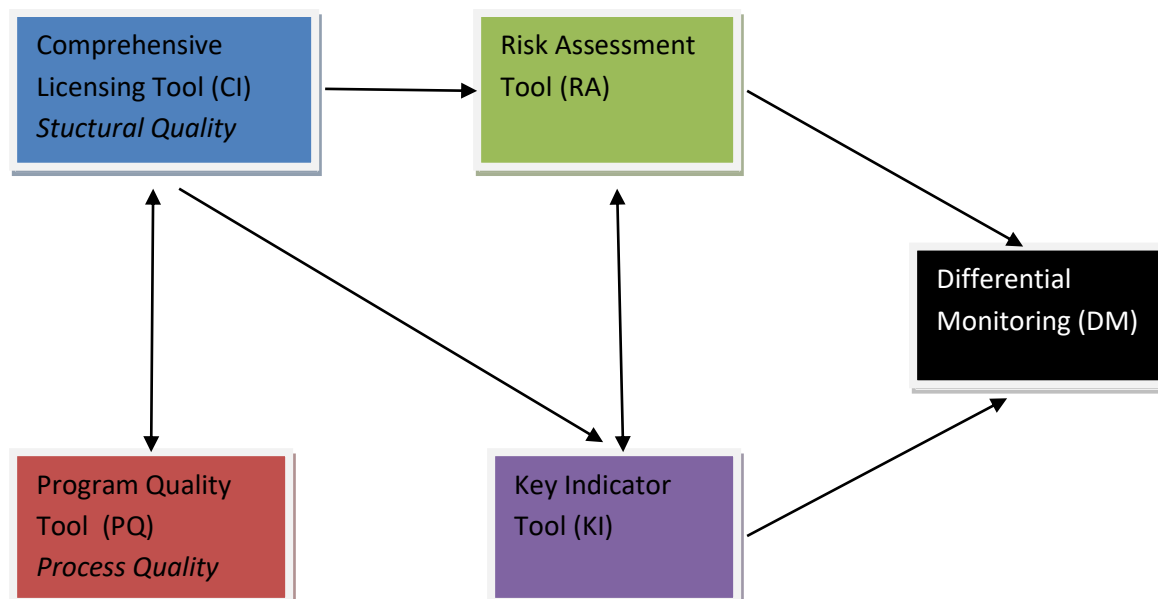
RA = Risk Assessment, (High Risk Rules)(*Stepping Stones*)

KI = Key Indicators (Predictor Rules)(*13 Key Indicators of Quality Child Care*)

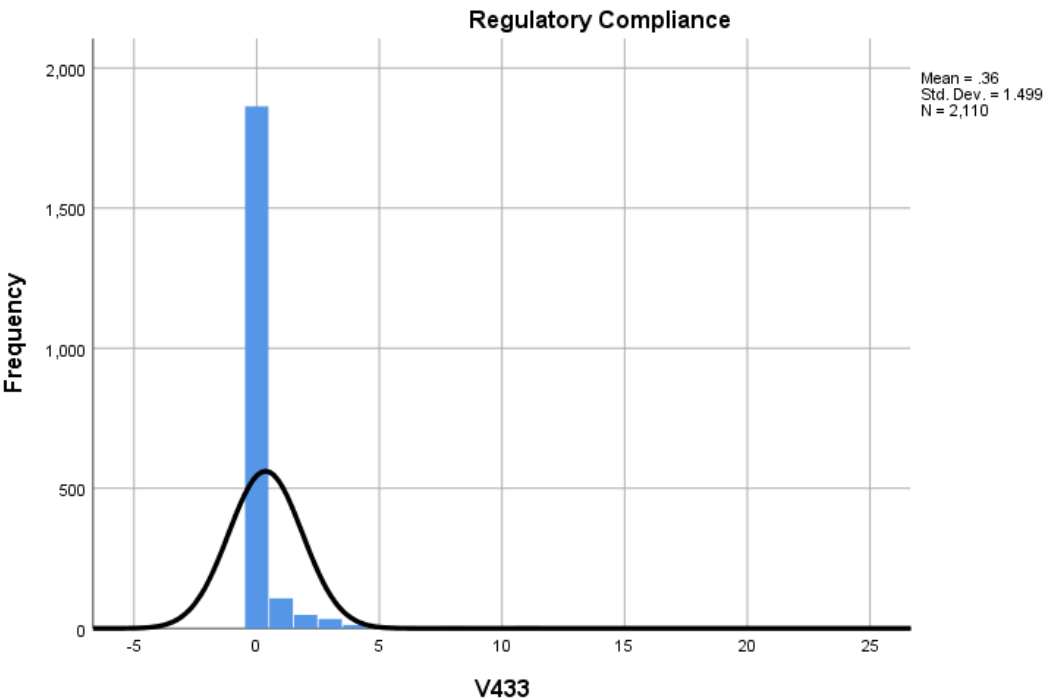
DM = Differential Monitoring, (How often to visit and what to review)

PD = Professional Development/Technical Assistance/Training

CO = Child Outcomes (See Next Slide for PD and CO Key Elements)



Data Distribution Graphic:





# Family Child Care Licensing Checklist

Date(s) of Review: \_\_\_\_\_

License #: \_\_\_\_\_

Program Name: \_\_\_\_\_

Licensors Name(s): \_\_\_\_\_

Program Address: \_\_\_\_\_

Li=Licensing/Re-Licensing Inspection; Of=Off-Year Inspection; Ch=Change of Premise Inspection; Pr=Pre-Licensing Visit; Ba=Back Office

