THEORY OF COMPLIANCE
INDICATOR CHECKLIST STATISTICAL MODEL
INSTRUMENT BASED PROGRAM MONITORING INFORMATION SYSTEM

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Child care is big business in the United States. It is estimated that currently there are more than 118,000 licensed providers who serve an estimated 1.2 million children every day in the United States. The stakes in assuring that these children are well served are high, both in terms of public health and safety and from the viewpoint of enhancing the growth and development of a country's most precious resource, its children.

The United States has a relatively long history of attempting to develop a national program for the delivery of day care services. The most recent effort was the Federal Interagency Day Care Requirements Appropriateness Study (FIDCR) and its aborted outcome (the Health and Human Services Day Care Regulations) which were put into a state of moratorium as of 1980. Although a national policy was not mandated as an outcome through the FIDCR Study, there were some other positive outcomes from this study. One, the mandate to ensure quality services for day care programs was clearly transferred to the states from the federal government. Two, the framework for what constitutes a quality day care program was put forth.

However, even with these positive outcomes, there still remains two unanswered child care questions in the United States that are consuming a good deal of time and energy at the state and federal levels:

DOES COMPLIANCE WITH STATE CHILD CARE REGULATIONS HAVE A POSITIVE IMPACT ON CHILDREN?

AND

ARE THEIR PREDICTORS OF PROGRAM QUALITY?

These issues, I would guess, are of major concern in other countries as well as the United States. This paper will explore a research study and model undertaken in the United States that has had some success in answering these two questions.

For the purposes of organization, the following outline will be followed **(SLIDE 1—OUTLINE). Section one** will be a general introduction that highlights some major forces within the child care field that appear to be shaping program monitoring and regulatory efforts in the states. The **second section** will describe the system's model designed and funded in the United States by the Federal Department of Health and Human Services--Pennsylvania's Instrument Based Program Monitoring Information System (IPM)--the Child Development Program Evaluation System (CDPE). The **third section** will deal with a brief history of Pennsylvania's experience with the system's model--(IPM/Cdpe)--why Pennsylvania decided to use an instrument based program monitoring system that employes standardized checklists and questionnaires with weighted items measuring the relative risk to children while in day care settings. The **fourth section** will describe results from the IPM/Cdpe Model--in particular a theoretical curve dealing with compliance with state regulations and child care outcomes. **Section five** will describe briefly the Indicator Checklist Statistical Model--how to construct an Indicator Checklist and obtain predictors of program compliance and quality. The **sixth section** will pose potential problems with the use of such an indicator checklist statistical model with some solutions. The **last (seventh) section** will offer a look to the future regarding program monitoring and compliance review.

SECTION I

The job of state agencies in program monitoring is currently changing in response to powerful forces in society, especially at the level of state governments in the United States.

One, there is the continuing need to assure parents that their children will not be subjected to unsafe day care environments and that day care providers who receive state funds are meeting the terms of their contracts with the state by providing quality services. Public accountability requires that the state monitor compliance with state regulations.

Two, the fiscal cutbacks that are now occurring in many states will almost certainly increase the pressure on state agencies to operate as efficiently as possible--I believe that this is not only an American experience but is a common phenomenon experienced by many European and North American countries. Cutbacks in staff across agencies are likely, even as workloads increase--many states have experienced substantial increases in the number of child day care providers who are attempting to meet the increasing demand from consumers for additional services for their children. This has occurred with a corresponding decrease in the number of staff to monitor these programs.

These factors will force states and countries to streamline their regulatory enforcement and monitoring efforts in all areas, including day care and children's services. At this point a definition of what is included in program monitoring will be helpful. For the purposes of this presentation, **program monitoring is defined as: the management process of reviewing and controlling the delivery of program services on an ongoing**

basis, according to predetermined criteria, with the intention of taking corrective action to assure and increase both program quality and management efficiency.

The following activities are included within the definition of program monitoring: licensing, registration, approval, regulation, establishment of recommended guidelines, technical assistance, training, corrective action, contracting, reporting, auditing and evaluation. (SLIDE 2--DEFINITION OF MONITORING).

Three, the role of the state in regulating private sector organizations is changing. There are now active pressures to reduce the general level of regulation with a view toward encouraging, rather than tampering with, private market forces in the production and allocation of goods and services. Further, there is a commitment in a growing number of states to reduce the extent of the Federal Government's involvement, including federal funding and accompanying regulatory reqirements, in several areas, notably human services--in the United States recently there were 20% cutbacks in social service Title XX funding.

Four, many states are actively seeking ways to reduce the burden on the private sector of the compliance monitoring activities that are performed by the state. For those regulations that continue in force, many states will be examining approaches that simplify monitoring procedures and make them less onerous for providers of goods and serivces. This is particularly true for day care services, which are often provided by individuals or organizations that may have little experience coping with regulations.

Five, there is increasing support in the United States for the provision and assurance of quality services for children. Quality services

are defined as day care services that promote sound child development principles and do not only ensure that children are in healthy and safe child care environments. Public accountability requires that the state entertain a dual purpose, one is to monitor compliance with state regulations but secondly and equally important, there is a strong need for the state to ensure that quality child development services are supported and provided. Gwen Morgan's work is particularly helpful in providing direction regarding the relationship between licensing and funding criteria. A Model presented by Morgan clearly delineates a regulatory continuum where day care licensing is considered as the floor to quality with accreditation as the standard of quality for which model day care programs strive. Recent efforts by the National Association for the Education of Young Children (Center Accreditation Project and the Children's Services Monitoring Consortium (Child Development Program Evaluation Scale help to support this move towards accreditation and the measurement of quality in early childhood programs. These efforts take on additional meaning given the direction from the federal government to pass as much of the responsibility for monitoring early childhood programs to the states.

SECTION II

Instrument Based Program Monitoring Systems Model

One method that states (Pennsylvania, California, West Virginia, Michigan, Texas, and New York City) have used to cope with these above changes is the development of Instrument Based Program Monitoring Systems--IPMs.

As the name implies, an IPM system incorporates three distinguishing characteristics (**SLIDE 3—FEATURES OF AN INSTRUMENT BASED PROGRAM MONITORING SYSTEM**):

<u>One</u>, it is instrument based. The system uses checklists or questionnaires that contain highly specific questions. These questions usually correspond directly to the state's regulations or other requirements (fiscal requirements for example).

<u>Two</u>, it supports program monitoring. In its broadest sense, program monitoring is the management process of conducting periodic reviews or inspections to ensure that certain activities, such as the provision of day care services, meet acceptable criteria, and effecting corrective action where required. Program monitoring may include one or some combination of: Licensing reviews, contract compliance review, and evaluations of program quality that go beyond minimum requirments pertaining to health and safety. The other important characteristic is that an IPM is a continuous monitoring system based on formative evaluation; it is not a one shot type of evaluation.

Three, IPM is a comprehensive system. It is part of a group of related steps such as on-site reviews, corrective action, follow-up reviews, and summarizing and reporting results that are used recurrently to accomplish the task of compliance monitoring. Program, fiscal, and statistical components can be linked quantitiatively to constitute a comprehensive IPM system for child care. A new software decision support system based on the IPM Model is being developed by the Children's Services Monitoring Transfer Consortium for micro-computer technology and is being pilot tested in Michigan Department of Social Services, and Texas Department of Human Resources. When the IPM system is used in this linked fashion it provides the basis for monitoring child day care Vendor and Voucher Delivery Systems.

The advantages of an IPM system that are responsive to the changes mentioned earlier include: consistency, coverage of all regulatory areas, clear expectations, simplified monitoring procedures, potential for cost efficiences.(SLIDE 4--ADVANTAGES OF AN INSTRUMENT BASED PROGRAM MONITORING SYSTEM). With an IPM system, the same questionnaire or checklist is used with all providers, and there is less opportunity for individual bias in reporting results. Similarly, basing the questions or checklist items explicitly on the regulations or other requirements makes it possible to ensure that all areas are covered adequately. Having a clear set of questions that are known to both monitoring staff and providers reduces the possibility of misunderstandings and misinterpretations concerning the results of the review--this was a particular problem within Pennsylvania because of our organizational structure, which I will describe shortly. Finally, standardized procedures for administering the questionnaire and

processing the results can simplify the state's monitoring task and reduce the time, cost, and burden of monitoring both to the provider and to the state.

An IPM differs substantially from the more common approach to monitoring: narrative site visit reports. The narrative report approach usually includes a site visit to each provider and the preparation of a summary of observations and interpretive and evaluative comments about the monitor's findings. These reports are useful if the monitor is well trained and adept at reporting. However, these reports are time consuming to prepare, often difficult to summarize succinctly for policy makers and top administrators, usually are not standardized and therefore are even more difficult to use for comparing different providers.

