

Key Indicator Systems for Licensing



What are Licensing Indicator Systems?

A Licensing Indicator System is a shortened version of a more comprehensive licensing inspection instrument designed to measure compliance with a smaller number of rules, while predicting high compliance with all the rules. This system integrates statistical information – such as economic, social and environmental factors – to be able to provide reliable information on an organization's level of compliance. Indicator systems generally lead to cost efficiencies and overall effectiveness. Rather than having a paradigm of one size fits all, state agencies use an indicator system to reward high-compliance programs with abbreviated monitoring visits, and target facilities with a history of non-compliance with more frequent visits and comprehensive technical assistance.

How Do Licensing Indicators Systems Work?

Differential Monitoring is a method used to determine the frequency of inspections needed and the scope that will be required at a given licensed setting based on the setting's licensing history. This is determined using Key Indicator Systems, Risk Assessment and Quality Indicator Systems.

Key Indicator Systems

identify a subset of regulations from an existing set of regulations that statistically predict compliance with the entire set of regulation

Risk Assessment

assigns weighted scores to regulations based on the level of risk to persons in care in the event of regulatory compliance.

Quality Indicator Systems

identify a subset of an existing set of regulations and other nonregulatory factors to predict the overall quality of care provided by a licensed setting



Who Benefits?

In addition to helping inform choices regarding the allocation of public resources and assess whether programs are working, licensing indicator systems benefit:

- Regulatory agencies: Can spend more time providing technical assistance and/or monitoring and providing assistance to low-compliance facilities
- Providers: Are rewarded for high compliance with shortened inspections and time for technical assistance
- Public: Can rest-assured that strong licensing continues, even if resources are reduced
- Advocacy community: Gain confidence that every person in care is protected

National Impact

NARA's Key Indicators and Risk Assessment methodologies have had a national impact. For example:

- Stepping Stones to Caring for Our Children used the Risk Assessment methodology in its development.
- Caring for Our Children Basics used Risk
 Assessment and Key Indicators along with other sources in its development.
- The National Early Childhood Program
 Accreditation (NECPA) system research base
 is drawn from the Risk Assessment and Key
 Indicator methodologies.
- Head Start Key Indicator (HSKI-C) was developed using the Key Indicator methodology.

Why Choose NARA?

Professionals at the National Association for Regulatory Administration (NARA) have been developing and refining targeted measurement tools for more than 30 years.

NARA has assisted dozens of states and provinces in creating program-specific research, training and customized technical assistance for child care and residential care settings, older adult care settings and settings for persons with intellectual disabilities.

NARA's consultants have the expertise to provide agencies with resources to implement key indicator systems. They work with states to analyze licensing compliance data, update and develop policies and procedures, and train staff to implement Key Indicator protocols.

NARA's methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care.

About NARA

The National Association for Regulatory Administration (NARA) is an international professional membership association founded in 1976 dedicated to the protection of the health, safety and well-being of children and adults in day or residential human care facilities through strong licensing and other forms of regulation.

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A Treatise on the Theory of Regulatory Compliance

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Abstract

This treatise provides some insights into certain assumptions related to regulatory compliance and the implications for regulatory researchers and policy-makers for the future development of rules and regulations. Once regulatory compliance decision making moves from requiring full compliance with all rules to a substantial regulatory compliance decision making approach, the measurement and monitoring systems employed to assess programs and facilities change dramatically.

Keywords: regulatory compliance, risk assessment, key indicators, licensing, monitoring, measurement

1. Introduction

Regulatory compliance is a sub-discipline within regulatory science that focuses on measurement, monitoring systems, risk assessment, and decision making based on regulatory compliance scoring. Regulatory compliance is dominated by nominal scale measurement, that is, either a facility is in or out of compliance with specific rules. There is no middle ground with regulatory compliance as there is with most quality measurements, which are generally made on an ordinal scale. However, some regulators feel that certain regulations are not or should not be subjected to nominal measurement.

A factor with regulatory compliance data is that they generally follow a very skewed frequency distribution, which limits analyses to non-parametric statistics. Because of the skewed data distribution, dichotomization of data is warranted, given the lack of variance in the regulatory compliance frequency distribution - the majority of facilities ¹ are either in full or substantial regulatory compliance.

An assumption within regulatory compliance is that full regulatory compliance, that is, 100 percent compliance with all rules ², is the best (i.e., risk is minimized) possible scenario for the services being delivered and assessed. It is also assumed that all promulgated rules have an equal weight in their relative impact on the desired service delivery model, although this thinking has been changing over time regarding how rules are

reviewed and complied with. This short treatise will examine the past 40 years of research delving into regulatory compliance measurement, and will provide some guidance to regulatory researchers and policy-makers as they move forward with both research and policy development related to rules. The data from these research studies have led to a Theory of Regulatory Compliance that demonstrates that substantial regulatory compliance - and not full regulatory compliance - is a more effective and efficient public policy as it relates to decision making on monitoring and licensing.

The results reported herein are drawn from human services delivery systems in the United States and Canada, such as early care and education, as well as child and adult residential services. The results are from state and provincial level licensing systems involving over 10,000 facilities serving over 100,000 clients. All the data are part of an international regulatory compliance database (https://data.mendeley.com/datasets/kzk6xssx4d/1) maintained at the Research Institute for Key Indicators and the Pennsylvania State University.

2. Methods

Alternate methodologies, logic models, and algorithms were developed directly from the Theory of Regulatory Compliance once it was determined that substantial regulatory compliance produced better results than full regulatory compliance. These methodologies created a differential monitoring or targeted monitoring approach based on risk assessment, which measures client morbidity and/or mortality when individual rule

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¹The term "facilities" is used when referring to programs and/or facilities.

²The term "rules" is used when referring to rules and/or regulations.

non-compliance is assessed, and the determination of key statistical predictors for overall regulatory compliance [3].

Briefly, the above methodologies provide cost-effective and efficient means for the ongoing monitoring of human service delivery systems by selecting and reviewing only those rules that either have a positive impact on clients, statistically predict overall regulatory compliance, or protect the health and safety of clients [3]. Based on regulatory compliance historical data, decisions could be made as to the frequency and depth of the reviews or inspections. Abbreviated reviews (inspections in which a subset of rules are measured), such as licensing key indicator rules or risk assessment rules, would only be done in those facilities having a history of high regulatory compliance. Those facilities with a history of high regulatory noncompliance would continue to receive full regulatory compliance reviews as they did in the past.

3. Results

Prior to 1979, it was always assumed that there was a linear relationship between regulatory compliance measures and program quality measures of human service facilities. In a study conducted in that year, which compared results from early care and education programs, in particular child care centers, this assumption did hold up when one went from low regulatory compliance to substantial regulatory compliance. However, the results from substantial regulatory compliance to full (100 percent) regulatory compliance did not show the same linear relationship. Rather, it showed that those programs that were in substantial instead of full compliance were actually scoring higher on the program quality measures.

Since 1979, this result has been replicated in many other early care and education delivery system studies, both nationally in the United States (Head Start) [1] and in several states (Georgia, Indiana, Pennsylvania) [2]. In all these studies, one finds a non-linear - rather than a linear - relationship between regulatory compliance and the overall quality of the facilities being assessed.

4. Discussion

Based on the results above, there are several assumptions within regulatory compliance that need to be reconsidered:

1. Public policies that require full (100 percent) compliance with all rules may not be in the best interest of the clients being served, nor an effective use of limited regulatory resources. Potentially, emphasis on substantial regulatory compliance may be a more effective and efficient public policy related to client outcomes when it comes to their health, safety, and quality of life. Note that substantial compliance is still very high regulatory compliance (99-97 percent compliance with all rules) and produces positive client outcomes. As stated above, regulatory compliance data are extremely skewed and not normally distributed. There is very little variance in the data and the

- majority of programs are in either full or substantial regulatory compliance.
- 2. If a jurisdiction focuses on a substantial regulatory compliance public policy it opens up many system enhancements, such as differential or targeted monitoring, risk assessment analysis, and statistical key indicator rules that have been demonstrated to be cost effective and efficient approaches to reviewing program performance. In a full regulatory compliance public policy approach, none of these system enhancements can be employed, with the possible exception of the key indicator approach as delineated in number four below.
- 3. If a jurisdiction takes the position that all rules are not equal, then a risk assessment or weighting approach becomes an alternative based on the assumption that certain rules place clients at greater risk of death, serious injury, or other types of harm.
- 4. Even if a jurisdiction does not have a licensing law that allows issuing licenses on the basis of substantial compliance, there is the possibility that key indicators could still be used for abbreviated reviews or inspections, if there is no prohibition in statute or regulation that expressly forbids the use of this approach, since key indicators statistically predict full regulatory compliance. In other words, all rules are statistically predicted to be in regulatory compliance based on the results of the key indicators. Therefore, technically, all rules have been reviewed albeit short of a full review or inspection.
- 5. Based on previous research, utilizing a risk assessment approach along with a key indicator approach is the most cost effective and efficient differential monitoring system model. The reason is that both predictive rules and those rules that place clients at greatest risk are always assessed when a site visit review or inspection is done. Many more jurisdictions use a risk assessment approach at this point, but there is a loss of predictive regulatory compliance by just using it.
- 6. Based on previous regulatory compliance history, only those facilities in high regulatory compliance would be eligible for abbreviated key indicator and risk assessment reviews, whereas those with a history of high regulatory non-compliance would continue to receive full regulatory compliance reviews. This gets at the essence of the differential monitoring approach, which is cost neutral. Regulatory resources may then be re-allocated from the abbreviated reviews to more in-depth full regulatory compliance reviews.
- 7. Based on the use of the key indicator and risk assessment methodologies within a differential monitoring approach, it is possible to identify over multiple jurisdictions if there are generic rules that meet the criteria of risk abatement and prediction. Such an application has occurred in the United States with the creation of early care

and education standards entitled *Caring for Our Children Basics*, published by the Administration for Children and Families, US Department of Health and Human Services (2015).