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
				x	9502.0315, subpart 22	Preschooler Preschooler has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (e).				
				x	9502.0315, subpart 24	Provider Provider means the license holder and primary caregiver.				
				x	9502.0315, subpart 25	Related Related has the meaning given in Minnesota Statutes, section 245A.02, subdivision 13.				
				x	9502.0315, subpart 26	Regularly or Regular Basis Regularly or regular basis means a cumulative total of more than 30 days within a 12-month period.				
				x	9502.0315, subpart 27	Residence Residence means the dwelling unit, as defined by section 405 of the State Building Code, in which day care is provided and which is occupied as a home.				
				x	9502.0315, subpart 28	School-age School-age has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (f).				
				x	9502.0315, subpart 28.a	State Building Code State building code means those codes and regulations adopted by the commissioner of administration in accordance with Minnesota Statutes, section 326B.101 and contained in chapter 1300.				
				x	9502.0315, subpart 29	Substitute A substitute is an adult at least 18 years of age who assumes the responsibility of the provider as specified in part 9502.0365, subpart 5.				
				x	9502.0315, subpart 29.a	Supervision Supervision means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child. For a school-age child, it means a caregiver being available for assistance and care so that the child's health and safety is protected.				
				x	9502.0315, subpart 30	Toddler Toddler has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (d).				
				x	9502.0315, subpart 31	Variance A variance is written permission by the commissioner for a provider or applicant to depart from the provisions of parts				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
				x	9502.0335, subpart 2.D	Professional Health Evaluation The commissioner or agency may require, prior to licensure, or anytime during the licensed term of day care, a physical, mental illness, or chemical dependency or abuse evaluation of any caregiver or person living in the residence or present during the hours children are in care if the agency has reasonable cause to believe that any of the disqualification factors in subpart 6, item A, exist, or that the provider is not physically able to care for the children.				
				x		Use or Abuse of Drugs/Alcohol/Substances Has or May Have a Negative Effect - an applicant or provider abuses prescription drugs or uses controlled substances or alcohol that has or may have a negative effect on the ability of the provider to give care				
				x		Use or Abuse of Drugs/Alcohol/Substances During Child Care Hours - the applicant's or provider's abuse of prescription drugs or use of controlled substances or alcohol is apparent during the hours children are in care				
				x		Verified Abstinence - all caregivers who have abused prescription drugs or have been dependent on controlled substances or alcohol, such that the use, abuse, or dependency has had a negative effect on the ability to give care, was apparent during the hours children are in care. All caregivers who have abused prescription drugs or have been dependent on controlled substances or alcohol, such that the use, abuse, or dependency has had a negative effect on the ability to give care, was apparent during the hours children are in care, or required treatment or therapy, must have 12 months of verified abstinence before licensure				
				x	9502.0335, subpart 6.C	Disqualification Factors - Failure to Consent An individual subject to a background study refuses to give written consent for the disclosure of criminal history records.				
				x	9502.0335, subpart 6.D	Disqualification Factors - DQ An applicant or provider has a DQ under MS 245C.15, that has not been granted a variance or set-aside.				
			x	x	9502.0335, subpart 6.E	Disqualification Factors - Child in Foster Care An applicant or provider has had a child placed in foster care within the past 12 months and the agency determined that the reasons for placement reflect on the ability of the provider to give care.				
			x	x	9502.0335, subpart 6.F	Disqualification Factors - Child in Residential Treatment An applicant or provider has had a child placed in residential				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
				x	9502.0315, subpart 6	Caregiver A caregiver is the provider, substitute, helper, or another adult giving care in the residence.				
Licensed Capacity, Ratios, and Age Distributions										
					9502.0365, subpart 1	Capacity Limits Family day care and group family day care providers comply with part 9502.0367, which limits the total number of children and the number of preschoolers, toddlers, and infants who may be in care at any one time, and provides for the number of adults who are required to be present.				
x	x		x		9502.0365, subpart 1.A	Capacity Limits - # of Children The provider is licensed for the total number of children, ten years of age or younger, who are present in the residence at any one time. The licensed capacity includes all children of any caregiver when the children are present in the residence.				
x	x		x		9502.0365, subpart 1.B	Capacity Limits - Age of Children The provider adhered to the age distribution restrictions that specify the number of children under school-age, infants, and toddlers who are in care.				
				x	9502.0365, subpart 2	Specialized Infant and Toddler Care In specialized infant and toddler group family day care programs, the caregivers are all adults.				
				x	9502.0365, subpart 3	Newborn care When a newborn is in care and only one adult caregiver is present, the newborn is the only child under 12 months of age.				
				x	9502.0365, subpart 3	Newborn Care-Other Children When a newborn is in care and only one adult caregiver is present, the provider is not caring for more than two other children at the same time.				
				x	9502.0365, subpart 4	Helpers The use of a helper instead of a second adult caregiver is limited to times when there is no more than one infant or toddler present.				
				x	9502.0365, subpart 5	Supervision - Primary Caregiver The licensed provider is the primary provider of care in the residence.				
x	x		x		9502.0365, subpart 5	Supervision by a Caregiver Children in care are supervised by a caregiver.				
x	x		x		9502.0365,	Supervision - Use of a Substitute				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
					subpart 5	Use of a substitute caregiver is limited to a cumulative total of not more than 30 days in any 12-month period.				
x	x		x		9502.0367;9502.0365	Ratios/Age Distribution All providers must follow ratios for the number of children to adults and restrictions to the distribution of the ages of children in care.				
x	x		x		9502.0367, A	Licensed Capacity - Family (A) A family day care provider cares for no more than 10 children at a time.				
x	x		x			no more than 6 under school-age - a family day care provider cares for no more than 6 children under school-age at a time				
x	x		x			combined, no more than 3 infants/toddlers - of the total children under school-age, a family day care provider cares for no more than three infants and toddlers at a time				
x	x		x			no more than 2 infants - of the total children under school-age, a family day care provider cares for no more than two infants at a time				
x	x		x		9502.0367, B.1	Licensed Capacity - Specialized Infant and Toddler Care (B1) A specialized infant and toddler family day care provider (B1) cares for no more than 5 children at a time.				
x	x		x			no more than 3 under school-age - a specialized infant and toddler family day care provider (B1) cares for no more than 3 children under school-age at a time				
x	x		x			no more than 3 infants - a specialized infant and toddler family day care provider (B1) cares for no more than 3 infants at a time				
x	x		x		9502.0367, B.2	Licensed Capacity - Specialized Infant and Toddler Care (B2) A specialized infant and toddler family day care provider (B2) cares for no more than 6 children at a time.				
x	x		x			no more than 4 under school-age - a specialized infant and toddler family day care provider (B1) cares for no more than 4 children under school-age at a time				
x	x		x			no more than 2 infants - a specialized infant and toddler family day care provider (B1) cares for no more than 2 infants at a time				
x	x		x		9502.0367, C.1	Licensed Capacity - Group Family Day Care (C1)				