IPM is the first demonstration of a standardized continuous program monitoring information system that has program evaluation built into its system at a state level in the United States. Why did Pennsylvania move to institute this IPM system? An historical assessment of Pennsylvania day care delivery system in the mid 1970's will assist in understanding the reasoning behind this decision, followed by a step by step development process in the design o Pennsylvania's IPM--the Child Development Program Evaluation system.

SECTION III

Historically, Instrument Based Program Monitoring or the Child Development Program Evaluation System as it is known in Pennsylvania grew out of two pilot research projects, one funded by the Commonwealth of Pennsylvania, the other funded by the Federal government. These two systems were called: the Ecological Monitoring Information System-EMIS (1975) and the Health Services Compliance Review System-HSCCS (1974). The purpose of both EMIS and HSCCS was to evaluate and monitor child development services and to provide training where needed. The Health Services System emphasized the health, nutritional, safety aspects of child development programs; while the EMIS project emphasized the program, administration and social services aspects of child development programs. Both EMIS and HSCCS used a standardized questionnaire which included a record review as well as an on site review visit for the collection of data.

Because of the similarities in the developmental design and purposes of the two systems, it was agreed by the Pennsylvania Bureau of Child Development and the Regional day care directors in the northeast and southeast regional offices to work cooperatively and concurrently on the design, development, field testing and implementation of the statewide licensing, monitoring and evaluation system. (SLIDE 5--MAP OF PA) Let me describe briefly the organizational structure of Pennsylvania's monitoring effort--the state is divided into four regional offices--it is these regional offices who actually go out and monitor, evaluate and license the day care programs. By having four distinct regional offices posed some real problems with the consistent application of regulations and in evaluating

our day care programs. This problem made the need for a standardized instrument even more critical. Demographically, when the project began we had 44 program monitoring staff with 1000 centers, 100 group day care homes, and 2500 family day care homes. Today there are 28 program monitoring staff with 1500 centers, 300 group day care homes, and 3000 family day care homes.

We then undertook the actual development of the instrument. The first thing to do is to obtain a firm commitment from the powers to be for the evaluation project. Then the two instruments from EMIS and HSCCS were merged and expanded to incorporate items covering all proposed state day care regulations and federal regulations--that took about three months to develop **(SLIDE 5A--TIMELINE)**. Orientation and training of regional program specialist staff also took place during these three months.

The initial field trials of the center instrument were held at a single site in the regional offices. We were attempting to determine which items would work, and which would require revision and/or possible elimination, as well as inter-rater reliability. We were also attempting to determine the amount of time it would take to administer the instrument, a critical factor, since the amount of time it would take to administer the instrument had been one of the most universal concerns of the task forces and program specialists.

Upon the conclusion of the first field trials the instrument was then revised based upon the observations and comments of the program specialists and a third draft was developed. This third draft was then tested at multiple sites in the regions. Programs included those serving infants, toddlers, preschoolers, and school age children and programs in both urban and rural locations. Based upon comments and observations of the program specialists and the Institute for Survey Research the instrument was again

revised. This fourth draft became the final draft and was then used as the official evaluation/licensing/monitoring instrument for the Commonwealth of Pennsylvania for the day care programs. This process took about three additional months. After the field trials are completed and there is confidence in the instrument, the data processing system can be developed. The data processing system can be of a manual or an automated version. In Pennsylvania both types have been used with equal success. This process takes about six months to develop. In the United States and in Pennsylvania a special problem had occurred regarding the status of the federal regulations called the FIDCR--Federal Interagency Day Care Requirements. The requirements were under constant revision from the early 1970's and when Pennsylvania was ready to finalize its requirements, the federal requirements were not firmly in place--I do not recommend this as a common practice; however, Pennsylvania had no choice in this matter.

If it were not for this one problem, it is at this point that one would have a working monitoring and evaluation system. It took Pennsylvania 18 months from beginning to end in designing the CDPE. It took another 12 months in order to have a full working management information system which had fiscal as well as statistical sub-systems that could be interfaced with the program monitoring and evaluation system.

A very important question to be answered early on in the design of an evaluation system is--What is being measured? (SLIDE 5B--WHAT IS BEING MEASURED) With the Child Development Program Evaluation (CDPE), the following items were key components: Program compliance with requirements for licensing, funding, and quality. Most of the licensing requirements in Pennsylvania are state specific requirements while the funding requirements

are federally mandated. The quality items in the instrument are not requirements, but rather guidelines or suggestions for best practice. These quality items can not be used to revoke a license nor suspend funding of a provider.

The next important question to be asked is: WHO WAS INVOLVED?

Tasks forces were formed from the two regions consisting of provider groups in order to have input into the design of the new child development program monitoring system-(**SLIDE 5C--WHO WAS INVOLVED**). This was a critical component and needs to be part of any child care program monitoring design. These task forces would deal with both the center as well as the family day care home instruments, therefore there was the need to have equal representation from both center program staff as well as family day care home staff. The task forces and the regional staff were given a month to meet and make comments on the instruments. Their comments were then pulled together and incorporated into what became the first draft of the CDPE instrument. Concurrently the CDPE was reviewed by the Institute for Survey Research at Temple University. This redistribution and review by the Institute for Survey Research was to get final comments before we began field test in the regions.

There were certain key variables in designing the CDPE that need to be shared so that in the design of any future instruments in other agencies, these particular variables are considered (**SLIDE 5D--VARIABLES**). These variables are the following: it makes a difference if the programs one is evaluating are publicly funded or privately funded--the requirements will vary somewhat between these two different types of sponsorship. The age of the children served by the programs has an impact on the type of evaluation system designed. The size of programs will have an impact on the number of

people who have to be employed to do the evaluations. Centers as versus family day care homes has a tremendous impact on the design of the evaluation instrument and the system--in Pennsylvania for example, family day care homes operate under a registration system while the center programs operate under a more conventional licensing system. Urban and rural placement of programs has an impact in how many programs can be evaluated given time constraints. And lastly, if the programs to be evaluated serve children with disabilities this will have an impact on the evaluation system designed.

A last key component regards staff training. Staff training has to be a constant factor in the implementation of an Instrument Based Program Monitoring System. Because of its detail and comprehensiveness it is critical that a training component for all staff who are administering the instrument be as ongoing as the actual monitoring of the day care programs is ongoing.

As a point of information, the Child Development Program Evaluation is organized by seven component areas in measuring a day care program: **administration, environmental safety, child development program, nutrition, health, transportation , and social services.**

SECTION IV

Let us turn our attention to some results of the IPM system in attempting to answer the two questions raised at the beginning of this presentation:

Does compliance with state human service regulations have a positive impact on clients?

The answer to this question is a qualified yes. Based on research in Pennsylvania's Office of Children Youth and Families compliance with selected regulations has a greater positive impact on clients than does compliance with all regulations (**SLIDE 6--THEORY OF COMPLIANCE**). These studies were completed in two different services--child day care and child welfare services. The results from the studies showed a strong curvilinear relationship between client outcome and compliance with state regulations, and that there are particular regulations (indicators) that have a more positive impact than other regulations

In the day care area, the following regulatory items had the greatest impact: (**SLIDE 7--DAY CARE PREDICTORS**)

Group size and adult child ratio

Teacher qualifications and training

Health appraisals of children including proper immunizations

Consistent curriculum

Parental involvement/education

Sufficient space and equipment

Staff-parent communication

Emergency contact information

Staff-child interactions

These items are taken from the Child Development Program Evaluation Scale (Cdpe-S). Another very significant finding was that compliance with state day care regulations regarding health appraisals does produce higher levels of proper immunizations for young children in a more timely fashion. **(SLIDE 7A--IMMUNIZATION DATA TRENDS)**

In the child welfare area, the following regulatory items had the greatest impact: **(SLIDE 8--CHILD WELFARE PREDICTORS)**

Family service plans in place

Placement reviews every six months

Family service plans reviewed timely

Placement planning including:

efforts to prevent placement

anticipated duration of placement

description of service objectives for the child

These items are taken from the Child Welfare Indicator Checklist (CWIC). Compliance with child welfare regulations, in particular, those listed here appear to be tied to a potential outcome in the number of children who are no longer in placement.

With regulations coming under substantial attack, this is a preliminary report which indicates that compliance with certain human service regulations (those listed above in day care and child welfare) does have the intended impact on clients as originally conceived. However, it also indicates that **total or full compliance with all state regulations is not necessarily in the best interests of the client.** State governments and the Federal government must determine which regulatory items are clear predictors of quality and positive outcomes for children. Presently a statistical model (**Indicator Checklist System**) exists for reducing the regulatory burden on providers that governmental regulatory agencies can

use in determining predictors of quality.