5. Conclusion

Regulatory compliance is relatively new in applying empirical evidence and basic scientific principles to its decision making. In the past, it had been dominated by case studies and long narrative reports that did not lend themselves to quantitative analysis. There is a need to more clearly apply empirical evidence and the scientific method to rule development. Certain assumptions, such as full regulatory compliance as a sound public policy, are lacking in empirical evidence. This treatise on a theory of regulatory compliance is provided for its heuristic value for both regulatory researchers and policymakers in rethinking some basic regulatory compliance assumptions. It is not about more or less, rules but finding the "right rules" that protect clients, predict overall regulatory compliance, and produce positive client outcomes.

6. Declaration of Conflicting Interest

The authors declare no conflicts of interest.

7. Article Information

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- [3] Fiene, R. (2016). Early Childhood Program Quality Indicator and Improvement Model (ECPQIM) and Differential Monitoring Logic Model and Algorithm (DMLMA) Readings. Retrieved from https://drfiene.files.wordpress.com/2018/03/1ecpqims-book-ofreadings.pdf

Risk Assessment and Licensing Decision Making Matrices: Taking into Consideration Rule Severity and Regulatory Compliance Prevalence Data

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This short paper combines the use of risk assessment and licensing decision making matrices. In the past, risk assessment matrices have been used to determine the frequency of monitoring and licensing visits and scope of reviews based upon individual rule severity, risk factors, or both. Notably, these data were lacking because they had not been aggregated to determine what type of licensing decisions should be made based upon prevalence, probability, or regulatory compliance history data. The approach described here is a proposed solution to that problem.

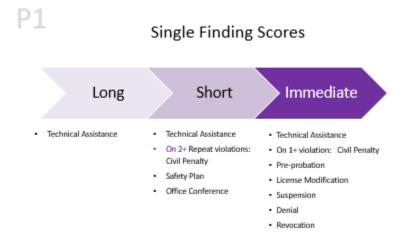
Washington State's HB 1661 (2017) redefined the department's facility licensing compliance agreement (FLCA) process. One feature of this new process is to allow licensed providers to appeal violations noted on the FLCA that do not involve "health and safety standards.¹" To determine what licensing rules are and are not "health and safety standards" under the new definition, the department worked with community and industry stakeholders, and sought extensive public input, to assignment weights to licensing regulations. These weights were based on each regulation's risk of harm to children. A rule designed to protect against the lowest risk of harm was assigned a "1" and a rule designed to protect against the highest risk of harm was assigned an "8". Weights of "2" through "7" were determined accordingly. These weights were then grouped into three different categories based on risk:

- Weights 8, 7 and some 6 = immediate concern
- Weights 4, 5 and most 6 = short term concern
- Weights 1, 2, and 3 = long term concern

Using the new risk categories, the department developed a two-prong approach that considers both the risk of harm to children at the time a violation is monitored (single findings) and the risk of harm to children arising from violations noted for a given provider over a four year period (historical or overall findings). Used together, the department will assess the single findings and the historical findings to determine appropriate licensing actions, ranging from offering technical assistance to summarily suspending and revoking a child care license. In addition, the department will also note how many times a provider violates the *same* rule, with the severity of a licensing action increasing each time. For example, a violation within the short term concern category could be subject to a civil penalty when violated the second (or potentially the 3rd) time in a four-year period. Whereas, a violation in the immediate concern category could be subject to a civil penalty or more severe action upon the first violation. (See Graphic for Step 1).

¹ Washington law governing child care and early learning defines "health and safety standards" to mean "rules or requirements developed by the department to protect the health and safety of children against substantial risk of bodily injury, illness, or death." RCW 43.216.395(2)(b).

Step 1:



A more difficult task is assigning initial thresholds for the overall finding score. It is this second step (Step 2) where we need to consider probability and severity side by side as depicted in Chart 1 below which is generally considered the standard Risk Assessment Matrix in the licensing research literature:

Step 2:

<u>Chart 1 – Risk Assessment Matrix</u>

		Probability/	Prevalence		
	Levels	High	Medium	Low	Weights
Risk/	High	9	8	7	7-8
Severity	Medium	6	5	4	4-6
	Low	3	2	1	1-3
	# of Rules	8 or more	3-7	2 or fewer	

The next step (Step 3) is to build in licensing decisions using a graduated Tiered Level system as depicted in the following figure. In many jurisdictions, a graduated Tiered Level system is used to make determinations related to monitoring visits (frequency and scope) and not necessarily for licensing decisions.

Step 3:

P2 Overall License Score

Tier 1 Tier 2 Consideration for Continued Licensing Technical Assistance Consideration for Tier 4 Office Conference Consideration Civil Penalties for Consideration for Civil Penalties • Denial Probationary License Amendment License Modification Revocation

Suspension

- Number of non-compliances
- Scores used to calculate 'licensing score'
- Lower licensing scores = higher compliance

Step 4 involves combining steps 1 and 2 into a revised risk assessment matrix as depicted in the following chart:

Step 4:

Risk Assessment (RA) Matrix Revised

Risk/Severity

Levels	High	Medium	Low
Immediate	9	8	7
Short-term	6	5	4
Long-term	3	2	1
		Probability	
Regulatory	8+ rules out of	3-7 rules out of	2 or fewer
Compliance	compliance.	compliance.	rules out of
(RC): # of	92 or less	93 – 97	compliance.
Rules out of	regulatory	regulatory	98 – 99
compliance	compliance.	compliance.	regulatory
and In			compliance.
compliance			

The last step (Step 5) is to take steps 3 and 4 and combine them together into the following charts which will provide guidance for making licensing decisions about individual programs based upon regulatory compliance prevalence, probability, and history as well as rule risk/severity data.

Step 5:

Licensing Decision Making Matrix*

Tier 1 = (1-2) RA Matrix Score

Tier 2 = (3) RA Matrix Score

Tier 3 = (4-5) RA Matrix Score

Tier 4 = (6 - 9) RA Matrix Score

*Regulatory Compliance (RC)(Prevalence/Probability/History + Risk/Severity Level)

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Tier 1 = ((RC = 93 - 97) + (Low Risk)); ((98 - 99) + (Low Risk)) = Tier 1

Tier 2 = (RC = 92 or less) + (Low Risk) = Tier 2

Tier 3 = ((RC = 93 - 97) + (Medium Risk)); ((98 - 99) + (Medium Risk)) = Tier 3

Tier 4 = (RC = (92 or less) + (Medium Risk)) = Tier 4; ((93 - 97) + (High Risk)) = Tier 4; ((98 - 99) + (High Risk)) = Tier 4; ((98 - 99) + (High Risk)) = Tier 4+
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Florida Department of Children and Families Office of Child Care

Florida Differential Monitoring Final Project Summary Report June 14, 2021

Introduction

The National Association for Regulatory Administration (NARA) has developed a differential monitoring Key Indicator System (KIS) for the Florida Department of Children of Families, Office of Child Care (OCC). This final project summary report provides:

- 1. A description of the evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology;
- 2. The approved Project Plan;
- 3. A summary of the information gained from stakeholder feedback sessions;
- 4. A summary of the information gained from system data analysis;
- 5. A summary of the data collection and statistical analysis methods used;
- 6. A summary of the statistical analysis findings;
- 7. Information about the inspection checklist, policy and procedure development;
- 8. Information about staff and stakeholder trainings; and
- 9. A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future.

All the above sections will be outlined in this report, and each section has a corresponding appendix containing each of the reports produced by NARA that relate to the applicable section.

I. The evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology

OCC had been using an abbreviated protocol for inspections for some time and had legislation for doing so. This is unusual in that most jurisdictions do not have legislation in place for a differential monitoring approach (there is a copy of the legislation in the first appendix with the respective section highlighted), although the Federal Department of Health and Human Services has encouraged states via the Child Care Development and Block Grant (CCDBG) legislation to entertain the possible adaptation of differential monitoring because of its effective and efficient methodology.

Here is the guidance from the Office of Child Care related to Differential Monitoring¹:

Differential monitoring involves monitoring child care programs using a subset of requirements to determine compliance. The two methods used to identify critical rules are **key indicators** and **risk assessment**.

States have the option of using differential monitoring strategies, provided that monitoring visits are still representative of the full complement of licensing and CCDF health and safety standards.

Many states use differential monitoring approaches, which are intentionally designed so that although not every licensing standard is specifically checked for compliance, the monitoring visit is indicative of the full range of the licensing requirements.