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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
			x	x		Immediately notified agency of suspected abuse/neglect The provider immediately notified the agency of any suspected physical or sexual abuse or neglect				
			x	x		Within 48 hours notified agency of request for service from fire dept Within 48 hours, after the occurrence of a fire that requires the service of a fire department, the provider notified the agency				
			x	x		Immediately notified agency of serious injury/death of child in care The provider immediately notified the agency after the occurrence of any serious injury or death of a child				
x	x				9502.0375, subpart 2	Other Reporting (Fix-It Ticket) Within 30 days, the provider notified the agency that a household member has moved out.				
Behavior Guidance										
x			x	x	9502.0395, subpart 1	Behavior Guidance - Methods Guidance provided by caregivers helps each child acquire a positive self-concept, self-control, and teaches acceptable behavior.				
x			x	x	9502.0395, subpart 1.A	Behavior Guidance - Parental Input The provider discusses methods of behavior guidance with parents at the time of admission and considers the parents' input when providing behavior guidance to each child.				
x			x	x	9502.0395, subpart 1.B	Behavior Guidance - Style Behavior guidance provided by caregivers is constructive, positive, and suited to the age of the child and includes methods of intervention, guidance, and redirection.				
x			x	x	9502.0395, subpart 2	Behavior Guidance - Standards All caregivers followed the standards when guiding the behavior of children.				
			x	x		A. Children are free of corporal punishment/emotional abuse A. All children are free of corporal punishment and emotional abuse				
			x	x		B. food, light, warmth, clothing, and medical care provided to each child B. Food, light, warmth, clothing, and medical care are provided to each child				
		x	x	x		C. Discipline and punishment by caregivers not other children C. Discipline and punishment of children in care is administered				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x		x	x			Safe and Good Repair - safe and in good repair				
x	x				9502.0415, subpart 3	Equipment (Fix-It Ticket) The equipment is safe and in good repair.				
x	x	x	x		9502.0415, subpart 4	Newborn and Infant Activities Newborns and infants are cared for as required.				
x		x	x			A. Provider holds while bottle feeding until independent A. The provider holds the infant or newborn during bottle feedings until the child is able to hold the bottle independently				
x		x	x			B. Responsive to infant/newborn communication B. The provider responds to the infant's or newborn's attempts to communicate				
x	x	x	x			C. Freedom of Movement C. To the extent that safety and weather permits, the provider allows freedom of movement to the infant or newborn during a large part of the waking day. This is evidenced by allowing all infants and newborns to spend part of each day outside of a crib/infant seat				
x		x	x			D. Stimulate the Senses D. The provider offers a variety of activities and objects to the infant or newborn that stimulates the child's senses through sight, touch, scent, sound, and taste				
x	x	x	x			E. Provider offers activities to develop skills E. The provider offers activities to the infant or newborn that develop the child's manipulative and fine motor skills, self-awareness, and social responsiveness				
x			x		9502.0415, subpart 5	Newborn and Infant Equipment The provider has the following pieces of equipment for each infant/newborn child in care:				
x			x			A. Infant seat or high chair for each infant/newborn A. An infant seat or high chair				
x			x			B. Crib for each infant/newborn B. A crib, portable crib, or playpen with waterproof mattress or pad that complies with MR 9502.0425, subpart 9				
x	x	x	x		9502.0415, subpart 6	Toddler Activities Toddlers are cared for as required.				
x		x	x			A. Freedom of Movement A. The provider allows freedom of movement and freedom to				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						explore outside the crib or playpen				
x		x	x			B. Language development is encouraged B. Language development is encouraged by speaking to, listening to, and interacting with each toddler				
x	x	x	x			C. Large Muscle Activities C. The provider offers large-muscle activities to toddlers				
x	x	x	x			C. Small Muscle Activities C. The provider offers activities which develop the toddler's small muscles and manipulative skills				
x		x	x			D. Picture books shown/story books read to toddlers D. The provider looks at picture books or reads stories to the toddlers				
x		x	x			E. Stimulate the Senses E. The provider offers a variety of activities and objects to the toddler child that stimulate the child's senses through sight, touch, scent, sound, and taste				
x			x		9502.0415, subpart 7	Toddler Equipment The provider has a mat, crib, cot, bed, sofa, or sleeping bag for each toddler child in care.				
x	x	x	x		9502.0415, subpart 8	Preschooler Activities Preschoolers are cared for as required.				
x		x	x			A. Encourage Conversation A. Encourages conversations between the preschooler and other children and adults				
x		x	x			B. Time to play near and with other children B. Ensures preschoolers have an opportunity to play near and with other children				
x		x	x			B. Space to play alone and in groups B. Ensures preschoolers have time and space to play alone and in groups				
x		x	x			B. Experience quiet time, rest time, talk time B. Ensures preschoolers have the opportunity to experience quiet time, rest time, and time to talk				
x		x	x			B. Allow for unplanned time and individual play time B. Ensures preschoolers have unplanned time and individual play time				
x		x	x			C. Fosters understanding personal/peer feelings. Allows				



Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						constructive expression of feelings C. Fosters an understanding of personal and peer feelings and actions and allows for the constructive release of feelings and anger through discussion or play				
x		x	x			D. Assists with toileting D. Offers assistance in toileting				
x		x	x			D. Time to build self-help skills D. Allows time to carry out self-help skills				
x		x	x			D. Opportunity to put toys away and help around house D. Ensures preschoolers have an opportunity to be responsible for activities like putting away play equipment and helping around the house				
x		x	x			E. Decision making E. Ensures preschoolers have the opportunity to make decisions about daily activities and to take credit for the consequences of decisions				
x	x	x	x			F. Large muscle activities F. Ensures preschoolers have time and areas for age appropriate large muscle play				
x	x	x	x			G. Small muscle activities G. Offers learning, small muscle, manipulative, creative or sensory activities				
x		x	x			H. Read stories/books and talk about new words/ideas H. Reads stories, looks at books together, and talks about new words and ideas with the preschool-aged child				
x		x	x		9502.0415, subpart 9	Preschooler equipment The provider has a mat, bed, cot, sofa, or sleeping bag for each preschooler in care				
x	x	x	x		9502.0415, subpart 10	School-age activities School- age children are cared for as required.				
x		x	x			Personal expression Offers opportunities for individual discussion about the happenings of the day and planning for activities				
x	x	x	x			Large muscle activities Offers space and opportunities for games, activities, or sports that use their whole body and when permitted by the weather, occur outdoors				
x		x	x			Space for individual rest/quiet time				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						Offers space and opportunity for individual rest and quiet time				
x		x	x			Freedom and responsibilities Allows increased freedom as the child demonstrates increased responsibility				
x		x	x			Experiences with peers Offers opportunities for group experiences with other children				
x		x	x			Skill-building Offers opportunities to develop or expand self-help skills or real-life experiences				
x		x	x			Learning and art Offers opportunities for creative and dramatic activity, arts and crafts, or field trips				
			x	x	9502.0415, subpart 12	Written permission for school-agers to participate in activities away from the residence The provider obtains written permission from the parent to allow a school-age child in care to participate in activities away from the residence.				
x	x	x	x		9502.0415, subpart 3	Amt of Equipment The quantity of equipment is adequate based on the number and ages of children in care.				
Physical Environment										
x		x			9502.0425, subpart 1	35 square feet indoors per child A minimum of 35 square feet of usable indoor space is available for each child.				
		x	x		9502.0425, subpart 1.B	Basement Use The basement was inspected by a Fire Marshal prior to use				
x		x	x		9502.0425, subpart 1.B	Basement Is Safe The basement is free of hazard				
x		x	x		9502.0425, subpart 1.B	Basement Exit The basement is used for childcare and has at least two exits				
x		x	x		9502.0425, subpart 2	Outdoor Play Space Size There is adequate outdoor play space including at least 50 square feet per child in attendance.				
		x	x		9502.0425, subpart 2	Outdoor Play Space Proximity The outdoor play space is adjacent to the residence for regular use or is a park, playground, or play space that is within 1500				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x		x	x		9502.0425, subpart 7.E	Separate Utility Areas The furnace, water heater and workshop are inaccessible to children.				
x		x	x		9502.0425, subpart 7.E	Furnace Ventilation There is allowance for air circulation to the furnace				
		x	x		9502.0425, subpart 7.F	Proper Ventilation of Heat/Gas Sources Ventilation of usable space must meet the requirements of State Building Code				
x		x	x		9502.0425, subpart 7.F	Screens on Exterior Doors/Windows Exterior doors and windows used for ventilation in summer months are screened when biting insects are prevalent.				
x	x	x	x		9502.0425, subpart 8	Indoor Air Temp Indoor air temperature is a minimum of 62 degrees Fahrenheit				
x	x				9502.0425, subpart 8	Indoor Air Temp (Fix-It Ticket) Indoor air temperature is a minimum of 62 degrees Fahrenheit.				
x	x	x	x		9502.0425, subpart 10	Stairway Safety Stairway safety				
x		x	x			A. Three or More Steps - Handrails A. All stairways, both indoors and outdoors, with three or more steps are equipped with handrails				
x		x	x			B. Handrail/Stair Tread Area Enclosed Properly B. The area between the handrail and the stair tread are enclosed properly				
		x	x			B. Back of the Stair Riser Enclosed B. The back of the stair riser is enclosed				
x	x	x	x			C. Gate on Stairway - 6 to 18 Mo C. A gate, barrier, or door on your stairways is in use when children between 6 and 18 months of age are in care				
x	x	x	x			D. Stairs Are Well Lit and Safe D. Stairways are well-lit, in good repair, and free of clutter and obstruction				
x	x				9502.0425, subpart 10	Stairway Safety (Fix-It Ticket) Stairways are free of clutter and obstruction.				
x		x	x		9502.0425, subpart 11	Deck Safety Deck Safety				
x		x	x			Deck Guard Rail Height				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x		9502.0435, subpart 4	Toxic Substances are Inaccessible Toxic substances are inaccessible.				
x	x	x	x			Toxic Substances are Inaccessible Other toxic substances are inaccessible to children				
x		x	x			Toys are Free of Lead Equipment or toys which are mouthed or may be chewed must be free of lead-based paint				
x		x	x			Chemicals/Detergents are Inaccessible All chemicals and detergents are inaccessible to children in care				
x		x	x			Poisonous Plants are Inaccessible Poisonous plants are inaccessible to children in care				
x		x	x			Alcoholic Beverages are Inaccessible Alcoholic beverages are inaccessible to children in care				
x		x	x			Toxic Substances Not Stored by Food All toxic substances are stored away from food products				
x		x	x			Medicines and/or Vitamins are Inaccessible Medicines and/or Vitamins are inaccessible to children in care				
x		x	x			Toys/Equipment with Chipped, Cracked, or Peeling Paint Test Lead-Free Toys and equipment with chipped, cracked, or peeling paint must be tested to verify the absence of lead or be replaced				
x	x	x	x		9502.0435, subpart 5	Firearms All firearms were:				
x	x	x	x			Unloaded - unloaded				
x	x	x	x			Inaccessible to Children - inaccessible to children				
x	x	x	x			Firearms are Stored Separately from Ammunition - stored separately from ammunition				
x	x	x	x			Stored in Locked Area - stored in a locked area				
x	x	x	x		9502.0435, subpart 5	Ammunition storage Ammunition was stored in a locked area				
x	x	x	x		9502.0435,	Hazardous Activity Materials are Out of Reach				