Four agencies (Pennsylvania's Office of Children Youth and Families, West Virginia's Office of Social Services, California's Office of Child Development, and New York City's Agency for Child Development) that are part of a consortium for improving the monitoring of children's services (Children's Services Monitoring Transfer Consortium) have experienced significant improvements in provider satisfaction with monitoring efforts and have, in some cases, achieved more efficient allocations of resources for day care and day care monitoring. Pennsylvania has experienced substantial cost savings by linking the results of their IPM system to the state's fiscal and statistical information systems (**SLIDE 9--PENNSYLVANIA MODEL FOR MONITORING/TECHNICAL ASSISTANCE/INFORMATION SYSTEM**). On the basis of this system, the state was able to set a ceiling on day care funding that did not jeopardize program quality, and used the funds that were formerly given to high-cost providers to improve services of other providers on a targeted basis. The state saved approximately $5 million in day care funds while maintaining the quality of day care services, and it did so without major resistance from the provider groups. Also, California has been able with its IPM system to begin automation of its licensing and program quality instruments and linking these data with unit cost and service information on providers. In the development of the program quality instrument a representative sample of providers from across the state played a critical role in the development and implementation of California's IPM system. These links are providing the basis for a child development decision support system for the Office of Child Development in California. (**SLIDE 10--COMPLIANCE X COST CURVE**).

SECTION V

Very recently, a number of states (Pennsylvania, West Virginia, Michigan, California, Texas, and New York) have begun experimenting with what has been called an "Indicator Checklist".

Simply defined, an indicator checklist is a questionnaire or checklist that contains selected items or indicators from a longer, comprehensive instrument that is used as part of an IPM system (**SLIDE 11--THE INDICATOR CHECKLIST**). The items on the checklist are those that have been determined to be most effective in discriminating between providers that typically receive high overall scores on the comprehensive instrument or provide a high level of quality care and providers that typically receive low overall scores or provide a low level of care.

Because of their value in distinguishing between providers who are in compliance and those that are out of compliance, the items on the indicator checklist have been called "predictor" items. That is, they are a subset of items from the longer instrument that have a strong ability to "predict" the results that would have been obtained had the comprehensive instrument been administered to a given provider. In four of the states mentioned above, the average length of their respective Indicator Checklist's have been approximately 25 items. This compares with an average of approximately 200 items on their respective comprehensive instruments. The relationship between the scores obtained on the state's Indicator Checklists and their comprehensive instruments have been extremely high (**SLIDE 12--WEST VIRGINIA DATA**). When a Pearson's Product Correlation Coefficient was calculated on the Indicator Checklist and the comprehensive instrument for each state the correlation coefficients were always at a $r=+.80$ or higher.

Based on the results of Pennsylvania's, West Virginia's, California's and New York City's Indicator Checklists certain common items consistently were showing up as predictor items that were separating those good providers from those problem providers. These were the day care predictors mentioned earlier.

To most administrators and policymakers, the advantages of a shorter form will be readily apparent. The short form extends the general advantages of an IPM system in three key ways.

First, it substantially reduces the burden on providers, especially those providers that have a record of high compliance and are judged suitable for use of the short form--it is proposed that these providers be visited once every three years using the comprehensive instrument. In the intervening years, the indicator checklist would be used.

Second, the indicator checklist approach can further reduce a state's cost of monitoring and permit the more efficient reallocation of staff resources to other activities. A cost effectiveness study conducted in West Virginia, utilizing their indicator checklist, resulted in a savings of 50% staff time in determining the level of compliance of providers (in dollars, this translated to $800 annually per visit saved. With such a substantial savings in time, this will free program monitors/evaluators to act more as consultants in providing technical assistance to providers.

Third, reviews of providers may be consolidated where appropriate. For example, state staff who perform fiscal/contract compliance audits of providers might be trained to administer the indicator checklist during their audit. The total effect of maintaining a strong compliance monitoring capability that is less of a burden on providers and that achieves greater efficiency with lower cost is a higher quality monitoring system.

What is Needed to Develop an Indicator Checklist?

An indicator checklist is constructed as follows (**SLIDE 13--CONSTRUCTING THE INDICATOR CHECKLIST**).

1) Begin with an existing comprehensive instrument that has a sufficiently large number of items as to make greater efficiency desirable. The relative importance of each item, as reflected in some kind of scoring or weighting system, must have been established. Many criteria may be used for weighting the individual items. One criterion which is particularly good to use for weighting purposes is the extent to which a particular item is related to health, safety, or developmental risks to children.

2) Your agency should have used the comprehensive instrument long enough so that it is considered reliable for monitoring purposes; the instrument should have generated data that can be used to distinguish among providers in substantial compliance and weak or non-compliant providers.

3) With an existing comprehensive instrument and some historical score information, it is possible to use a simple arithmetical formula (phi coefficient) to select those items from the long questionnarie that are most useful in distinguishing between good and inadequate programs. These distinguishing or "predictor" items form the basis of the indicator checklist.

4) The final step is to include on the short form particular questions or items from the comprehensive instrument that are of critical importance to the health and safety of children. Typically, these are items which, if violated, would be sufficient basis for denying or revoking a license for a

day care program. Usually, such items are few in number. They are added to the short form with the predictor items to ensure that children will not be jeopardized by any statistical errors that might occur if only the "predictor" items were used.

From this description of the procedure for developing the shortened instrument, it is clear that the essential prerequisites for such a checklist are:

1. a long, comprehensive instrument in which agency administrators have confidence;

2. items on the comprehensive instrument that are weighted to indicate their relative importance;

3. sufficient score data from use of the comprehensive instrument to differentiate among better and worse programs; and

4. agency commitment to developing a short form instrument.

SPECIFIC CONCERNS OF ADMINISTRATORS AND POLICYMAKERS

It may be useful to address particular concerns of administrators and policymakers who may be interested in or even actively considering developing a shortened form of their agency's monitoring or licensing questionnaire or checklist. In particular, administrators will need to know:

How their agency can make use of an indicator checklist;

Whether indicator checklists have been tried by others;

How the quality of monitoring can be ensured; and

Whether there are potential drawbacks.

Can My Agency Make Use Of An Indicator Checklist?

Practically every agency that now has some form of questionnaire or checklist can potentially profit from using a shortened form of the instrument. Naturally, if your agency's instrument is already sufficiently short, then little will be gained by being more selective about questions or items to include. Many agencies are confronted, however, with lengthy instruments that cover a wide range of requirement areas. These agencies are prime candidates for short-form instruments.

Similarly, perhaps obviously, if your agency does not currently have an instrument-based system, then consideration of an indicator checklist/short form is premature.

In order to develop a successful indicator checklist, it is important that the items on your agency's current instrument be clearly linked to:

1. Your agency's requirements (regulations); and
2. The results or outcomes that are considered desireable with respect to the providers' performance in such areas as licensing, contract monitoring, and program quality.

Unless there is a clear correspondence between instrument items and requirements, there is a danger that the items selected for inclusion on the short form will be only loosely tied to regulations and may be perceived by providers as improper or illegal.

Similarly, if there is only a weak link between items on your agency's comprehensive instrument and the results that you expect from providers, then the ground for selecting particular items as good predictors will not be solid enough.

Have Indicator Checklists Been Tried By Others? The concept of an indicator checklist may be appealing, but administrators are usually hesitant to take risks that could jeopardize systems that have been developed through years of work. It is often satisfying to know that other states have already tested the concept in practice.

At present, the indicator checklist concept is still an innovation that holds great promise but has been fully implemented in only 5 states in the U.S. Pennsylvania, West Virginia, New York, Michigan and California have developed an indicator checklist/short form and are testing the concept. Because the initial analyses conducted by these states suggest that the short form can work, other states such as Oklahoma and Texas have declared

their intention to develop a shortened instrument by using these states' experiences as a guide. Clearly, though, the indicator checklist/short-form methodology is still in the experimental stage.

How Can The Quality Of Monitoring Be Ensured?

Top administrators may wonder whether the shortened instrument presented here will compromise the quality of their agency's current monitoring effort. Our view is that the short form will enhance current monitoring efforts by increasing the efficient and effective utilization of monitoring staff. But there are precautions that agencies should take in developing and using indicator checklists.

First, the indicator checklist/short instrument should not be used as a substitute for the comprehensive instrument, but rather as its complement. If the short form is viewed as the monitoring instrument, then there may be a tendency over time for providers to meet only the requirements covered on the short form. This situation could indeed, compromise the quality of monitoring.