Differential monitoring often involves monitoring programs using a subset of requirements to determine compliance. There are two methods that states have used to identify these critical rules:

- 1. **Key indicators:** An approach that focuses on identifying and monitoring rules that statistically predict compliance with all the rules. The key-indicators approach is often used to determine which rules to include in an abbreviated inspection form or checklist.
- 2. Risk assessment: An approach that focuses on identifying and monitoring rules that place children at greater risk of mortality or morbidity if violations or citations occur. A risk assessment approach is most often tied to classifying or categorizing rule violations and can be used to identify rules where violations pose a greater risk to children, distinguish levels of regulatory compliance, or determine enforcement actions based on categories of violations.

Note that monitoring strategies that rely on sampling only some providers or allow for a frequency of less than once a year for providers that meet certain criteria are **not** allowable. The law clearly states that each child care provider serving a child receiving CCDF assistance shall receive an inspection annually.

II. Approved Project Plan

The approved differential monitoring project plan in its entirety is in Appendix 2. As is evident in the project plan, all deliverables were completed on or before the due dates established by the plan. It is important to note that this was a very linear and modular approach such that each deliverable was produced by building off of the previous deliverable.

¹ Office of Child Care. (2016). Child Care and Development Fund final rule frequently asked questions. U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/occ/resource/ccdf-final-rule-faq

III. Summary of the Information Gained from Stakeholder Feedback Sessions

OCC desired that all stakeholders, including but not necessarily limited to child care centers, day care homes, and licensing staff, be informed of the differential monitoring methodology project and afforded the opportunity to provide information related to current and future inspection practices.

To accomplish this request, NARA, in conjunction with OCC staff, hosted two sessions for each stakeholder type, a total of six sessions overall. All sessions were conducted using remote technology through the OCC's GoToWebinar platform. The topics most relevant to the development of the differential licensing methodology are summarized below:

- Stakeholders were questioned about what counselors spent the most time doing during an inspection. The overwhelming response from all groups was record review. Furthermore, when asked where additional time should be spent, the centers, homes, and OCC staff specified they would like to spend more time on the provision of technical assistance. Implementation of a differential monitoring methodology will allow licensing counselors to spend less time on record review and more time on the provision of technical assistance and compliance measurement with other rules, such as those deemed "most serious" by stakeholders.
- Stakeholders were asked to provide specific regulations that they considered the "most serious" that should be measured during every inspection. For purposes of this report, "most serious" refers to those regulations that if violated pose the greatest risk of harm to children. The three stakeholder groups agreed that child safety requirements, including facility/playground safety, chemical storage, and ratios should be measured at every inspection. Background screenings and supervision requirements were common responses between the centers and OCC staff. It is recommended the above regulatory areas be considered by OCC when determining the supplemental standards discussed in section one of this report.
- Stakeholders were asked about technical assistance provided by OCC to child care centers
 and day care homes. The majority of both regulated settings and licensing counselors
 indicated satisfaction with this area but agreed an increased focus on technical assistance
 would be valuable. Implementing a differential monitoring methodology will allow OCC to
 provide additional technical assistance to those providers who are not in complete regulatory
 compliance, one of the primary benefits of such a system.
- Finally, each stakeholder group was asked to give their opinion regarding a transition from an
 abbreviated inspection to a full inspection should a violation with a key indicator standard be
 identified. Feedback from all stakeholder groups indicate the majority of participants agree with
 the above practice. Stakeholder support will be instrumental in the fluid implementation of a
 differential monitoring methodology.

IV. Summary of Information Gained from System Data Analysis

OCC was able to provide inspection-specific data, which eliminated the need to select a dample of inspections and increased the overall reliability of the results.

With child care centers there were 5179 data points; 1027 data points with family child care homes; and 300 data points with group child care homes. These data points or observations represented comprehensive reviews of all regulations/rules of the respective facilities.

The source of the data are from checklists or instruments that are used by Florida licensing staff when they are on site inspecting a specific program.

The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes, and 332 rules applied to group child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated. Please see Appendices 4, 5, 6 for the detailed report which describes the analyses, the methods, and the results/findings.

V. Summary of the Data Collection and Statistical Analysis Methods Used

The data collection and statistical analysis methodology is the standard NARA methodology used for the past 40 years in generating Licensing Key Indicators developed by Dr Fiene back in the 1970's and 1980's. The methodology has been refined and enhanced over the years as the data distributions have become more comprehensive and electronically based. Because of these facts it has been possible to eliminate false negatives from the 2 x 2 Key Indicator Determination Matrix. Please see Appendices 4, 5, 6.

VI. Summary of the Statistical Analysis Findings

Licensing Key Indicators were found for centers and large and small child care homes. There was a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations. Please see Appendices 4, 5, 6 for the details of the report.

VII. Information About the Inspection Checklist, Policy and Procedure Development

Detailed instructions for eligibility criteria for differential monitoring abbreviated inspections via licensing key indicators were delineated in a Policy and Procedures Report (See Appendix 7). The procedures for conducting licensing key indicator reviews were also provided in this report. The

suggested revised instructions and checklists were provided as well (See Appendix 7 for the suggested checklists).

In order to be eligible for a KIS inspection, a child care facility ("facility") must meet all of the following criteria:

- 1. The facility must be licensed for a period of no less than two (2) consecutive years, or, if the facility is a licensed exempt Gold Seal Quality Care program, must have Gold Seal Quality Care designation for a period of no less than two (2) consecutive years.
- 2. The facility must have received at least two full on-site renewal inspections in the most recent two years.
- 3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years.
- 4. The provider is not currently under investigation by Child Protective Services.

 A facility that does not meet all of the above criteria may not receive a KIS inspection. Standard inspection procedures shall be followed in accordance with the OCC policy. Per the Desk Reference Guide, Renewal Inspections may not be Abbreviated Inspections.

OCC's Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

- 1. Changing the current abbreviated inspection rules to match the KIS rules, and
- 2. Changing system functionality to select five (5) random rules in addition to the KIS and Supplemental

Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.

VIII. Information about Staff and Stakeholder Trainings

OCC desired that all stakeholders receive training on the creation of Florida's Differential Monitoring Methodology and inspection tools following completion of system development.

Five sessions were held in total; two were held for licensees (child care facilities, family child care homes, and large family child care homes), and three were held for OCC licensing staff.

All sessions were conducted in June 2021 and were conducted using remote technology through the Office of Child Care's GoToWebinar platform. Attendance reports for each session were generated from the platform and provided to NARA. An informational PowerPoint presentation on Florida's Differential Monitoring Methodology was provided during all sessions. The presentation focused on the following:

- A brief review of differential monitoring;
- The creation of Florida's Differential Monitoring Methodology;
- A review of the standards measured during an abbreviated inspection;
- Eligibility criteria for participation in an abbreviated inspection;
- Procedures for conducting abbreviated inspections, and
- A review of the licensing checklist and instruction manual (Staff only)

70 participants attended the stakeholder training sessions. 116 participants attended the staff training sessions. Questions were operational in nature and answered by the Office of Child Care.

IX. A Summary of the Differential Monitoring Licensing Methodology, its Implementation, and Implications for the Future.

A clear balancing of key indicator rules and risk assessment/supplementary rules has been proposed as the differential monitoring licensing methodology for Florida. This approach will provide the best of both worlds in having predictor indicator rules along with rules that pose the greatest risk to children.

NARA recommends that OCC adopt the following methodology for its differential monitoring system:

- 1. Identify the Key Indicator Standards that statistically predict overall compliance with all standards for Child Care Centers, Family Child Care Homes, and Large Family Child Care Homes (hereafter "licensed settings").
- 2. Determine the standards that will be measured during Key Indicator Inspections to include:
 - The Key Indicator Standards;
 - Supplemental Standards, which generally include any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care, and
 - Randomly-selected standards that are selected prior to each inspection, which may by contingent upon OCC's ability to modify its electronic licensing system to select standard. The

total number of standards to be measured should not exceed 20% of the total standards for each type of licensed setting.

- 3. Establish Eligibility Criteria to determine which licensed settings are eligible for a Key Indicator Inspection.
- 4. Modify the current abbreviated inspection procedures such that all abbreviated inspections are Key Indicator Inspections and allow Renewal Inspections to be abbreviated inspections.
- 5. Create policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology that includes, at a minimum, how licensing staff will conduct themselves during such inspections. (See Appendix 9 for the detailed Differential Monitoring Methodology Report)

The next logical step is to validate this approach. Utilizing the Zellman and Fiene (2012) Validation Framework (see Appendix 9 for the research brief describing this framework.) This would be the natural follow up to the work just completed.