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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x			Smoke Detector and Fire Extinguisher Location - identifies where smoke detectors and fire extinguishers are located				
x	x	x	x			Monthly Fire/Tornado Drills - includes a plan for monthly fire and tornado drills				
x	x	x	x			Escape Routes to Outside - includes escape routes to the outside from all levels used by children				
x	x	x	x		9502.0435, subpart 9	Safe Transportation of Children LH provides safe transportation as part of the child care services.				
x	x	x	x			A. Use of Safety Seat, Seat Belt, or Harness A. Children are fastened in a safety seat, seat belt, or harness appropriate to the child's weight				
x	x	x	x			B. Proper Use of Vehicle Restraint System A. The vehicle restraint is installed and is used in accordance with the manufacturer's instructions				
x	x	x	x			C. Licensed Vehicle C. Vehicle is licensed according to state law				
x	x	x	x			C. Drivers License C. Driver of the vehicle has a current, valid driver's license				
x	x	x	x			D. Written Permission to Transport D. Prior to transporting a child, written permission to transport was obtained from each child's parent(s)				
x	x	x	x			E. Supervised While in Vehicle E. LH ensures that no child is permitted to remain unattended in any vehicle				
x		x	x		9502.0435, subpart 10	Separate Hygiene Items Each child uses a separate towel, wash cloth, drinking cup, comb, and other personal articles.				
x		x	x		9502.0435, subpart 11	Bedding Each child is provided with clean and separate bedding				
x		x	x	x	9502.0435, subpart 12	Pets Pets that are housed within the residence are in good health and maintained as required.				
x		x	x			Pet Type Pets are limited to dogs, cats, fish, guinea pigs, gerbils, rabbits,				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x			A. Diaper Supply A. An adequate supply of clean diapers is available for each child				
x	x	x	x			A. Diaper Supply Storage A. Clean diapers are stored in a clean place that is inaccessible to children				
x	x	x	x			A. Cloth Diaper Covers A. Parents who have provided cloth diapers have also provided outer plastic pants for each fecally soiled diaper change				
x	x	x	x			A. Cloth Diapers Labeled A. Unless supplied by a commercial diaper service, cloth diapers and plastic pants are labeled with the child's name when provided by the child's parent(s)				
x	x	x	x			B. Diapers Clean and Dry B. All diapers and clothing are changed when wet or soiled				
x	x	x	x			C. Soiled Disposable Diaper Container C. A covered diaper disposal container is located in the diaper changing area				
x	x	x	x			C. Lined Disposable Diaper Container C. The disposable diaper container is lined with a disposable plastic bag				
x	x	x	x			C. Emptied Disposable Diaper Container C. The disposable diaper container is emptied when full, and at least daily				
x	x	x	x			D. Diapering Location D. Diapering occurs in a non-food preparation area				
x	x	x	x			D. Non-Absorbent Surface D. Diaper changing area is covered with a smooth, nonabsorbent surface				
x	x	x	x			D. Diaper Surface Cleaning When Wet/Soiled D. Prior to following disinfection procedures, a non-disposable diaper changing surface that is wet or soiled is cleaned with a solution of soap and water to remove debris				
x	x	x	x			D. Diaper Surface Disinfection D. The non-disposable diaper-changing surface is disinfected as required after each diapering				
x	x	x	x			E. Washed Before Rediapering E. A child who is soiled or wet is washed with a disposable wipe				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						or a freshly laundered cloth before rediapering				
x	x	x	x			F. Cloth Diaper Disposal F. Unless supplied by a commercial diaper service, plastic pants and soiled clothing are placed in a plastic bag after removal and sent home with the parent(s) daily				
x	x				9502.0435, subpart 13.A	Diaper (Fix-It Ticket) Clean diapers are stored in a clean place that is inaccessible to children.				
x	x	x	x		245A.148	Alternative Diapering Disinfectant The established criteria are followed.				
x	x	x	x			Disinfectant - EPA Requirement (1) If a disinfectant other than chlorine bleach and water is used, the product's label states that it is registered with the US Environmental Protection Agency				
x	x	x	x			Effectiveness (2) the manufacturer's label or instructions state that the disinfectant is effective against Staphylococcus aureus, Salmonella enterica, and Pseudomonas aeruginosa				
x	x	x	x			10 Minutes (3) the manufacturer's label or instructions state that the disinfectant is effective within a ten minute or less contact time				
x	x	x	x			Clear Mixing and Use Directions (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing and use				
x	x	x	x			Follow Directions (5) the disinfectant is used only in accordance with the manufacturer's directions				
x	x	x	x			No Triclosan (6) The product does NOT include triclosan or derivatives of triclosan				
x	x				245A.148	Alternative Diapering Disinfectant (Fix-It Ticket) The established criteria are followed.				
						Disinfectant - EPA Requirement (1) If a disinfectant other than chlorine bleach and water is used, the product's label states that it is registered with the US Environmental Protection Agency				
						Effectiveness (2) the manufacturer's label or instructions state that the				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						disinfectant is effective against				
						10 Minutes (3) the manufacturer's label or instructions state that the disinfectant is effective within a ten minute or less contact time				
						Clear Mixing and Use Directions (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing and use				
						Follow Directions (5) the disinfectant is used only in accordance with the manufacturer's directions				
						No Triclosan (6) The product does NOT include triclosan or derivatives of triclosan				
x	x	x	x		9502.0435, subpart 14	Toilet Training Items Cleaned At least daily and when soiled, toilet training chairs, stools, and seats are washed with soap and water				
x	x	x	x		9502.0435, subpart 15	Children's Handwashing All handwashing procedures are followed.				
x	x	x	x			Soap and Water When Soiled - washed with soap and water when soiled				
x	x	x	x			After the Use of a Toilet or Toilet Training Chair - washed with soap and water after the use of a toilet or toilet training chair				
x	x	x	x			Before Eating a Meal or Snack - washed with soap and water before eating a meal or snack				
x	x	x	x			Children are Monitored While Washing Their Hands - monitored while washing their hands				
x	x	x	x			Children Are Assisted With Hand Washing When the Child Needs Help - assisted with hand washing when the child needs help				
x	x	x	x		9502.0435, subpart 15.A	Water Temperature In sinks and tubs that are accessible to children, water temperature is 120 degrees Fahrenheit or lower				
x	x	x	x		9502.0435, subpart 15.B	Caregiver's Handwashing All handwashing procedures are followed; caregivers:				
x	x	x	x			Soap and Water After Each Diaper Change				