On the contrary, we would anticipate that agencies would keep their comprehensive instruments as the definitive set of compliance expectations and administer them for the initial review (e.g., licensing review) of a provider. Agencies would use the indicator checklist/short form as:

1. A screening device to determine whether, for a given provider, it is necessary to administer the longer version; and
2. An interim review instrument to be used as the principal tool for providers who have a good record of compliance.

For example, the comprehensive instrument would continue to be used for "problem" providers and on a periodic basis, say, every three years, for good providers. Naturally, if the short form were used with a provider and problems were discovered, then the comprehensive instrument, or some portions of it, could be administered.

Over time, as conditions change, it will be necessary to update and revise both the comprehensive and short instrument. Using the comprehensive instrument at least periodically with all providers will provide a basis for modifying the short form to reflect changing compliance patterns.

Second, we expect that both versions of the instrument would be used by agency staff who are trained and competent to assess compliance. These staff would certainly not limit themselves to using the short form if they determined, on site, that conditions warranted using the comprehensive instrument.

The purpose of the indicator checklist/short form is to increase the options available to the agecny for monitoring in a flexible and cost-effective manner, not to put unreasonable constraints or "blinders" on monitoring staff.

SECTION VI

Potential Problems

As with all innovations, the introduction of an indicator checklist as the basis for routine monitoring in an agency may create some problems. Because indicator checklists have not been used on a widespread basis, it is difficult to identify all of the concerns that may arise in practice. However, a few potential problems can be anticipated. **(SLIDE 14--POTENTIAL DRAWBACKS AND SOLUTIONS).**

First, some agencies' regulations require that all providers be reviewed every year in all regulatory areas. That is, the agency insists that a comprehensive review, for example, using the comprehensive form of a agency's monitoring instrument, take place for each provider.

If this is the situation in your agency, then the use of a shortened instrument may depend on changing the current regulatory provisions concerning the frequency and scope of reviews. A strong basis for making such a change is the cost effectiveness of the indicator checklist/short form, that is, its potential for reducing monitoring costs substantially without reducing the quality of the monitoring effort.

Second, the agecny's staff who are responsible for monitoring may resist the introduction of the indicator checklist/short form. From their viewpoint, it may appear that the use of indicator checklists is a reduction in the importance of their professional roles and that the agency's cost savings may take the form of fewer jobs for day care monitors.

In our view, agencies may need to assure their staff that the indicator checklist/short form is not intended to reduce either the professional judgments involved or the scope of the monitoring function. As mentioned earlier, the comprehensive and short instruments must be used in a complementary way, not as substitutes, in order for the short form to have validity. If anything, the judgment of the monitors may be expanded as it becomes necessary to decide whether, in a particular case, the short instrument will be sufficient to measure compliance with state requirements, and/or program quality criteria. Monitors must be persuaded that the short form is an aid that is designed to reduce the monitors' workload for those providers with whom the short form is appropriate.

The reduction in workload may gradually change the relationship of monitors to providers from one of regulation to one of active support in improving the health and safety of the day care environment and encouraging child development. This change in the monitors' role could enable the agency to make even better use of the current monitoring staff's knowledge and experience.

With respect to costs and staff reduction, there is little question that substantial decreases in workload could also result in reduced staffing levels. However, before considering cutbacks in staff, we would encourage agencies to consider reallocating staff time that is saved because of the short form to other monitoring activities such as technical assistance to providers, involving program quality issues.

Third, an agency may discover that it does not have the necessary prerequisites, described earlier, to develop and implement an indicator checklist. If your agency lacks these prerequisities--in particular a

comprehensive instrument, reports of scores, and a system of weighting items on the instrument--then it may be advantageous for you to examine other reports prepared by the Children's Services Monitoring Transfer Consortium that describe how these prerequisities can be met. You may be interested in obtaining the Consortium's series of Guide Books entitled Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. The three volumes of this series describe in detail how to develop a comprehensive instrument from which an indicator checklist/short form can be derived.

SECTION VII

Conclusion

The art of monitoring has evolved considerably in recent years as more highly trained staff have been given responsibility for monitoring and as clearer procedures, such as instrument-based program monitoring, have been implemented. This evolution has contributed positively to achieving the desirable outcomes of improved day care for children, for which the agencyhas developed regulations. At the same time, the evolution has, we hope, made it possible for providers to operate more effectively, with the minimum necessary oversight by the agency.

Instrument Based Program Monitoring Systems are now being developed in other children's services, such as: MH/MR Services, children and youth services. Pennsylvania has developed its child welfare information system based on the instrument based program monitoring concept. This system meets two needs for Pennsylvania: one, it tracks children through its foster care system; two, it complies with PL 96-272--the Adoption Assistance and Foster Care Act--a federal law. West Virginia is attempting to use the IPM methodology in monitoring i's family day care home programs.

Also, a micro-computer decision support system based on the Instrument Based Program Monitoring and Indicator Checklist methodology is being developed by the Children's Services Monitoring Transfer Consortium (CSMTC). The CSMTC is a group of states (Pennsylvania, West Virginia, California, New York, Michigan, and Texas) who have been disseminating exemplary monitoring

techniques from state to state. Based on the combined efforts of these states a generic indicator checklist that measures compliance with state regulations as well as program quality has been developed (Fiene, 1984). The CSMTC feels that this generic indicator checklist can be used by agencies, who have not developed an instrument, to assess providers; or as a model instrument to assist agencies in developing their own instruments.

The real potential of monitoring in achieving social goals, (such as protecting the health and safety of young children, ensuring quality child development programs, and tying these to child development outcomes), will be better realized through continuing research and development of improved monitoring procedures. It is in this context that the development of the indicator checklist represents a major advance in monitoring children's services.

OUTLINE

General Introduction

System's Model
Instrument Based Program Monitoring
Information System

History of Pennsylvania's Cdpe

Results

Indicator Checklist Statistical Methodology

Potential Problem Areas

Conclusion

SLIDE 1

DEFINITION OF MONITORING

The Term "Monitoring" is Used in This Project to Encompass:

- Licensing
- Monitoring
- Corrective action
- Training
- Technical assistance
- Evaluation
- Managing resources

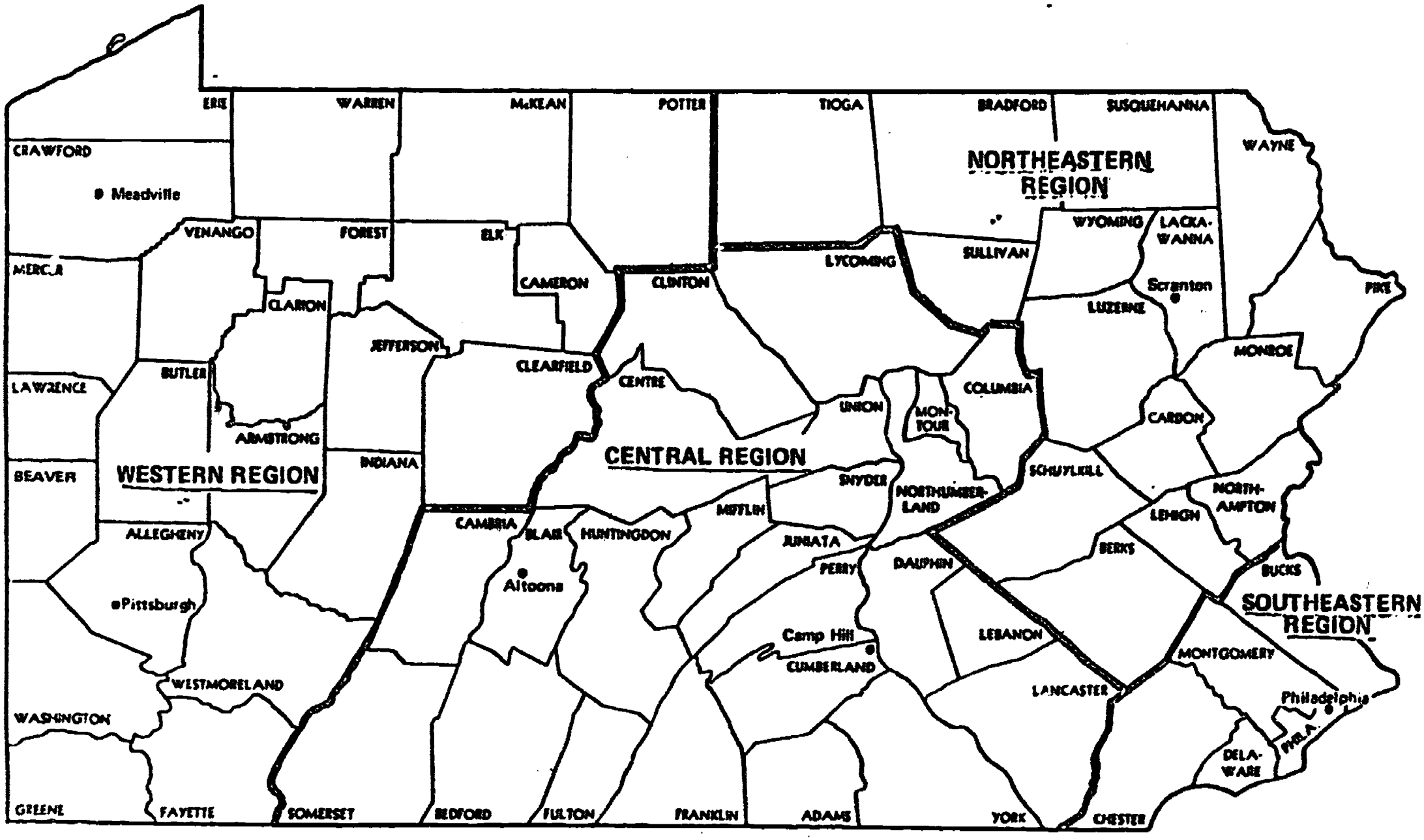
Features of an Instrument-Based Program Monitoring System