These are long term recommendations for Florida to consider as they begin implementation of their key indicator differential monitoring system (these are based upon NARA's experience with several jurisdictions in the State of Washington, Province of Saskatchewan, and the State of Georgia; and the Office of Head Start):

- 1) Begin a pilot phase as soon as possible as part of the implementation process to validate the effectiveness and efficiency of their key indicator differential monitoring system. Pay particular attention to the final licensing decisions and the relative scores on the key indicator tool. There should be 90%+ agreement in full licensure and no non-compliance with the key indicator tool.
- 2) Every 3-4 years, a full review of the key indicators should be done by conducting a replication of the study completed as part of this contract.
- 3) Every 3-4 years, for those programs that have had key indicator/abbreviated inspections, a full review inspection protocol should occur. It has been determined that the key indicator tool will not be used in renewals but if this were to change, then this recommendations is critical to follow.
- 4) If the rules/regulations change in the next 3-4 years, a re-validation of the key indicators is warranted. If the rule changes are minor than doing the re-validation as soon as the rule changes are completed can be assessed. However, if the rule changes are major than doing the re-validation a bit later in order for the rules to be acclimated by all providers is a more prudent way to do the re-validation study.
- 5) If the key indicator tool is used as a screener tool for every provider, only do this once, do not make it a common program monitoring practice.

6) Do not reduce the number of reviews for individual programs. Only reduce the scope of the review by using an abbreviate differential monitoring approach which focuses on the key indicators, risk assessment rules, and the random rules selected for each review. By utilizing this approach it balances cost effectiveness and efficiency.

If you follow these above recommendations, it should enhance the implementation of the key indicator differential monitoring system in Florida.

Appendices:

- 1) The evolution of the Florida Department of Children and Families Office of Child Care
 Differential Monitoring Licensing Methodology: Florida Legislation
 - 2) The approved project plan
 - 3) A summary of the information gained from stakeholder feedback sessions
 - 4, 5, 6) A summary of the information gained from system data analysis, A summary of the data collection and statistical analysis methods used, A summary of the statistical analysis findings
 - 7) Information about the inspection checklist, policy and procedure development
 - 8) Information about staff and stakeholder trainings
- 9) A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future: Validation Study

2019

Florida Statutes

Sections

402.26-402.319

Child Care

402.26 Child care; legislative intent.—

- (1) The Legislature recognizes the critical importance to the citizens of the state of both safety and quality in child care. Child care in Florida is in the midst of continuing change and development, driven by extraordinary changes in demographics. Many parents with children under age 6 are employed outside the home. For the majority of Florida's children, child care will be a common experience. For many families, child care is an indispensable part of the effort to meet basic economic obligations or to make economic gains. State policy continues to recognize the changing composition of the labor force and the need to respond to the concerns of Florida's citizens as they enter the child care market. In particular, the Legislature recognizes the need to have more working parents employed in family-friendly workplaces. In addition, the Legislature recognizes the abilities of public and private employers to assist the family's efforts to balance family care needs with employment opportunities.
- (2) The Legislature also recognizes the effects of both safety and quality in child care in reducing the need for special education, public assistance, and dependency programs and in reducing the incidence of delinquency and educational failure. In a budgetary context that spends billions of dollars to address the aftermath of bad outcomes, safe, quality child care is one area in which the often maligned concept of cost-effective social intervention can be applied. It is the intent of the Legislature, therefore, that state policy should be firmly embedded in the recognition that child care is a voluntary choice of the child's parents. For parents who choose child care, it is the intent of the Legislature to protect the health and welfare of children in care.
- (3) To protect the health and welfare of children, it is the intent of the Legislature to develop a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child.
- (4) It is also the intent of the Legislature to promote the development of child care options in the private sector and disseminate information that will assist the public in determining appropriate child care options.
- (5) It is the further intent of the Legislature to provide and make accessible child care opportunities for children at risk, economically disadvantaged children, and other children traditionally disenfranchised from society. In achieving this intent, the Legislature shall develop a school readiness program, a range of child care options, support services, and linkages with other programs to fully meet the child care needs of this population.
- (6) It is the intent of the Legislature that a child care facility licensed pursuant to s. 402.305 or a child care facility exempt from licensing pursuant to s. 402.316, that achieves Gold Seal Quality status pursuant to s. 402.281, be considered an educational institution for the purpose of qualifying for exemption from ad valorem tax pursuant to s. 196.198.

History. -s. 32, ch. 90-306; s. 70, ch. 96-175; s. 4, ch. 99-304; s. 6, ch. 2010-210.

402.281 Gold Seal Quality Care program.-

- (1)(a) There is established within the department the Gold Seal Quality Care Program.
- (b) A child care facility, large family child care home, or family day care home that is accredited by an accrediting association approved by the department under subsection (3) and meets all other requirements shall, upon application to the department, receive a separate "Gold Seal Quality Care" designation.
- (2) The department shall adopt rules establishing Gold Seal Quality Care accreditation standards based on the applicable accrediting standards of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission.
- (3)(a) In order to be approved by the department for participation in the Gold Seal Quality Care program, an accrediting association must apply to the department and demonstrate that it:
 - 1. Is a recognized accrediting association.
- 2. Has accrediting standards that substantially meet or exceed the Gold Seal Quality Care standards adopted by the department under subsection (2).
- (b) In approving accrediting associations, the department shall consult with the Department of Education, the Florida Head Start Directors Association, the Florida Association of Child Care Management, the Florida Family Child Care Home Association, the Florida Children's Forum, the Florida Association for the Education of the Young, the Child Development Education Alliance, the Florida Association of Academic Nonpublic Schools, the Association of Early Learning Coalitions, providers receiving exemptions under s. 402.316, and parents.
- (4) In order to obtain and maintain a designation as a Gold Seal Quality Care provider, a child care facility, large family child care home, or family day care home must meet the following additional criteria:
- (a) The child care provider must not have had any class I violations, as defined by rule, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider. Commission of a class I violation shall be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class I violations for a period of 2 years.
- (b) The child care provider must not have had three or more class II violations, as defined by rule, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider.

 Commission of three or more class II violations within a 2-year period shall be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class II violations for a period of 1 year.
- (c) The child care provider must not have been cited for the same class III violation, as defined by rule, three or more times and failed to correct the violation within 1 year after the date of each citation, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider. Commission of the same class III violation three or more times and failure to correct within

the required time during a 2-year period may be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class III violations for a period of 1 year.

(5) The Department of Children and Families shall adopt rules under ss. 120.536(1) and 120.54 which provide criteria and procedures for reviewing and approving accrediting associations for participation in the Gold Seal Quality Care program, conferring and revoking designations of Gold Seal Quality Care providers, and classifying violations.

History.—s. 72, ch. 96-175; s. 5, ch. 99-304; s. 17, ch. 2000-337; s. 26, ch. 2001-170; s. 1, ch. 2006-91; s. 7, ch. 2010-210; s. 1, ch. 2011-75; s. 282, ch. 2011-142; s. 22, ch. 2013-252; s. 142, ch. 2014-19.

- **402.301** Child care facilities; legislative intent and declaration of purpose and policy.—It is the legislative intent to protect the health, safety, and well-being of the children of the state and to promote their emotional and intellectual development and care. Toward that end:
- (1) It is the purpose of ss. 402.301-402.319 to establish statewide minimum standards for the care and protection of children in child care facilities, to ensure maintenance of these standards, and to approve county administration and enforcement to regulate conditions in such facilities through a program of licensing.
- (2) It is the intent of the Legislature that all owners, operators, and child care personnel shall be of good moral character.
- (3) It shall be the policy of the state to ensure protection of children and to encourage child care providers and parents to share responsibility for and to assist in the improvement of child care programs.
- (4) It shall be the policy of the state to promote public and private employer initiatives to establish day care services for their employees.
- (5) It is the further legislative intent that the freedom of religion of all citizens shall be inviolate. Nothing in ss. 402.301-402.319 shall give any governmental agency jurisdiction or authority to regulate, supervise, or in any way be involved in any Sunday School, Sabbath School, or religious services or any nursery service or other program conducted during religious or church services primarily for the convenience of those attending such services.
- (6) It is further the intent that membership organizations affiliated with national organizations which do not provide child care, whose primary purpose is providing activities that contribute to the development of good character or good sportsmanship or to the education or cultural development of minors in this state, which charge only a nominal annual membership fee, which are not for profit, and which are certified by their national associations as being in compliance with the association's minimum standards and procedures shall not be considered child care facilities. However, all personnel as defined in s. 402.302 of such membership organizations shall meet background screening requirements through the department pursuant to ss. 402.305 and 402.3055.

(7) It shall be the policy of the state to encourage child care providers to serve children with disabilities. When requested, the department shall provide technical assistance to parents and child care providers in order to facilitate serving children with disabilities.

History.—s. 1, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 1, ch. 84-551; s. 21, ch. 87-238; s. 1, ch. 91-300; ss. 1, 2, ch. 93-115; s. 74, ch. 96-175; s. 5, ch. 2015-79.