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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
		x		x		D. III Child Timely Notification D. the provider informed a parent of each exposed child the same day the provider received notification that a positive diagnosis has been made for any of the illnesses or parasitic infestations in item E				
	x	x	x			E. III Child MDH Notification E. The provider notified the authorized agent or MDH of any suspected case of reportable disease as required in Minnesota rules, chapter 4605				
x	x	x	x			F. (1) Permission to Administer F. (1) the provider obtained written permission from the child's parent prior to administering medicine, diapering products, sunscreen lotions, and insect repellents				
x	x	x	x			F. (1) Follow Manufacturer Instructions When Administering Nonprescription Medicines F. (1) administration of non-prescription medicines, diapering products, sunscreen lotions, and insect repellents was in accordance with manufacturer's instructions, unless written instructions were provided by a physician or a dentist				
						F. (2) Obtain/Follow Prescription F. (2) the provider obtained and followed written instructions from licensed physician or dentist prior to administering each prescription medicine				
Water, Food, and Nutrition										
x	x		x		9502.0445, subpart 1	Safe Water Supply There is a safe water supply in the residence				
x	x		x		9502.0445, subpart 1.A	Safe Well-Water Water from privately owned wells is tested annually by a MN Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety.				
x			x		9502.0445, subpart 1.B	Accessible Drinking Water Drinking water is available to children and offered at frequent intervals.				
x			x		9502.0445, subpart 1.B	Separate/Single-Serve Cups Children are each provided with separate or single-service drinking cups or bottles.				
x	x	x	x		9502.0445, subpart 2	Milk Milk served to children in care is pasteurized.				
x	x	x	x		9502.0445,	Well-Balanced Meals and Snacks				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
			x	x	9502.0445, subpart 4.B	Proper Freezing Frozen food is maintained in a solid state until used.				
x			x		9502.0445, subpart 4.C	Food Storage Appliances Appliances used in food storage and preparation are safe and clean				
x			x		9502.0445, subpart 4.D	Canned nonacid/low-acid food Canned nonacid/low-acid food that is served to children was commercially produced				
Application for Licensure										
			x	x	245A.04, subdivision 1.c	Drug and Alcohol Policy Development The license holder has a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.				
x			x		245A.04, subdivision 1.c	Drug and Alcohol Policy Training The license holder has trained employees, subcontractors, and volunteers about the program's drug and alcohol policy.				
			x	x	245A.04, subdivision 1.d	Grievance Procedure Development The license holder has a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.				
			x	x	245A.04, subdivision 5	Commissioner's Right of Access When the commissioner is exercising the powers conferred by this chapter and sections 245.69, 626.556, and 626.557, the commissioner is given access:				
			x	x		Physical Plant and Grounds - to the physical plant and grounds where the program is provided				
			x	x		Documents and Records - to documents and records, including records maintained in electronic format				
			x	x		Persons Served - to the persons served by the program				
			x	x		Staff and Personnel Records - to staff and personnel records of current and former staff whenever the program is in operation and the information is				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						relevant to inspections or investigations conducted by the commissioner. Upon request, the license holder provides the commissioner verification of documentation of staff work experience, training, or educational requirements				
			x	x		Access Without Notice - without prior notice and as often as the commissioner considers necessary if the commissioner is investigating alleged maltreatment, conducting a licensing inspection, or investigating an alleged violation of applicable laws or rules				
			x	x		Access to Photograph, Copy, Record - to photocopy, photograph, and make audio and video tape recordings during the inspection of the program, at the commissioner's expense				
			x	x		Failure to Comply - and the applicant or license holder fully complied with this subdivision				
				x	245A.04, subdivision 7.d	Change to License The license holder notified the commissioner and obtained the commissioner's approval before making any changes that would alter the license information listed under paragraph (a).				
				x	245A.04, subdivision 14.a	Develop Program Policies and Procedures The license holder has developed program policies and procedures necessary to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota Rules.				
				x	245A.04, subdivision 14.b.1	Provide Training The license holder has provided training to program staff related to their duties in implementing the program's policies and procedures developed under paragraph (a).				
				x	245A.04, subdivision 14.b.2	Document Training The license holder has documented the provision of this training.				
				x	245A.04, subdivision 14.b.3	Monitor Implementation The license holder has monitored implementation of policies and procedures by program staff.				
x			x		245A.04, subdivision 14.c	Accessible and Organized The license holder has kept program policies and procedures readily accessible to staff and has indexed the policies and procedures with a table of contents or another method approved by the commissioner.				
	x	x	x		245A.04,	Pandemic Planning				

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Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x		245A.1435, a	SUID - Rolling Infant Unless the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home, an infant, who is younger than six months of age, is placed on the infant's back to sleep, and is returned to their back, if the infant is observed to be in another position while sleeping.				
Reporting Notification										
			x	x	245A.145, subdivision 1.a	Reporting Maltreatment The provider has developed policies and procedures for reporting suspected child maltreatment that fulfill the requirements in section 626.556 and that include the telephone numbers of the local county child protection agency.				
			x	x	245A.145, subdivision 1.a	Reporting Complaints The provider has developed policies and procedures for reporting complaints about the program that include the telephone numbers of the local county licensing agency.				
			x	x	245A.145, subdivision 1.b	Reporting Policies and Procedures The policies and procedures for reporting maltreatment and complaints are provided to the parents of all children at the time of enrollment and are made available upon request.				
Infant Sleep Supervision										
x	x	x	x		245A.147, subdivision 1.a	In-Person Checks A license holder is encouraged to monitor sleeping infants by conducting in-person checks on each infant in their care every 30 minutes.				
x	x	x	x		245A.147, subdivision 1.b	Newly Enrolled Infant Upon enrollment, a license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during the first four months of care.				
x	x	x	x		245A.147, subdivision 1.c	Infant with Upper Respiratory Infection When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.				
x	x	x	x		245A.147, subdivision 2	Audio or Visual Monitoring In addition to conducting the in-person checks that are encouraged, license holders serving infants are encouraged to use and maintain an audio or visual monitoring device to monitor each sleeping in infant in care during all hours of sleep.				
Insurance										
x			x		245A.152, (a)	Insurance - Notification Prior to enrollment, the LH has provided to all parents or				



Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						guardians of children in care a written notice that states whether the LH has liability insurance.				
x			x		245A.152, (b)	Insurance - Liability License holders who have liability insurance;				
x			x			Written notification (1) have informed parents and prospective parents in writing that a current certificate of coverage for insurance is available for inspection				
x			x			Expiration (2) provide written notice that includes the date of expiration or next renewal of the policy				
x			x			Update (3) upon expiration of the policy or a change in coverage, provide a new written notice informing all parents or guardians of children receiving services of the change and indicating whether the policy has lapsed				
x			x		245A.152, (c)	Insurance - No Liability LH's who do not have liability insurance have provided an annual notice, on a form developed and made available by the commissioner, to the parents or guardians of children in care indicating that the LH does not carry liability insurance.				
x			x		245A.152, (d)	Insurance - Change The LH has notified all parents and guardians in writing immediately of any change in insurance status.				
x	x		x		245A.152, (e)	Insurance - Certificate Upon request, the LH has made available the certificate of liability insurance to the parents of children in care, to the commissioner, and to the county licensing agents.				
x	x				245A.152.e	Insurance - Certificate (Fix-It Ticket) Upon request, the LH has made available the certificate of liability insurance to the parents of children in care, to the commissioner, and to the county licensing agents.				
x			x		245A.152, (f)	Insurance - Signatures The LH has documented, with the signature of the parent or guardian, that they have received the notices required by this section.				
Child Passenger Restraint Systems										
x	x	x	x		245A.18, subdivision 1	Seat Belt Use When a child is transported, the license holder complies with all seat belt and child passenger restraint system requirements under sections 169.685 and 169.686.				
Additional Health and Safety										

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x				245A.51, subdivision 1(a)	Allergy Info-Prior to Admission Prior to admission, the provider obtained any known allergy information about the child.				
x	x				245A.51, subdivision 1(a)	Allergy Info-Child's Record The provider maintains current allergy information in the child's record.				
x	x				245A.51, subdivision 1(a)	Allergy Info-Maintained The allergy information maintained by the provider in the child's record is:				
x	x					Current - current				
x	x					Complete - complete				
x	x				245A.51, subdivision 1(b)	Allergy information documented The provider, who has a child with known allergies enrolled, has the child's allergy information documented.				
x	x				245A.51, subdivision 1(b)	Allergy form, access, review The provider ensured that a child's allergy information was:				
x	x					Documentation - documented on a form approved by the commissioner				
x	x					Available - readily available to all caregivers				
x	x					Reviewed - reviewed annually by the provider and each caregiver				
x	x	x	x		245A.51, subdivision 2(1)	Surfaces The license holder cleaned and disinfected surfaces that came in contact with potentially infectious bodily fluids, including blood and vomit, as described in section 245A.148.				
x	x	x	x		245A.51, subdivision 2(2)	Blood-contaminated material The license holder disposed of blood-contaminated material in a plastic bag with a secure tie.				
x	x	x			245A.51, subdivision 2(3)	Sharps Container The license holder had a sharps container.				
x	x	x			245A.51, subdivision	Sharps Container Location The sharps container is stored out of the reach of children.				

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					2(3)					
x	x	x	x		245A.51, subdivision 2(4)	Handling and disposal of bodily fluids License holder had bodily fluid disposal supplies, including:				
x	x	x	x			Disposable gloves - disposable gloves				
x	x	x	x			Disposable bags - disposable bags				
x	x	x	x			Eye protection - eye protection				
x	x	x	x		245A.51, subdivision 3(a)	Emergency Preparedness Written plan License holder has a written emergency plan.				
x	x	x	x		245A.51, subdivision 3(a)	Emergency Preparedness Plan License holder has a written emergency preparedness plan that is:				
x	x	x	x			Commissioner form - on a form developed by the commissioner				
x	x	x	x			Updated annually - updated at least annually				
x	x	x	x		245A.51, subdivision 3(a)	Emergency Preparedness Plan Contents The license holder's emergency preparedness plan includes:				
x	x	x	x			Procedures for evacuation - procedures for an evacuation, relocation, shelter-in-place, or lockdown				
x	x	x	x			Designated evacuation/ relocation site - a designated relocation site and evacuation route				
x	x	x	x			Procedure for notifying and reunifying with parents - procedures for notifying a child's parent or legal guardian of the evacuation, shelter-in-place, or lockdown, including how they would reunify with families				
x	x	x	x			Accommodations for a child with a medical condition - accommodations for a child with a disability or a chronic medical condition				
x	x	x	x			Procedures for storing medicine				

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x			x		245C.03, subdivision 1	BGS - Individuals to be Studied Individual background studies are completed as required:				
x			x			BGS - Applicant (1) the commissioner has conducted a BGS on the person or persons applying for a license				
x			x			BGS - Household member (2) the commissioner has conducted a BGS on each individual aged 13 and over living in the household where the licensed program will be provided who is not receiving licensed services from the program				
x			x			BGS - Employee (3) the commissioner has conducted a BGS on current or prospective employees or contractors of the applicant who will have direct contact with persons served by the facility, agency, or program				
x			x			BGS - Volunteer (4) the commissioner has conducted a BGS on volunteers or student volunteers who will have direct contact with persons served by the program to provide program services if the contact is not under the continuous, direct supervision by an individual listed in clause (1) or (3)				
x			x			BGS - 10 - 12 reasonable cause (5) the commissioner has conducted a BGS on an individual aged 10 to 12 living in the household where the licensed services will be provided when the commissioner has reasonable cause				
x			x			BGS - Reasonable cause (6) the commissioner has conducted a BGS on an individual who, without providing direct contact services at a licensed program, may have unsupervised access to children or vulnerable adults receiving services from a program, when the commissioner has reasonable cause				
x			x			Managerial officials (7) the commissioner has conducted a BGS on all managerial officials as defined under section 245A.02, subdivision 5a				
			x		245C.04, subdivision 1.a	BGS - Application Prior to licensure, the applicant submitted a background study for each person who was required to be studied.				
x	x				245C.04, subdivision 1.b	BGS - Renewal The license holder submitted a background study for each person who was required to be studied within five years from the				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						most recent study.				
				x	245C.05, subdivision 1.a	BGS - Info Provided by Subject The individual, who is the subject of a BGS, has provided sufficient information to ensure an accurate study.				
				x	245C.05, subdivision 6.a	BGS - Known Info The applicant/license holder has helped with the study by giving the commissioner criminal conviction data and reports about the maltreatment of adults that are substantiated and maltreatment of minors that are substantiated.				
				x	245C.05, subdivision 6.b	BGS - New Info When the applicant/license holder has received information about the possible criminal or maltreatment history of an individual who is subject to a study, the applicant/license holder has immediately provided the information to the commissioner.				
				x	245C.18	Obligation to Remove DQd Individual Upon receipt of notice from the commissioner, the license holder has removed the disqualified individual from direct contact with persons served by the licensed program.				
				x	245C.20, subdivision 1	BGS - Record Keeping The program has documented the date each background study was initiated and the date the subject of the study first had direct contact.				
				x	245C.301, (a)	BGS - Notification of Set-aside or Variance Written notification has been provided to parents considering enrollment of a child or parents of a child attending the family child care program if the program employs or has living in the home any individual who is the subject of either a set-aside or variance.				
Caregiver Qualifications and Training										
			x	x	9502.0355, subpart 1	Adult Applicant An applicant for family day care or group family day care is an adult at the time of application				
			x		9502.0355, subpart 2.A	Physical Exam on File - Applicant The applicant is physically able to care for children, and has provided documentation of a physical examination from a licensed physician in the 12 months prior to licensure.				
			x		9502.0355, subpart 2.B	Physical Exam on File - Adult Caregivers Each adult caregiver, who assists with care on a regular basis, is physically able to care for children, and has provided documentation of a physical examination from a licensed				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						physician in the 12 months prior to employment.				
x	x		x		245A.50, subdivision 1.b	Initial Training - Helpers Helpers, who assist with care on a regular basis, have completed six hours of training within one year of their initial date of employment.				
x	x	x	x		245A.50, subdivision 2.a	Child Development and Learning and Behavior Guidance Training - Pre-service Prior to caring for children, each adult caregiver (who provides care for more than 30 days in any 12-month period), has completed at least four hours of child development and learning and behavior guidance training.				
x	x	x	x		245A.50, subdivision 2.a	Child Development and Learning and Behavior Guidance Training - Annual License holders and adult caregivers (who provide care for more than 30 days in any 12-month period) completed child development and learning and behavior guidance training annually.				
x	x	x	x		245A.50, subdivision 3.a	First Aid At least one staff person present has been trained in first aid, unless the sole provider is a substitute caregiver who provides less than 30 hours of care during any 12-month period.				
x	x	x	x		245A.50, subdivision 3.a	First Aid - Qualified Trainer First aid training is received from an individual approved to provide first aid instruction.				
x	x	x	x		245A.50, subdivision 3.a	First Aid - Frequency First aid training was repeated within two years.				
x	x	x	x		245A.50, subdivision 4.a	CPR At least one staff person present has been trained in cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children and in the treatment of obstructed airways, unless the sole provider is a substitute caregiver who provides less than 30 hours of care during any 12-month period.				
x	x	x	x		245A.50, subdivision 4.a	CPR - Qualified Trainer CPR training is received from an individual approved to provide CPR instruction.				
x	x	x	x		245A.50, subdivision 4.a	CPR - Frequency CPR training was repeated within two years.				
x	x	x	x		245A.50, subdivision 4.c	CPR - Training Source The training received was either developed by the American Heart Association or the American Red Cross; or used nationally				