- Instrument-Based
- Supports Program Monitoring
- Comprehensive System

Advantages of an Instrument-Based System

- Consistency
- Coverage of All Regulatory Areas
- Clear Expectations of Providers and Monitors
- Simplified Monitoring Procedures
- Potential for Cost Efficiencies

DEPARTMENT of PUBLIC WELFARE REGIONS

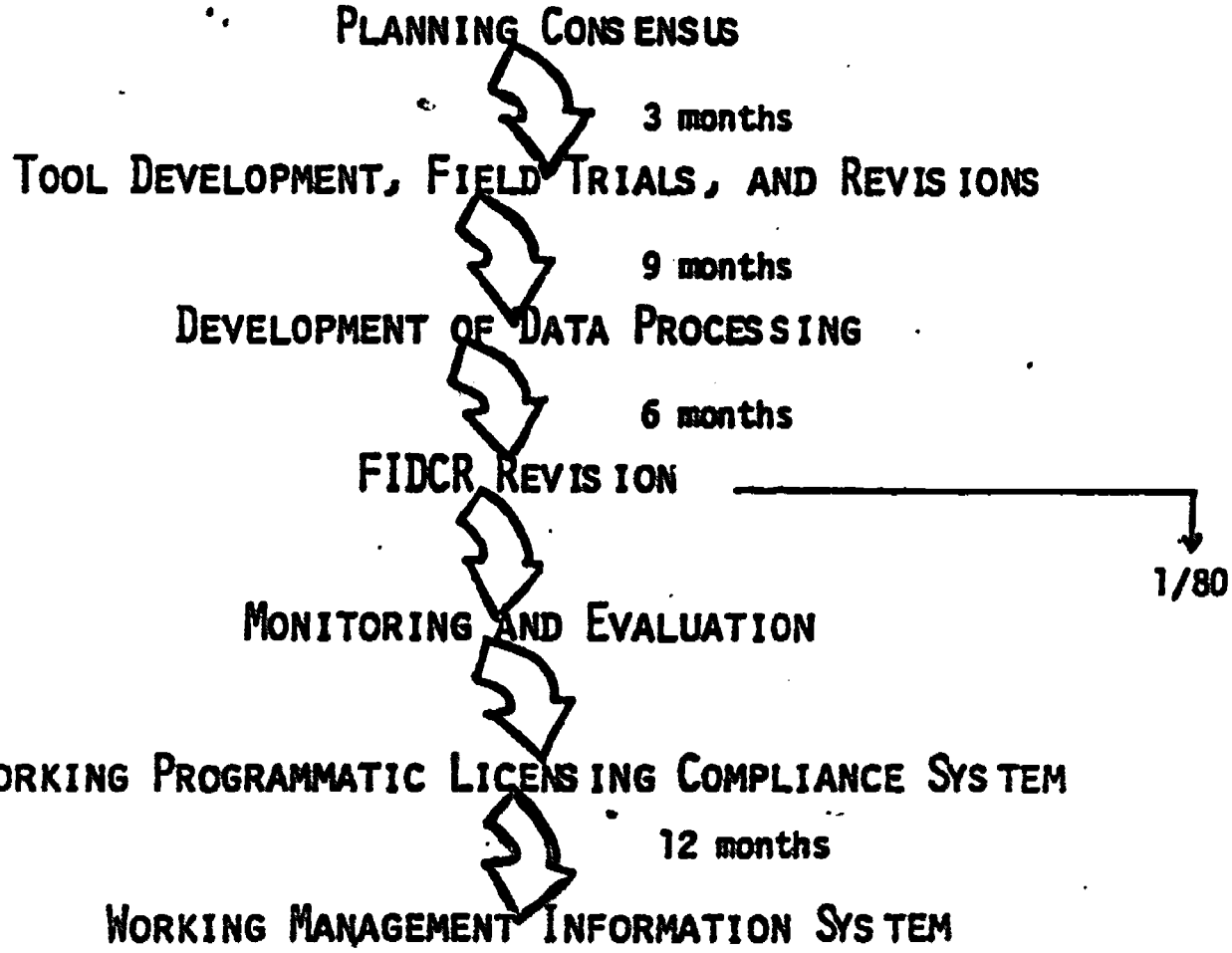


REGIONAL OFFICE HEADQUARTERS:

Northeastern Region - Scranton
Southeastern Region - Philadelphia
Central Region - Camp Hill
Western Region - Pittsburgh

CHILD DEVELOPMENT PROGRAM EVALUATION

PROCESS AND TIME LINES



January, 1977 to June, 1978

SLIDE 5a

CHILD DEVELOPMENT PROGRAM EVALUATION (CDPE)

WHAT IS BEING MEASURED:

PROGRAM COMPLIANCE WITH REQUIREMENTS FOR:

- LICENSING
- FUNDING
- QUALITY
- SERVICE STATISTICS
- FISCAL ACCOUNTABILITY

9/77

SLIDE 5b

CHILD DEVELOPMENT PROGRAM EVALUATION (CDPE): DEVELOPMENT OF THE TOOL TO MEASURE COMPLIANCE WITH LICENSING, FUNDING AND QUALITY STANDARDS

WHO WAS INVOLVED:

CONSULTANTS (DAY CARE PROGRAM COMPONENTS AND INSTRUMENT DESIGN)

STATE AGENCY PERSONNEL

PROVIDERS

DAY CARE CENTERS

FAMILY DAY CARE HOMES

9/77

SLIDE 5c

CHILD DEVELOPMENT PROGRAM EVALUATION

(CDPE)