402.302 Definitions.—As used in this chapter, the term:

- (1) "Child care" means the care, protection, and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care.
- (2) "Child care facility" includes any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. The following are not included:
- (a) Public schools and nonpublic schools and their integral programs, except as provided in s. 402.3025;
 - (b) Summer camps having children in full-time residence;
 - (c) Summer day camps;
 - (d) Bible schools normally conducted during vacation periods; and
- (e) Operators of transient establishments, as defined in chapter 509, which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of chapter 435.
- (3) "Child care personnel" means all owners, operators, employees, and volunteers working in a child care facility. The term does not include persons who work in a child care facility after hours when children are not present or parents of children in a child care facility. For purposes of screening, the term includes any member, over the age of 12 years, of a child care facility operator's family, or person, over the age of 12 years, residing with a child care facility operator if the child care facility is located in or adjacent to the home of the operator or if the family member of, or person residing with, the child care facility operator has any direct contact with the children in the facility during its hours of operation. Members of the operator's family or persons residing with the operator who are between the ages of 12 years and 18 years are not required to be fingerprinted but must be screened for delinquency records. For purposes of screening, the term also includes persons who work in child care programs that provide care for children 15 hours or more each week in public or nonpublic schools, family day care homes, membership organizations under s. 402.301, or programs otherwise exempted under s. 402.316. The term does not include public or nonpublic school personnel who are providing care during regular school hours, or after hours for activities related to a school's program for grades

kindergarten through 12. A volunteer who assists on an intermittent basis for less than 10 hours per month is not included in the term "personnel" for the purposes of screening and training if a person who meets the screening requirement of s. 402.305(2) is always present and has the volunteer in his or her line of sight. Students who observe and participate in a child care facility as a part of their required coursework are not considered child care personnel, provided such observation and participation are on an intermittent basis and a person who meets the screening requirement of s. 402.305(2) is always present and has the student in his or her line of sight.

- (4) "Child welfare provider" means a licensed child-caring or child-placing agency.
- (5) "Department" means the Department of Children and Families.
- (6) "Drop-in child care" means child care provided occasionally in a child care facility in a shopping mall or business establishment where a child is in care for no more than a 4-hour period and the parent remains on the premises of the shopping mall or business establishment at all times. Drop-in child care arrangements shall meet all requirements for a child care facility unless specifically exempted.
- (7) "Evening child care" means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts.
- (8) "Family day care home" means an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Household children under 13 years of age, when on the premises of the family day care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A family day care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:
 - (a) A maximum of four children from birth to 12 months of age.
- (b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
 - (c) A maximum of six preschool children if all are older than 12 months of age.
- (d) A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.
- (9) "Household children" means children who are related by blood, marriage, or legal adoption to, or who are the legal wards of, the family day care home operator, the large family child care home operator, or an adult household member who permanently or temporarily resides in the home. Supervision of the operator's household children shall be left to the discretion of the operator unless those children receive subsidized child care through the school readiness program pursuant to s. 1002.92 to be in the home.
- (10) "Indoor recreational facility" means an indoor commercial facility which is established for the primary purpose of entertaining children in a planned fitness environment through equipment, games,

and activities in conjunction with food service and which provides child care for a particular child no more than 4 hours on any one day. An indoor recreational facility must be licensed as a child care facility under s. 402.305, but is exempt from the minimum outdoor-square-footage-per-child requirement specified in that section, if the indoor recreational facility has, at a minimum, 3,000 square feet of usable indoor floor space.

- (11) "Large family child care home" means an occupied residence in which child care is regularly provided for children from at least two unrelated families, which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least two full-time child care personnel on the premises during the hours of operation. One of the two full-time child care personnel must be the owner or occupant of the residence. A large family child care home must first have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home. Household children under 13 years of age, when on the premises of the large family child care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A large family child care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:
 - (a) A maximum of 8 children from birth to 24 months of age.
 - (b) A maximum of 12 children, with no more than 4 children under 24 months of age.
- (12) "Local licensing agency" means any agency or individual designated by the county to license child care facilities.
- (13) "Operator" means any onsite person ultimately responsible for the overall operation of a child care facility, whether or not he or she is the owner or administrator of such facility.
 - (14) "Owner" means the person who is licensed to operate the child care facility.
- (15) "Screening" means the act of assessing the background of child care personnel, in accordance with state and federal law, and volunteers and includes, but is not limited to:
- (a) Employment history checks, including documented attempts to contact each employer that employed the applicant within the preceding 5 years and documentation of the findings.
- (b) A search of the criminal history records, sexual predator and sexual offender registry, and child abuse and neglect registry of any state in which the applicant resided during the preceding 5 years.

An applicant must submit a full set of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. Fingerprint submission must comply with s. 435.12.

- (16) "Secretary" means the Secretary of Children and Families.
- (17) "Substantial compliance" means that level of adherence which is sufficient to safeguard the health, safety, and well-being of all children under care. Substantial compliance is greater than minimal adherence but not to the level of absolute adherence. Where a violation or variation is identified as the type which impacts, or can be reasonably expected within 90 days to impact, the health, safety, or well-being of a child, there is no substantial compliance.
- (18) "Weekend child care" means child care provided between the hours of 6 p.m. on Friday and 6 a.m. on Monday.

History.—s. 2, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 2, ch. 84-551; s. 23, ch. 85-54; s. 22, ch. 87-238; s. 2, ch. 88-391; s. 1, ch. 90-35; s. 34, ch. 90-306; s. 7, ch. 91-300; ss. 1, 2, ch. 93-115; s. 1, ch. 94-257; s. 1059, ch. 95-148; s. 57, ch. 95-228; s. 75, ch. 96-175; s. 1, ch. 97-63; s. 1, ch. 98-165; s. 8, ch. 99-304; s. 16, ch. 2000-253; s. 989, ch. 2002-387; s. 57, ch. 2004-267; s. 2, ch. 2006-91; s. 22, ch. 2010-114; s. 1, ch. 2010-158; s. 2, ch. 2011-75; s. 23, ch. 2013-252; s. 143, ch. 2014-19; s. 6, ch. 2015-79; s. 10, ch. 2016-238.

402.3025 Public and nonpublic schools.—For the purposes of ss. 402.301-402.319, the following shall apply:

- (1) PUBLIC SCHOOLS.—
- (a) The following programs for children shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319:
 - 1. Programs for children in 5-year-old kindergarten and grades one or above.
- 2. Programs for children who are at least 3 years of age, but who are under 5 years of age, provided the programs are operated and staffed directly by the schools and provided the programs meet age-appropriate standards as adopted by the State Board of Education.
- 3. Programs for children under 3 years of age who are eligible for participation in the programs under the existing or successor provisions of Pub. L. No. 94-142 or Pub. L. No. 99-457, provided the programs are operated and staffed directly by the schools and provided the programs meet age-appropriate standards as adopted by the State Board of Education.
- (b) The following programs for children shall be deemed to be child care and shall be subject to the provisions of ss. 402.301-402.319:
- 1. Programs for children who are under 5 years of age when the programs are not operated and staffed directly by the schools.
- 2. Programs for children under 3 years of age who are not eligible for participation in the programs under existing or successor provisions of Pub. L. No. 94-142 or Pub. L. No. 99-457.
- (c) The monitoring and enforcement of compliance with age-appropriate standards established by rule of the State Board of Education shall be the responsibility of the Department of Education.
 - (2) NONPUBLIC SCHOOLS.—

- (a) Programs for children under 3 years of age shall be deemed to be child care and subject to the provisions of ss. 402.301-402.319.
- (b) Programs for children in 5-year-old kindergarten and grades one or above shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319.
- (c) Programs for children who are at least 3 years of age, but under 5 years of age, shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319 relating to child care facilities, provided the programs in the schools are operated and staffed directly by the schools, provided a majority of the children enrolled in the schools are 5 years of age or older, and provided there is compliance with the screening requirements for personnel pursuant to s. 402.305. A nonpublic school may designate certain programs as child care, in which case these programs shall be subject to the provisions of ss. 402.301-402.319.
- (d)1. Programs for children who are at least 3 years of age, but under 5 years of age, which are not licensed under ss. 402.301-402.319 shall substantially comply with the minimum child care standards promulgated pursuant to ss. 402.305-402.3055.
- 2. The department or local licensing agency shall enforce compliance with such standards, where possible, to eliminate or minimize duplicative inspections or visits by staff enforcing the minimum child care standards and staff enforcing other standards under the jurisdiction of the department.
- 3. The department or local licensing agency may commence and maintain all proper and necessary actions and proceedings for any or all of the following purposes:
 - a. To protect the health, sanitation, safety, and well-being of all children under care.
 - b. To enforce its rules and regulations.
- c. To use corrective action plans, whenever possible, to attain compliance prior to the use of more restrictive enforcement measures.
- d. To make application for injunction to the proper circuit court, and the judge of that court shall have jurisdiction upon hearing and for cause shown to grant a temporary or permanent injunction, or both, restraining any person from violating or continuing to violate any of the provisions of ss. 402.301-402.319. Any violation of this section or of the standards applied under ss. 402.305-402.3055 which threatens harm to any child in the school's programs for children who are at least 3 years of age, but are under 5 years of age, or repeated violations of this section or the standards under ss. 402.305-402.3055, shall be grounds to seek an injunction to close a program in a school.
- e. To impose an administrative fine, not to exceed \$100, for each violation of the minimum child care standards promulgated pursuant to ss. 402.305-402.3055.
- 4. It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to:

- a. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any required written documentation for exclusion from licensure pursuant to this section a material fact used in making a determination as to such exclusion; or
- b. Use information from the criminal records obtained under s. 402.305 or s. 402.3055 for any purpose other than screening that person for employment as specified in those sections or release such information to any other person for any purpose other than screening for employment as specified in those sections.
- 5. It is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from the juvenile records of any person obtained under s. 402.305 or s. 402.3055 for any purpose other than screening for employment as specified in those sections or to release information from such records to any other person for any purpose other than screening for employment as specified in those sections.
- (e) The department and the nonpublic school accrediting agencies are encouraged to develop agreements to facilitate the enforcement of the minimum child care standards as they relate to the schools which the agencies accredit.
- (3) INSPECTION FEE.—The department shall establish a fee for inspection activities performed pursuant to this section, in an amount sufficient to cover costs. However, the amount of such fee for the inspection of a school shall not exceed the fee imposed for child care licensure pursuant to s. 402.315.