[illegible]

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x		9502.0405, subpart 4.A	Admission and Arrangements The admission and arrangement form developed by the department is on file and includes all required items.				
x		x	x			Signed The form is signed				
x		x	x			Name and Birthdate (1) The child's name and birthdate				
x		x	x			Parents Names (2) The full name of parents				
x		x	x			Home Info (3) The home address, work address, and telephone numbers where parents may be reached				
x			x			Medical Info (4) The name, address, and telephone number of physician, dentist, and hospital to be used for emergencies when parents cannot be reached				
x		x	x			Emergency Info (5) The name, address, and telephone number of persons to be notified in case of emergency, when parents cannot be reached				
x		x	x			Authorized Pick-up (6) The names of all persons authorized to remove the child from the residence				
x		x	x			Enrollment (7) The enrollment dates				
x		x	x			Payment (8) Financial Arrangements				
x		x	x			Insurance (9) Insurance notification				
x	x				9502.0405, subparts 4 and 4.A	Admission and Arrangements (Fix-It Ticket) The admission and arrangement form developed by the department is on file and includes all required items.				
						Signed The form is signed				
						Name and Birthdate (1) The child's name and birthdate				
						Parents Names				

[illegible]

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x			Immunization Updates School-Aged (4) Every three years for each school-aged child in care				
x		x	x		9502.0405, subpart 4.D	Emergency Medical Care or Treatment The provider obtained signed written consent from the parent that allows the provider to obtain emergency medical care or treatment				
x			x		9502.0405, subpart 4.E	Permission to transport Prior to transporting a child, the provider obtained written permission to do so, from the parent				
x			x		9502.0405, subpart 4.F	Children only released to parent/authorized person The provider only released children in care to the child's parent or a person authorized by the parent				
Cribs - All										
x	x	x	x		245A.1435, b	SUID - Fitted Sheet Each infant is placed in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size. The sheet fits tightly on the mattress and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort.				
x	x	x	x		245A.1435, b	SUID - Safe Sleep Space The only item placed in the crib with an infant is the infant's pacifier.				
x	x	x	x		245A.1435, c	SUID - Move to Crib If an infant falls asleep before being placed in a crib, the license holder moves the infant to a crib as soon as practicable and keeps the infant within sight of the license holder until the infant is placed in a crib.				
x	x	x	x		245A.1435, d	SUID - Swaddling Permission Prior to any use of swaddling for sleep, the license holder has obtained informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the commissioner.				
x	x	x	x		245A.1435, d	SUID - Swaddle Item An infant who has not yet begun to roll over on its own and whose parent or guardian has provided informed written consent was placed down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle.				
x	x	x	x		245A.1435, d	SUID - Swaddle/Rolling Over				

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
						Once an infant has begun to roll over independently, the infant is placed down to sleep without being swaddled.				
x	x	x	x		245A.146, subdivision 2.a	Crib Safety - Make and Model The provider has, for each crib that is used by or that is accessible to any child in care, documentation of the crib's brand name and model number.				
x	x	x	x		245A.146, subdivision 2.c	Crib Safety - Federal Requirements The provider has documentation that each full-size and non-full-size crib that is used by or is accessible to any child is compliant with federal crib standards.				
x	x	x	x		245A.146, subdivision 3.a	Crib Safety - Annual Check Annually, from the date printed on the license, the license holder has checked all their cribs' brand names and model numbers against the U.S. Consumer Product Safety Commission (USCPSC) website listing of unsafe cribs.				
x	x	x	x		245A.146, subdivision 3.b	Crib Safety - Documentation The license holder has maintained written documentation that the review of the U.S. Consumer Product Safety Commission (USCPSC) website has been completed and of which of the 3 following conditions applies to each crib: (1) the crib was not identified as unsafe; (2) the crib was identified as unsafe, but the LH has taken the action directed by the USCPSC to make the crib safe; or (3) the crib was identified as unsafe and has been removed so that it is no longer used by or accessible to children in care.				
x	x	x	x		245A.146, subdivision 3.c	Crib Safety - Documentation is Available The license holder keeps this documentation on site and makes it available to parents or guardians of children in care and the commissioner.				
Crib Safety - Mesh										
x	x	x	x		245A.146, subdivision 3.d	Mesh Cribs If using a mesh-sided or fabric-sided play yard, pack and play, or playpen or crib, the provider has complied with this section of the statute.				
x	x	x	x		245A.146, subdivision 3.e	Monthly Checks On at least a monthly basis, the LH has performed and documented a safety inspection of every mesh-sided or fabric-sided play yard, pack and play, or playpen used by or that is accessible to any child in care.				
x	x	x	x		245A.146, subdivision	No Holes The mesh or fabric sides of the crib are free of tears, holes, or				

[illegible]

Li	Of	Ch	Pr	Ba	Applicable Law or Rule	Requirement	Met, Unmet, N/A, Not Observed	Corr On-Site	Flagged	Notes
x	x	x	x		245A.146, subdivision 4.a.1	Mattress Supports The mattress supports are free from being easily dislodged from any point of the crib.				
x	x	x	x		245A.146, subdivision 4.a.2	Hardware The screws, bolts and hardware are secure and the crib is free of wood screws in the components that are assembled/disassembled by the owner.				
x	x	x	x		245A.146, subdivision 4.a.3	Sharp Edges The crib is free of sharp edges, points, and rough surfaces.				
x	x	x	x		245A.146, subdivision 4.a.4	Wood Surfaces Wood surfaces are smooth and solid and are free from splinters, splits, and cracks.				
x	x	x	x		245A.146, subdivision 4.a.5.i	Gaps - Non-full-size Rigid When the non-compressed mattress is centered, the gap between the perimeter of the mattress and the perimeter of the crib is one-half inch or less at any point.				
x	x	x	x		245A.146, subdivision 4.a.5.ii	Gaps - Full-size Rigid When the non-compressed mattress is centered, the gap between the perimeter of the mattress and the perimeter of the crib is 11/16 of an inch or less at any point.				