VARIABLES

PUBLICLY FUNDED VS. PRIVATE

AGE OF CHILDREN BEING SERVED

SIZE OF PROGRAMS

CENTERS VS. FAMILY DAY CARE HOMES

URBAN VS. RURAL

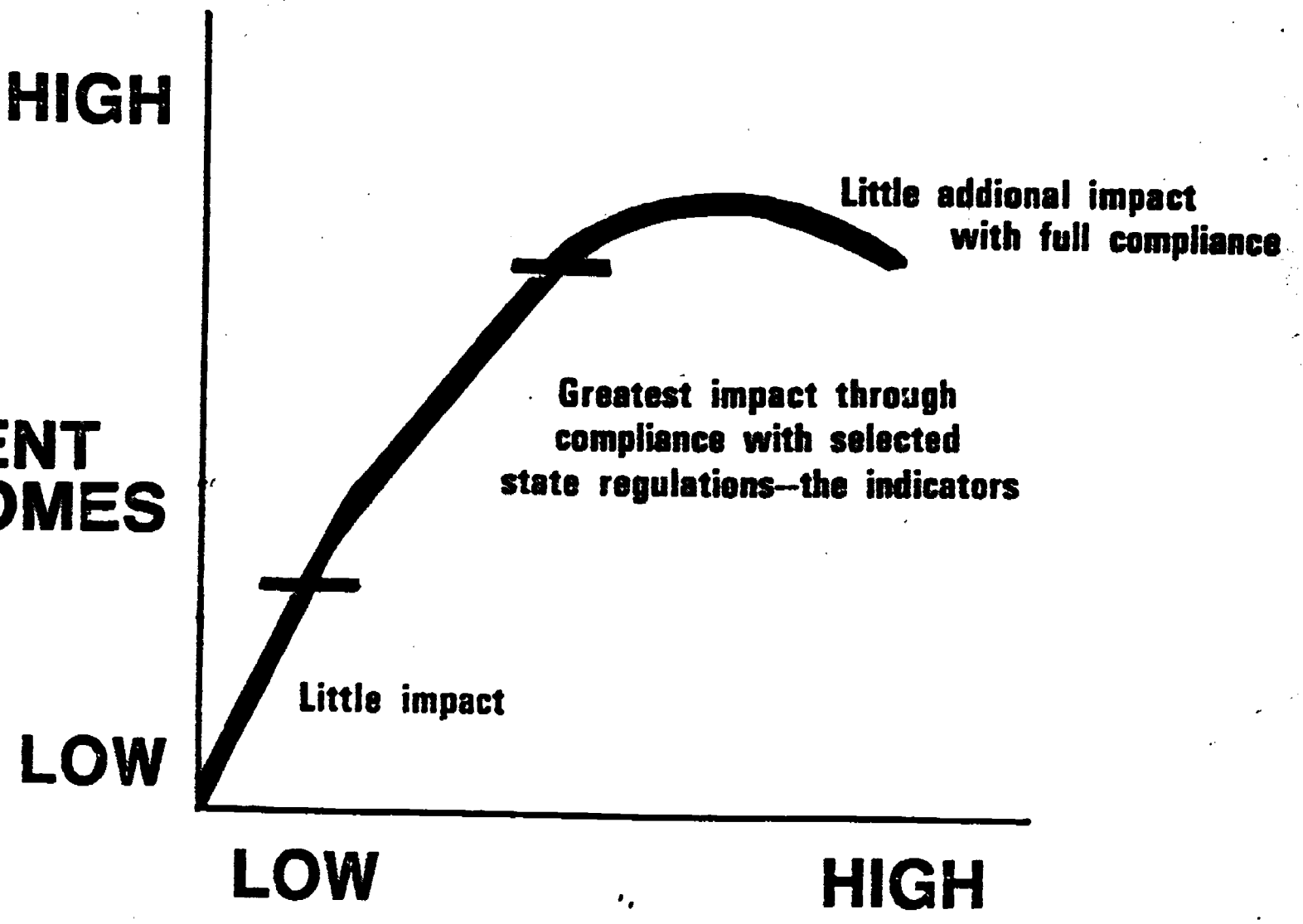
CHILDREN WITH OR WITHOUT DISABILITIES

9/77

SLIDE 5d

THEORY OF COMPLIANCE

as compliance with state regulations increases, client outcomes increase linearly; but only to a certain level and with selected regulatory items that have been determined to be predictors of overall compliance/outcome. Full compliance with present regulations has a plateau effect or a diminishing return effect on client outcomes.



DAY CARE PREDICTORS

Group size and adult child ratio

Teacher qualifications and training

Health appraisals of children including proper immunizations

Consistent curriculum

Parental involvement/education

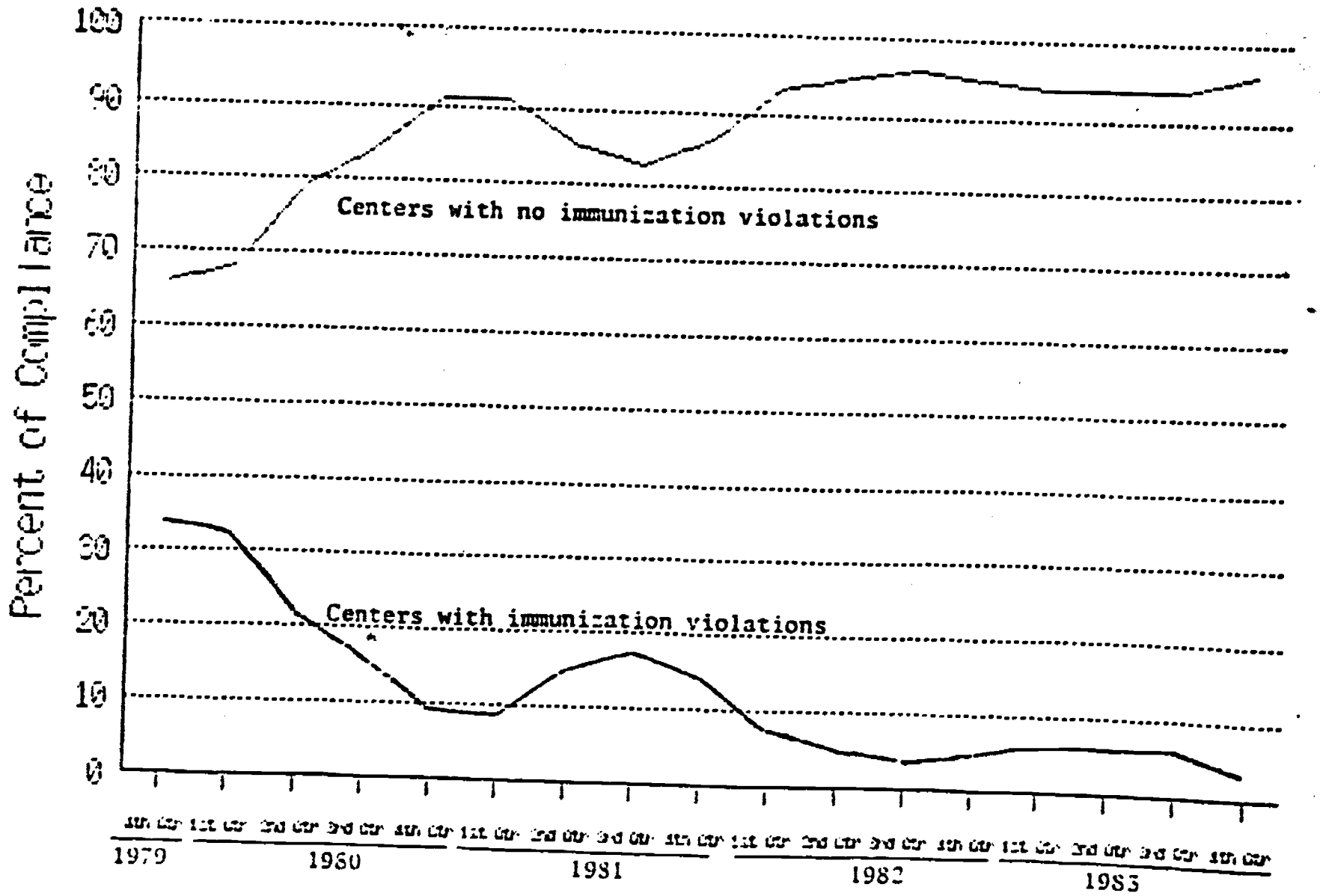
Sufficient space and equipment

Staff-parent communication

Emergency contact information

Staff-child interactions

DAY CARE CENTERS
IMMUNIZATION TREND 1979-1983 (PERCENTAGE)



SLIDE 7a

CHILD WELFARE PREDICTORS

Family service plans in place

Placement reviews every six months

Family service plans reviewed timely

Placement planning including:

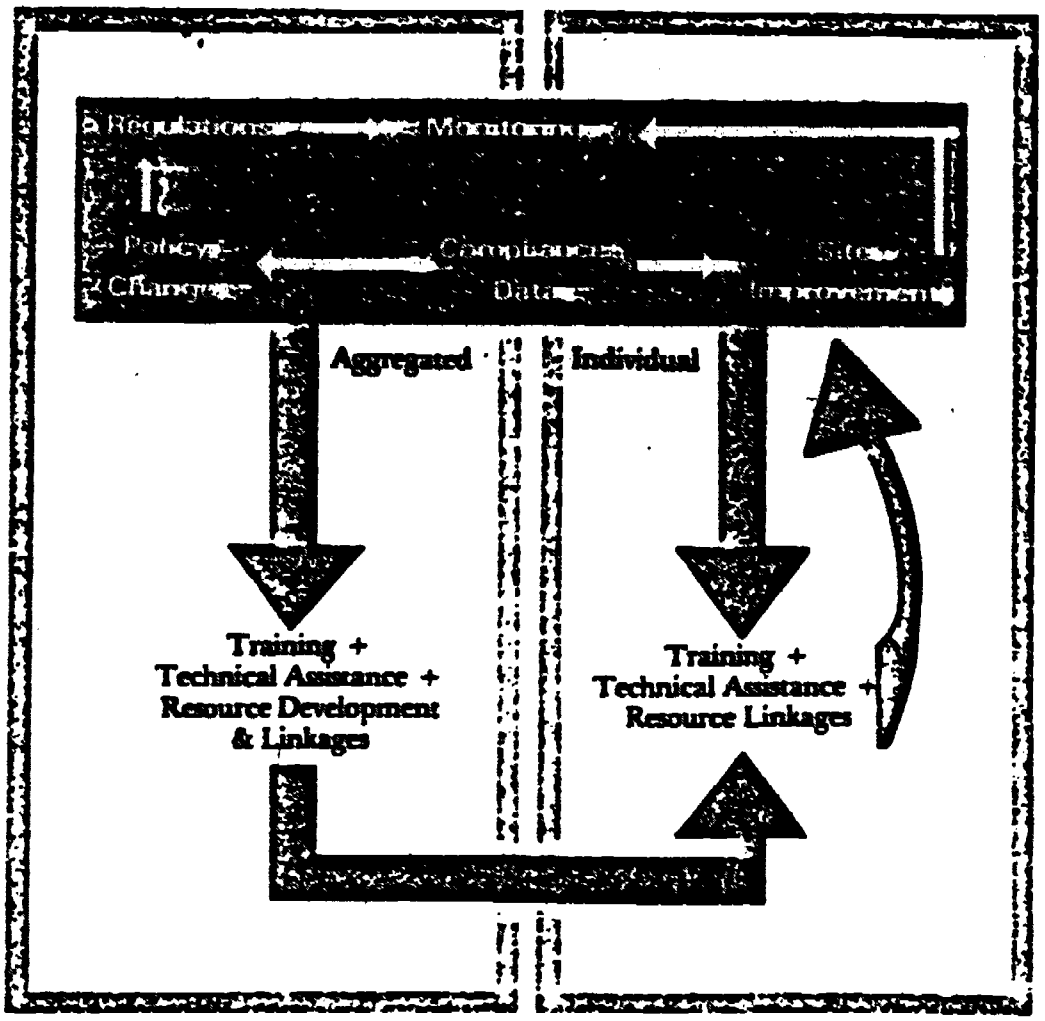
efforts to prevent placement

anticipated duration of placement

description of service objectives for the child

SLIDE 8

Pennsylvania Model for
Day Care Management-Information-Technical Assistance System



SLIDE 9

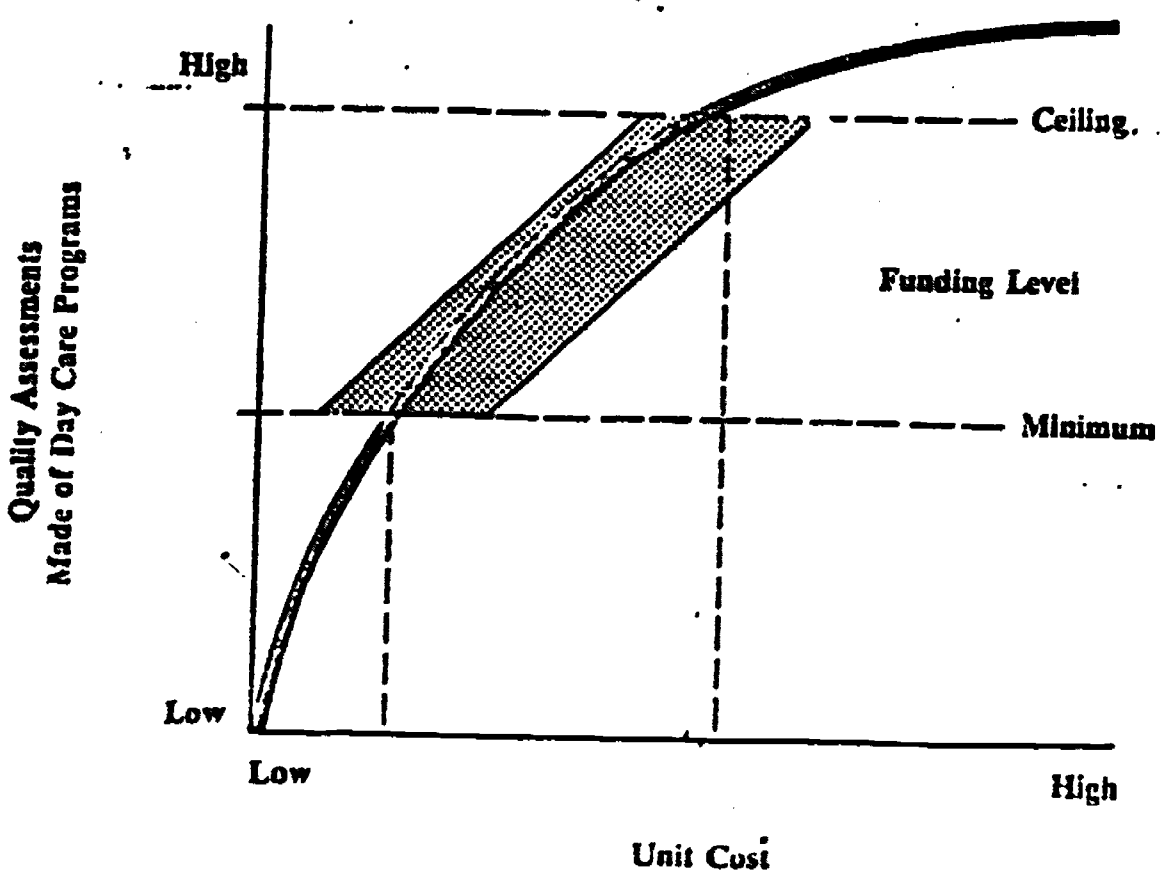
IS IT COST-EFFECTIVE FOR A STATE TO FUND HIGHER-COST DAY CARE CENTERS?

As state funds become more scarce, many top state policy makers must confront the potential trade-offs between the quality of day care services provided by state-funded providers and the costs associated with desirable quality levels. It is reasonable to expect that as quality improves provider costs will rise, but it is not clear that quality improves much beyond a certain cost level. Most states are unable to determine that cost level, however, and must often make decisions based on fiscal necessity or political lobbying.

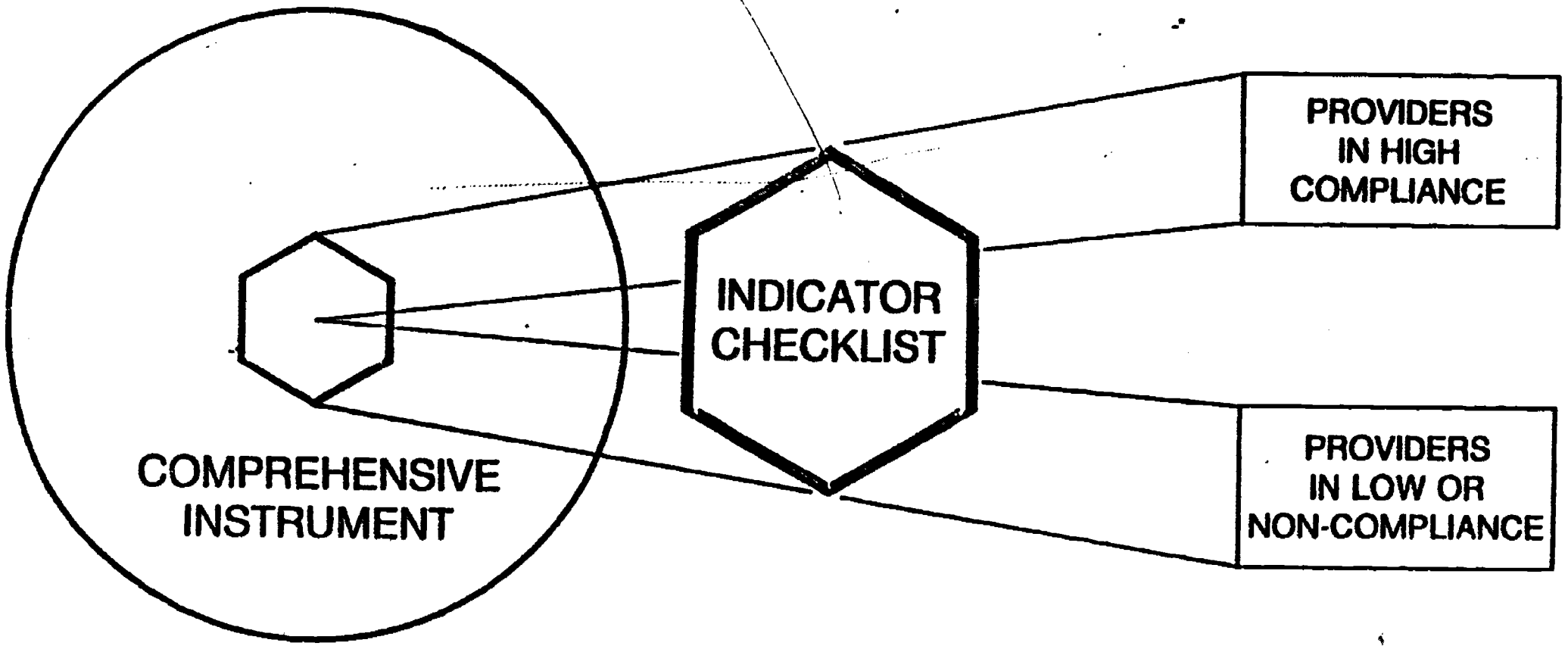
Using its IPM system, Pennsylvania addressed the quality/cost question directly. Easily accessible data from the system permitted an analysis that showed quality increasing at a declining rate above a particular level of cost-per-hour of service provided. (See figure below.)