History.—s. 3, ch. 88-391; s. 1, ch. 89-296; s. 35, ch. 90-347; ss. 1, 2, ch. 93-115; s. 94, ch. 2000-349; s. 50, ch. 2013-18; s. 21, ch. 2016-238; s. 25, ch. 2017-3.

402.3026 Full-service schools.—

- (1) The State Board of Education and the Department of Health shall jointly establish full-service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of the demographic evaluations. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process. The Department of Health shall provide services to these high-risk students through facilities established within the grounds of the school. The Department of Health professionals shall carry out their specialized services as an extension of the educational environment. Such services may include, without limitation, nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education.
- (2) The Department of Health shall designate an executive staff director to coordinate the full-service schools program and to act as liaison with the Department of Education to coordinate the provision of health and rehabilitative services in educational facilities.

History. -s. 20, ch. 90-273; s. 122, ch. 94-209; s. 34, ch. 99-5; s. 146, ch. 99-8.

402.305 Licensing standards; child care facilities.—

- (1) LICENSING STANDARDS.—The department shall establish licensing standards that each licensed child care facility must meet regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility.
 - (a) The standards shall be designed to address the following areas:
 - 1. The health, sanitation, safety, and adequate physical surroundings for all children in child care.
 - 2. The health and nutrition of all children in child care.
 - 3. The child development needs of all children in child care.
- (b) All standards established under ss. 402.301-402.319 must be consistent with the rules adopted by the State Fire Marshal for child care facilities. However, if the facility is operated in a public school, the department shall use the public school fire code, as provided in the rules of the State Board of Education, as the minimum standard for firesafety.
- (c) The minimum standards for child care facilities shall be adopted in the rules of the department and shall address the areas delineated in this section. The department, in adopting rules to establish minimum standards for child care facilities, shall recognize that different age groups of children may require different standards. The department may adopt different minimum standards for facilities that serve children in different age groups, including school-age children. The department shall also adopt by rule a definition for child care which distinguishes between child care programs that require child care licensure and after-school programs that do not require licensure. Notwithstanding any other provision of law to the contrary, minimum child care licensing standards shall be developed to provide for reasonable, affordable, and safe before-school and after-school care. After-school programs that otherwise meet the criteria for exclusion from licensure may provide snacks and meals through the federal Afterschool Meal Program (AMP) administered by the Department of Health in accordance with federal regulations and standards. The Department of Health shall consider meals to be provided through the AMP only if the program is actively participating in the AMP, is in good standing with the department, and the meals meet AMP requirements. Standards, at a minimum, shall allow for a credentialed director to supervise multiple before-school and after-school sites.
- (2) PERSONNEL.—Minimum standards for child care personnel shall include minimum requirements as to:
- (a) Good moral character based upon screening as defined in s. 402.302(15). This screening shall be conducted as provided in chapter 435, using the level 2 standards for screening set forth in that chapter, and include employment history checks, a search of criminal history records, sexual predator and sexual offender registries, and child abuse and neglect registry of any state in which the current or prospective child care personnel resided during the preceding 5 years.
 - (b) Fingerprint submission for child care personnel, which shall comply with s. 435.12.

- (c) The department may grant exemptions from disqualification from working with children or the developmentally disabled as provided in s. 435.07.
- (d) Minimum age requirements. Such minimum standards shall prohibit a person under the age of 21 from being the operator of a child care facility and a person under the age of 16 from being employed at such facility unless such person is under direct supervision and is not counted for the purposes of computing the personnel-to-child ratio.
 - (e) Minimum training requirements for child care personnel.
- 1. Such minimum standards for training shall ensure that all child care personnel take an approved 40-clock-hour introductory course in child care, which course covers at least the following topic areas:
 - a. State and local rules and regulations which govern child care.
 - b. Health, safety, and nutrition.
 - c. Identifying and reporting child abuse and neglect.
- d. Child development, including typical and atypical language, cognitive, motor, social, and self-help skills development.
- e. Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine the child's developmental age level.
- f. Specialized areas, including computer technology for professional and classroom use and early literacy and language development of children from birth to 5 years of age, as determined by the department, for owner-operators and child care personnel of a child care facility.
- g. Developmental disabilities, including autism spectrum disorder and Down syndrome, and early identification, use of available state and local resources, classroom integration, and positive behavioral supports for children with developmental disabilities.

Within 90 days after employment, child care personnel shall begin training to meet the training requirements. Child care personnel shall successfully complete such training within 1 year after the date on which the training began, as evidenced by passage of a competency examination. Successful completion of the 40-clock-hour introductory course shall articulate into community college credit in early childhood education, pursuant to ss. 1007.24 and 1007.25. Exemption from all or a portion of the required training shall be granted to child care personnel based upon educational credentials or passage of competency examinations. Child care personnel possessing a 2-year degree or higher that includes 6 college credit hours in early childhood development or child growth and development, or a child development associate credential or an equivalent state-approved child development associate credential, or a child development associate waiver certificate shall be automatically exempted from the training requirements in sub-subparagraphs b., d., and e.

2. The introductory course in child care shall stress, to the extent possible, an interdisciplinary approach to the study of children.

- 3. The introductory course shall cover recognition and prevention of shaken baby syndrome; prevention of sudden infant death syndrome; recognition and care of infants and toddlers with developmental disabilities, including autism spectrum disorder and Down syndrome; and early childhood brain development within the topic areas identified in this paragraph.
- 4. On an annual basis in order to further their child care skills and, if appropriate, administrative skills, child care personnel who have fulfilled the requirements for the child care training shall be required to take an additional 1 continuing education unit of approved inservice training, or 10 clock hours of equivalent training, as determined by the department.
- 5. Child care personnel shall be required to complete 0.5 continuing education unit of approved training or 5 clock hours of equivalent training, as determined by the department, in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subparagraph 4.
- 6. Procedures for ensuring the training of qualified child care professionals to provide training of child care personnel, including onsite training, shall be included in the minimum standards. It is recommended that the state community child care coordination agencies (central agencies) be contracted by the department to coordinate such training when possible. Other district educational resources, such as community colleges and career programs, can be designated in such areas where central agencies may not exist or are determined not to have the capability to meet the coordination requirements set forth by the department.
- 7. Training requirements shall not apply to certain occasional or part-time support staff, including, but not limited to, swimming instructors, piano teachers, dance instructors, and gymnastics instructors.
- 8. The department shall evaluate or contract for an evaluation for the general purpose of determining the status of and means to improve staff training requirements and testing procedures. The evaluation shall be conducted every 2 years. The evaluation shall include, but not be limited to, determining the availability, quality, scope, and sources of current staff training; determining the need for specialty training; and determining ways to increase inservice training and ways to increase the accessibility, quality, and cost-effectiveness of current and proposed staff training. The evaluation methodology shall include a reliable and valid survey of child care personnel.
- 9. The child care operator shall be required to take basic training in serving children with disabilities within 5 years after employment, either as a part of the introductory training or the annual 8 hours of inservice training.
 - (f) Periodic health examinations.
- (g) A credential for child care facility directors. The credential shall be a required minimum standard for licensing.

- (3) MINIMUM STAFF CREDENTIALS.—For every 20 children in a licensed child care facility, if the facility operates 8 hours or more per week, one of the child care personnel in the facility must have:
 - (a) A child development associate credential;
- (b) A child care professional credential, unless the department determines that such child care professional credential is not equivalent to or greater than a child development associate credential; or
- (c) A credential that is equivalent to or greater than the credential required in paragraph (a) or paragraph (b).

The department shall establish by rule those hours of operation, such as during rest periods and transitional periods, when this subsection does not apply.

- (4) STAFF-TO-CHILDREN RATIO.—
- (a) Minimum standards for the care of children in a licensed child care facility as established by rule of the department must include:
- 1. For children from birth through 1 year of age, there must be one child care personnel for every four children.
- 2. For children 1 year of age or older, but under 2 years of age, there must be one child care personnel for every six children.
- 3. For children 2 years of age or older, but under 3 years of age, there must be one child care personnel for every 11 children.
- 4. For children 3 years of age or older, but under 4 years of age, there must be one child care personnel for every 15 children.
- 5. For children 4 years of age or older, but under 5 years of age, there must be one child care personnel for every 20 children.
- 6. For children 5 years of age or older, there must be one child care personnel for every 25 children.
- 7. When children 2 years of age and older are in care, the staff-to-children ratio shall be based on the age group with the largest number of children within the group.
- (b) This subsection does not apply to nonpublic schools and their integral programs as defined in s. 402.3025(2)(d)1. In addition, an individual participating in a community service program activity under s. 445.024(1)(e), or a work experience activity under s. 445.024(1)(f), at a child care facility may not be considered in calculating the staff-to-children ratio.
- (5) PHYSICAL FACILITIES.—Minimum standards shall include requirements for building conditions, indoor play space, outdoor play space, napping space, bathroom facilities, food preparation facilities, outdoor equipment, and indoor equipment. Because of the nature and duration of drop-in child care, outdoor play space and outdoor equipment shall not be required for licensure; however, if such play

space and equipment are provided, then the minimum standards shall apply to drop-in child care. With respect to minimum standards for physical facilities of a child care program for school-age children which is operated in a public school facility, the department shall adopt the State Uniform Building Code for Public Educational Facilities Construction as the minimum standards, regardless of the operator of the program. The Legislature intends that if a child care program for school-age children is operated in a public school, the program need not conform to standards for physical facilities other than the standards adopted by the Commissioner of Education.