## **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.

<b>Figure 1</b>	<i>Providers In Compliance on Rule</i>	<i>Programs Out Of Compliance on Rule</i>	<i>Row Total</i>
<i>Highest level (top 20-25%)</i>	<i>A</i>	<i>B</i>	<i>Y</i>
<i>Lowest level (bottom 20-25%)</i>	<i>C</i>	<i>D</i>	<i>Z</i>
<i>Column Total</i>	<i>W</i>	<i>X</i>	<i>Grand Total</i>

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**

<u>Key Indicator Range</u>	<u>Characteristic of Indicator</u>	<u>Decision</u>
(+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**

<u>Key Indicator Range</u>	<u>Characteristic of Indicator</u>	<u>Decision</u>
(+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.

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://rikoinstitute.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.

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## Technical Detail Notes: Validation Updates to the Fiene Key Indicator Systems

January 2015

These notes will provide guidance on validating existing Key Indicator Licensing Systems. These notes are based upon the last three years of research and data analysis in determining the best means for conducting these validation studies.

These notes are based upon existing Key Indicator Systems in which data can be drawn from an already present data base which contains the comprehensive instrument (total compliance data) and the key indicator instrument (key indicator rule data). When this is in place and it can be determined how licensing decisions are made: full compliance with all rules or substantial compliance with all rules to receive a license, then the following matrix can be used to begin the analyses (see Figure 1):

<b>Figure 1</b>	<i>Providers who fail the Key Indicator review</i>	<i>Providers who pass the Key Indicator review</i>	<i>Row Totals</i>
<i>Providers who fail the Comprehensive review</i>	W	X	
<i>Providers who pass the Comprehensive Review</i>	Y	Z	
<i>Column Totals</i>			<i>Grand Total</i>



A couple of annotations regarding Figure 1.

**W + Z** = the number of agreements in which the provider passed the Key Indicator review and also passed the Comprehensive review.

**X** = the number of providers who passed the Key Indicator review but failed the Comprehensive review. This is something that should not happen, but there is always the possibility this could occur because the Key Indicator Methodology is based on statistical methods and probabilities. We will call these False Negatives (FN).

**Y** = the number of providers who failed the Key Indicator review but passed the Comprehensive review. Again, this can happen but is not as much of a concern as with “**X**”. We will call these False Positives (FP).

Figure 2 provides an example with actual data from a national organization that utilizes a Key Indicator System. It is taken from 50 of its program providers.

<b>Figure 2</b>	<i>Providers who fail the Key Indicator review</i>	<i>Providers who pass the Key Indicator review</i>	<i>Row Total</i>
<i>Providers who fail the Comprehensive review</i>	25	1	26
<i>Providers who pass the Comprehensive Review</i>	7	17	24
<i>Column Total</i>	32	18	50

To determine the agreement ratio, we use the following formula:

$$\frac{A}{A + D}$$

Where **A** = Agreements and **D** = Disagreements.

Based upon Figure 2,  $A + D = 42$  which is the number of agreements; while the number of disagreements is represented by  $B = 1$  and  $C = 7$  for a total of 8 disagreements. Putting the numbers into the above formula:

$$\frac{42}{42 + 8}$$

Or

$$.84 = \text{Agreement Ratio}$$

The False Positives (FP) ratio is .14 and the False Negatives (FN) ratio is .02. Once we have all the ratios we can use the ranges in Figure 3 to determine if we can validate the Key Indicator System. The FP ratio is not used in Figure 3 but is part of the Agreement Ratio.

**Figure 3 – Thresholds for Validating the Fiene Key Indicators for Licensing Rules**

<u>Agreement Ratio Range</u>	<u>False Negative Range</u>	<u>Decision</u>
(1.00) – (.90)	.05+	Validated
(.89) – (.85)	.10 - .06	Borderline
(.84) – (.00)	.11 or more	Not Validated

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## **Fiene Algorithm for Generating Regulatory Compliance Key Indicators (RCKI)**

Add up regulatory non-compliances for all programs, agencies, jurisdictions, etc...

Review Regulatory Compliance history sorted from high to low

Nominal (Compliance/Non-Compliance) or ordinal measurement (Gradient) scaling

Top 25% (High Group) and bottom 25% (Low Group) of regulatory compliance scores

Drop out the middle 50% of regulatory compliance scores

Develop a 2 x 2 matrix which includes each regulation by the High Group and Low Group

Cells of the Matrix: A = High Group + Programs in Compliance on Specific Regulation

B = High Group + Programs out of Compliance on Specific Regulation

C = Low Group + Programs in Compliance on Specific Regulation

D = Low Group + Programs out of Compliance on Specific Regulation

W = Total Number of Programs in Compliance on Specific Regulation

X = Total Number of Programs out of Compliance on Specific Regulation

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group

Use the following formula:  $((A)(D)) - ((B)(C)) / \text{sqrt} ((W)(X)(Y)(Z)) = \text{RCKI}$

Result will range from -1 to +1

+0.5 to +1.0 will be included as Regulatory Compliance Key Indicators (RCKI). All other regulations will not be included.

## **Fiene Algorithm for Generating Regulatory Compliance Key Indicators (RCKI)**

1. Add up regulatory non-compliances for all programs, agencies, jurisdictions, etc...
2. Review Regulatory Compliance history sorted from high to low
3. Nominal (Compliance(1)/Non-Compliance(0)) or ordinal measurement (Gradient(1-5)) scaling
4. Take Risk Assessment Weighting (1-9) into account and apply to nominal or ordinal scaling.
5. Top 25% (High Group) and bottom 25% (Low Group) of regulatory compliance scores
6. Drop out the middle 50% of regulatory compliance scores
7. Develop a 2 x 2 matrix which includes each regulation by the High Group and Low Group
8. Cells of the Matrix: A = High Group + Programs in Compliance on Specific Regulation
9. B = High Group + Programs out of Compliance on Specific Regulation
10. C = Low Group + Programs in Compliance on Specific Regulation
11. D = Low Group + Programs out of Compliance on Specific Regulation
12. W = Total Number of Programs in Compliance on Specific Regulation
13. X = Total Number of Programs out of Compliance on Specific Regulation
14. Y = Total Number of Programs in High Group.
15. Z = Total Number of Programs in Low Group
16. Use the following formula:  $((A)(D)) - ((B)(C)) / \text{sqrt}((W)(X)(Y)(Z)) = \text{RCKI}$
17. Result will range from -1 to +1
18. +.5 to +1.0 will be included as Regulatory Compliance Key Indicators (RCKI). All other regulations will not be included.