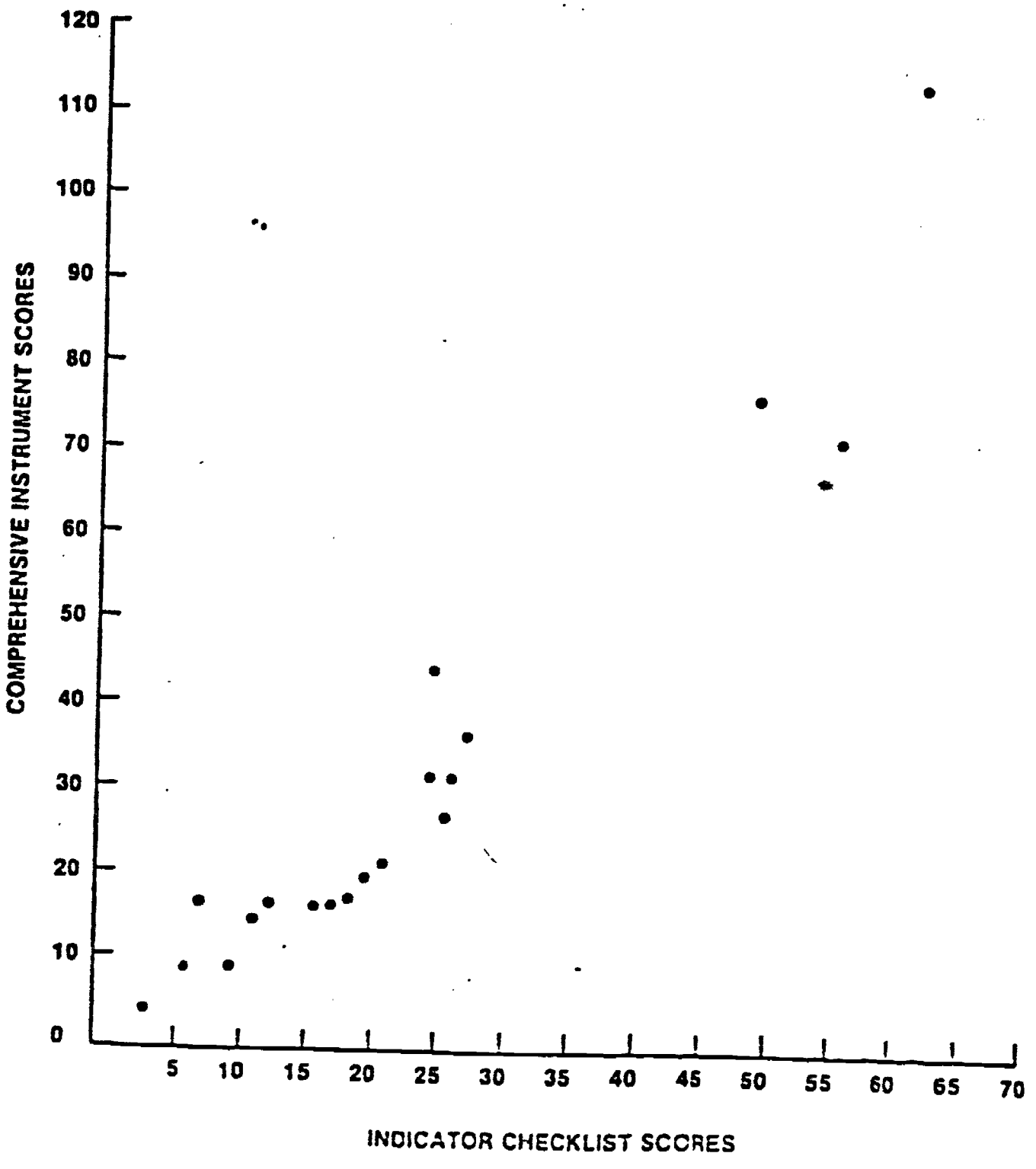
The state moved quickly to limit the unit level of cost at which it would reimburse providers. The move saved Pennsylvania nearly $5 million that was then reallocated to improve the day care programs of lower cost providers that met state standards.

QUALITY-COST CURVE



SLIDE 10

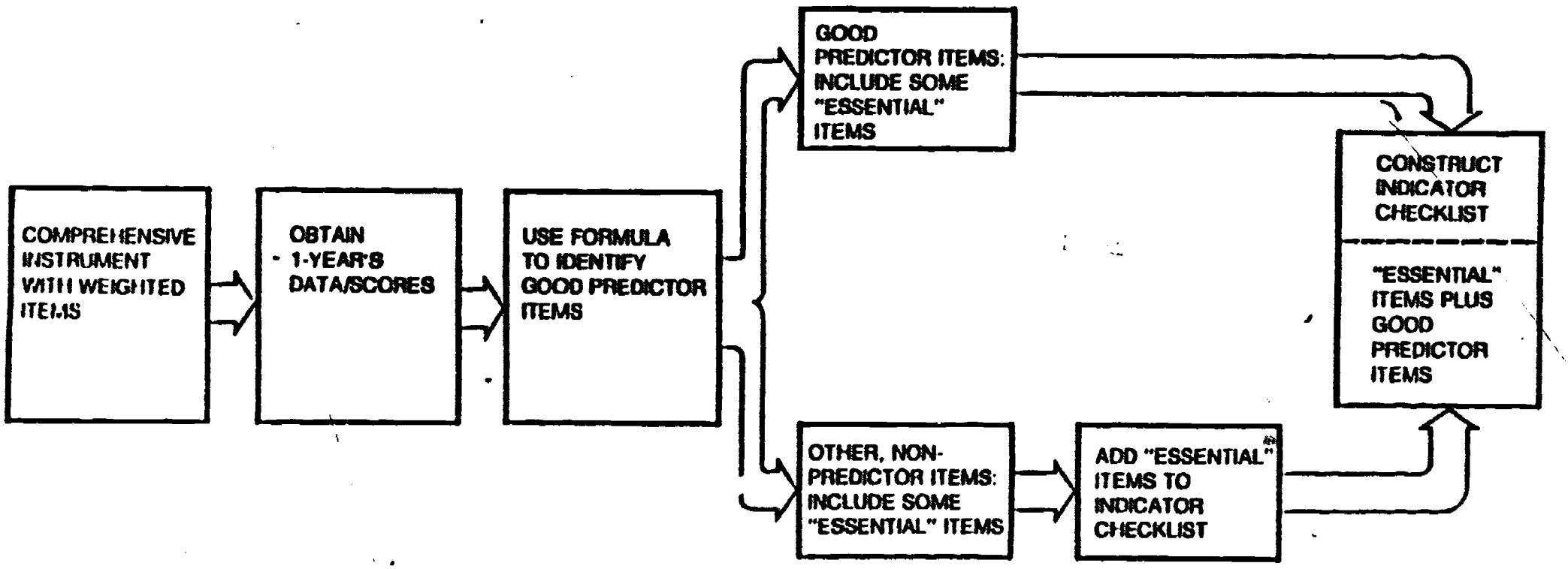

COMPREHENSIVE
INSTRUMENT
INDICATOR
CHECKLIST
PROVIDERS
IN HIGH
COMPLIANCE
PROVIDERS
IN LOW OR
NON-COMPLIANCE



SLIDE 12

CORRELATION BETWEEN WEST VIRGINIA'S SCORES ON
ITS CHECKLIST AND COMPREHENSIVE INSTRUMENT

Constructing The Indicator Checklist



Potential Drawbacks

- Regulatory Requirement for Annual Comprehensive Review
- Staff Resistance
- State's Lack of Prerequisites

Possible Solutions

- Change Regulatory Requirements
- Educate Staff
- Seek Assistance in Obtaining Prerequisites

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