- (6) SQUARE FOOTAGE PER CHILD.—Minimum standards shall be established by the department by rule.
- (a) A child care facility that holds a valid license on October 1, 1992, must have a minimum of 20 square feet of usable indoor floor space for each child and a minimum of 45 square feet of usable outdoor play area for each child. Outdoor play area shall be calculated at the rate of 45 feet per child in any group using the play area at one time. A minimum play area shall be provided for one half of the licensed capacity. This standard applies as long as the child care facility remains licensed at the site occupied on October 1, 1992, and shall not be affected by any change in the ownership of the site.
- (b) A child care facility that does not hold a valid license on October 1, 1992, and seeks regulatory approval to operate as a child care facility must have a minimum of 35 square feet of usable floor space for each child and a minimum of 45 square feet of usable outdoor play area for each child.

The minimum standard for outdoor play area does not apply in calculating square footage for children under 1 year of age. However, appropriate outdoor infant equipment shall be substituted for outdoor play space. The centers shall provide facilities and equipment conducive to the physical activities appropriate for the age and physical development of the child.

- (7) SANITATION AND SAFETY.—
- (a) Minimum standards shall include requirements for sanitary and safety conditions, first aid treatment, emergency procedures, and pediatric cardiopulmonary resuscitation. The minimum standards shall require that at least one staff person trained in cardiopulmonary resuscitation, as evidenced by current documentation of course completion, must be present at all times that children are present.
- (b) In the case of a child care program for school-age children attending before and after school programs on the public school site, the department shall use the public school fire code, as adopted in the rules of the State Board of Education, as the minimum standard for firesafety. In the case of a child care program for school-age children attending before-school and after-school programs on a site operated by a municipality, the department shall adopt rules for such site and intended use.

- (c) Some type of communications system, such as a pocket pager or beeper, shall be provided to a parent whose child is in drop-in child care to ensure the immediate return of the parent to the child, if necessary.
- (8) NUTRITIONAL PRACTICES.—Minimum standards shall include requirements for the provision of meals or snacks of a quality and quantity to assure that the nutritional needs of the child are met.
 - (9) ADMISSIONS AND RECORDKEEPING.—
- (a) Minimum standards shall include requirements for preadmission and periodic health examinations, requirements for immunizations, and requirements for maintaining emergency information and health records on all children.
- (b) During the months of August and September of each year, each child care facility shall provide parents of children enrolled in the facility detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- (c) During the months of April and September of each year, at a minimum, each facility shall provide parents of children enrolled in the facility information regarding the potential for a distracted adult to fail to drop off a child at the facility and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The child care facility shall also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which child care facilities may choose to reproduce and provide to parents to satisfy the requirements of this paragraph.
- (d) Because of the nature and duration of drop-in child care, requirements for preadmission and periodic health examinations and requirements for medically signed records of immunization required for child care facilities shall not apply. A parent of a child in drop-in child care shall, however, be required to attest to the child's health condition and the type and current status of the child's immunizations.
- (e) Any child shall be exempt from medical or physical examination or medical or surgical treatment upon written request of the parent or guardian of such child who objects to the examination and treatment. However, the laws, rules, and regulations relating to contagious or communicable diseases and sanitary matters shall not be violated because of any exemption from or variation of the health and immunization minimum standards.
- (10) TRANSPORTATION SAFETY.—Minimum standards shall include requirements for child restraints or seat belts in vehicles used by child care facilities and large family child care homes to transport children, requirements for annual inspections of the vehicles, limitations on the number of children in the vehicles, procedures to avoid leaving children in vehicles when transported by the facility, and

accountability for children transported by the child care facility. A child care facility is not responsible for children when they are transported by a parent or guardian.

- (11) ACCESS.—Minimum standards shall provide for reasonable access to the child care facility by the custodial parent or guardian during the time the child is in care.
 - (12) CHILD DISCIPLINE.—
- (a) Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used for children in care. Such standards shall include at least the following requirements:
 - 1. Children shall not be subjected to discipline which is severe, humiliating, or frightening.
 - 2. Discipline shall not be associated with food, rest, or toileting.
 - 3. Spanking or any other form of physical punishment is prohibited.
- (b) Prior to admission of a child to a child care facility, the facility shall notify the parents in writing of the disciplinary practices used by the facility.
- (13) PLAN OF ACTIVITIES.—Minimum standards shall ensure that each child care facility has and implements a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child. The written plan must include a program, to be implemented periodically for children of an appropriate age, which will assist the children in preventing and avoiding physical and mental abuse.
- (14) URBAN CHILD CARE FACILITIES.—Minimum standards shall include requirements for child care facilities located in urban areas. The standards must allow urban child care facilities to substitute indoor play space for outdoor play space, if outdoor play space is not available in the area, and must set forth additional requirements that apply to a facility which makes that substitution, including, but not limited to, additional square footage requirements for indoor space; air ventilation provisions; and a requirement to provide facilities and equipment conducive to physical activities appropriate for the age of the children.
- (15) TRANSITION PERIODS.—During the periods of time in which children are arriving and departing from the child care facility, notwithstanding local fire ordinances, the provisions of subsection (6) are suspended for a period of time not to exceed 30 minutes.
- (16) EVENING AND WEEKEND CHILD CARE.—Minimum standards shall be developed by the department to provide for reasonable, affordable, and safe evening and weekend child care. Each facility offering evening or weekend child care must meet these minimum standards, regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility. The department may modify by rule the licensing standards contained in this section to accommodate evening child care.
- (17) SPECIALIZED CHILD CARE FACILITIES FOR THE CARE OF MILDLY ILL CHILDREN.—Minimum standards shall be developed by the department, in conjunction with the Department of Health, for

specialized child care facilities for the care of mildly ill children. The minimum standards shall address the following areas: personnel requirements; staff-to-child ratios; staff training and credentials; health and safety; physical facility requirements, including square footage; client eligibility, including a definition of "mildly ill children"; sanitation and safety; admission and recordkeeping; dispensing of medication; and a schedule of activities.

- (18) TRANSFER OF OWNERSHIP.—
- (a) One week prior to the transfer of ownership of a child care facility or family day care home, the transferor shall notify the parent or caretaker of each child of the impending transfer.
- (b) The department shall, by rule, establish methods by which notice will be achieved and minimum standards by which to implement this subsection.

History.—s. 5, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 1, 6, 7, ch. 83-248; s. 3, ch. 84-551; s. 24, ch. 85-54; s. 41, ch. 87-225; s. 23, ch. 87-238; s. 25, ch. 89-379; s. 2, ch. 90-35; s. 2, ch. 90-225; s. 35, ch. 90-306; s. 10, ch. 91-33; s. 28, ch. 91-57; s. 92, ch. 91-221; s. 2, ch. 91-300; s. 56, ch. 92-58; ss. 1, 2, ch. 93-115; s. 14, ch. 93-156; s. 22, ch. 94-134; s. 22, ch. 94-135; s. 1060, ch. 95-148; s. 18, ch. 95-152; s. 15, ch. 95-158; s. 22, ch. 95-195; s. 41, ch. 95-228; s. 131, ch. 95-418; ss. 76, 77, ch. 96-175; s. 12, ch. 96-268; s. 2, ch. 97-63; s. 2, ch. 98-165; s. 1, ch. 99-241; s. 10, ch. 99-304; s. 164, ch. 2000-165; s. 19, ch. 2000-253; s. 18, ch. 2000-337; ss. 21, 26, ch. 2001-170; s. 2, ch. 2002-300; s. 40, ch. 2003-1; s. 1, ch. 2003-131; s. 3, ch. 2003-146; s. 10, ch. 2004-41; s. 1, ch. 2004-49; s. 58, ch. 2004-267; s. 15, ch. 2004-269; s. 32, ch. 2004-357; s. 7, ch. 2005-71; s. 12, ch. 2007-6; s. 3, ch. 2007-197; s. 1, ch. 2009-147; s. 3, ch. 2010-224; s. 24, ch. 2013-252; s. 16, ch. 2018-103; s. 68, ch. 2019-3.

402.30501 Modification of introductory child care course for community college credit authorized.—The Department of Children and Families may modify the 40-clock-hour introductory course in child care under s. 402.305 or s. 402.3131 to meet the requirements of articulating the course to community college credit. Any modification must continue to provide that the course satisfies the requirements of s. 402.305(2)(e).

History.-s. 4, ch. 2002-300; s. 144, ch. 2014-19; s. 17, ch. 2018-103.

402.3054 Child enrichment service providers.—

- (1) For the purposes of this section, "child enrichment service provider" means an individual who provides enrichment activities, such as language training, music instruction, educational instruction, and other experiences, to specific children during a specific time that is not part of the regular program in a child care facility.
- (2) The child's parent shall provide written consent before a child may participate in activities conducted by a child enrichment service provider that are not part of the regular program of the child care facility. A child enrichment service provider receives compensation from the child's parent or from the child care facility and shall not be considered a volunteer or child care personnel.
- (3) A child enrichment service provider shall be of good moral character based upon screening. This screening shall be conducted as provided in chapter 435, using the level 2 standards for screening set

forth in that chapter. A child enrichment service provider must meet the screening requirements prior to providing services to a child in a child care facility. A child enrichment service provider who has met the screening standards shall not be required to be under the direct and constant supervision of child care personnel.

History.—s. 18, ch. 2000-253; s. 59, ch. 2004-267.

402.3055 Child care personnel requirements.—

- (1) REQUIREMENTS FOR CHILD CARE PERSONNEL.—
- (a) The department or local licensing agency shall require that the application for a child care license contain a question that specifically asks the applicant, owner, or operator if he or she has ever had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. The applicant, owner, or operator shall attest to the accuracy of the information requested under penalty of perjury. If the applicant, owner, or operator admits that he or she has been a party in such action, the department or local licensing agency shall review the nature of the suspension, revocation, disciplinary action, or fine before granting the applicant a license to operate a child care facility. If the department or local licensing agency determines as the result of such review that it is not in the best interest of the state or local jurisdiction for the applicant to be licensed, a license shall not be granted.
- (b) The child care facility employer shall require that the application for a child care personnel position contain a question that specifically asks the applicant if he or she has ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. The applicant shall attest to the accuracy of the information requested under penalty of perjury. If the applicant admits that he or she has been a party in such action, the employer shall review the nature of the denial, suspension, revocation, disciplinary action, or fine before the applicant is hired.
- (2) EXCLUSION FROM OWNING, OPERATING, OR BEING EMPLOYED BY A CHILD CARE FACILITY OR OTHER CHILD CARE PROGRAM; HEARINGS PROVIDED.—
- (a) The department or local licensing agency shall deny, suspend, or revoke a license or pursue other remedies provided in s. 402.310, s. 402.312, or s. 402.319 in addition to or in lieu of denial, suspension, or revocation for failure to comply with this section. The disciplinary actions determination to be made by the department or the local licensing agency and the procedure for hearing for applicants and licensees shall be in accordance with s. 402.310.
- (b) When the department or the local licensing agency has reasonable cause to believe that grounds for denial or termination of employment exist, it shall notify, in writing, the applicant, licensee, or other child care program and the child care personnel affected, stating the specific record which indicates noncompliance with the standards in s. 402.305(2).

- (c) When the department is the agency initiating the statement regarding noncompliance, the procedures established for hearing under chapter 120 shall be available to the applicant, licensee, or other child care program and to the affected child care personnel, in order to present evidence relating either to the accuracy of the basis of exclusion or to the denial of an exemption from disqualification.
- (d) When a local licensing agency is the agency initiating the statement regarding noncompliance of an employee with the standards contained in s. 402.305(2), the employee, applicant, licensee, or other child care program has 15 days from the time of written notification of the agency's finding to make a written request for a hearing. If a request for a hearing is not received in that time, the permanent employee, applicant, licensee, or other child care program is presumed to accept the finding.
- (e) If a request for a hearing is made to the local licensing agency, a hearing shall be held within 30 days and shall be conducted by an individual designated by the county commission.
- (f) An employee, applicant, licensee, or other child care program shall have the right to appeal a finding of the local licensing agency to a representative of the department. Any required hearing shall be held in the county in which the permanent employee is employed. The hearing shall be conducted in accordance with the provisions of chapter 120.
- (g) Refusal on the part of an applicant or licensee to dismiss child care personnel who have been found to be in noncompliance with personnel standards of s. 402.305(2) shall result in automatic denial or revocation of the license in addition to any other remedies pursued by the department or local licensing agency.

History.—ss. 4, 19, ch. 84-551; s. 25, ch. 85-54; s. 24, ch. 87-238; ss. 36, 61, ch. 90-306; s. 36, ch. 90-347; ss. 1, 2, ch. 93-115; s. 811, ch. 95-148; s. 58, ch. 95-228; s. 7, ch. 95-407; s. 223, ch. 99-13; s. 12, ch. 99-304.

- 402.306 Designation of licensing agency; dissemination by the department and local licensing agency of information on child care.—
 - (1) Any county whose licensing standards meet or exceed state minimum standards may:
 - (a) Designate a local licensing agency to license child care facilities in the county; or
- (b) Contract with the department to delegate the administration of state minimum standards in the county to the department.
- (2) Child care facilities in any county whose standards do not meet or exceed state minimum standards shall be subject to licensing by the department under state minimum standards.
- (3) The department and local licensing agencies, or the designees thereof, shall be responsible for coordination and dissemination of information on child care to the community and shall make available through electronic means all licensing standards and procedures, health and safety standards for school readiness providers, monitoring and inspection reports, and the names and addresses of licensed child care facilities, school readiness program providers, and, where applicable pursuant to s. 402.313,

licensed or registered family day care homes. This information shall also include the number of deaths, serious injuries, and instances of substantiated child abuse that have occurred in child care settings each year; research and best practices in child development; and resources regarding social-emotional development, parent and family engagement, healthy eating, and physical activity.

History.—s. 6, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 5, ch. 84-551; ss. 1, 2, ch. 93-115; s. 12, ch. 2016-238.

402.307 Approval of licensing agency.—

- (1) Within 30 days after the promulgation of state minimum standards, each county shall provide the department with a copy of its standards if they differ from the state minimum standards. At the same time, each county shall provide the department with the administrative procedures it intends to use for the licensing of child care facilities.
- (2) The department shall have the authority to determine if local standards meet or exceed state minimum standards. Within 60 days after the county has submitted its standards and procedures, the department, upon being satisfied that such standards meet or exceed state minimum standards and that there is compliance with all provisions of ss. 402.301-402.319, shall approve the local licensing agency.
- (3) Approval to issue licenses for the department shall be renewed annually. For renewal, the local licensing agency shall submit to the department a copy of the licensing standards and procedures applied. An onsite review may be made if deemed necessary by the department.
- (4) If, following an onsite review, the department finds the local licensing agency is not applying the approved standards, the department shall report the specific violations to the county commission of the involved county which shall investigate the violations and take whatever action necessary to correct them.
- (5) To ensure that accurate statistical data are available, each local licensing agency shall report annually to the department the number of child care facilities under its jurisdiction, the number of children served, the ages of children served, and the number of revocations or denials of licenses.

History.—s. 7, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 6, ch. 84-551; ss. 1, 2, ch. 93-115.

402.308 Issuance of license.—

- (1) ANNUAL LICENSING.—Every child care facility in the state shall have a license which shall be renewed annually.
- (2) CHANGE OF OWNERSHIP.—Every child care facility shall reapply for and receive a license prior to the time a new owner assumes responsibility for the facility. The department shall grant or deny the reapplication for license within 45 days from the date upon which the child care facility reapplies.
- (3) STATE ADMINISTRATION OF LICENSING.—In any county in which the department has the authority to issue licenses, the following procedures shall be applied:

- (a) Application for a license or for a renewal of a license to operate a child care facility shall be made in the manner and on the forms prescribed by the department. The applicant's social security number shall be included on the form submitted to the department. Pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, each applicant is required to provide his or her social security number in accordance with this section. Disclosure of social security numbers obtained through this requirement shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.
- (b) Prior to the renewal of a license, the department shall reexamine the child care facility, including in that process the examination of the premises and those records of the facility as required under s. 402.305, to determine that minimum standards for licensing continue to be met.
- (c) The department shall coordinate all inspections of child care facilities. A child care facility is not required to implement a recommendation of one agency that is in conflict with a recommendation of another agency if such conflict arises due to uncoordinated inspections. Any conflict in recommendations shall be resolved by the secretary of the department within 15 days after written notice that such conflict exists.
- (d) The department shall issue or renew a license upon receipt of the license fee and upon being satisfied that all standards required by ss. 402.301-402.319 have been met. A license may be issued if all the screening materials have been timely submitted; however, a license may not be issued or renewed if any of the child care personnel at the applicant facility have failed the screening required by ss. 402.305(2) and 402.3055.
- (4) LOCAL ADMINISTRATION OF LICENSING.—In any county in which there is a local licensing agency approved by the department, the following procedures shall apply:
- (a) Application for a license or for renewal of license to operate a child care facility shall be made in the manner and on the forms prescribed by the local licensing agency.
- (b) Prior to the renewal of a license, the agency shall reexamine the child care facility, including in that process the examination of the premises and records of the facility as required in s. 402.305 to determine that minimum standards for licensing continue to be met.
- (c) The local agency shall coordinate all inspections of child care facilities. A child care facility is not required to implement a recommendation of one agency that is in conflict with a recommendation of another agency if such conflict arises due to uncoordinated inspections. Any conflict in recommendations shall be resolved by the county commission or its representative within 15 days after written notice that such conflict exists.
- (d) The local licensing agency shall issue a license or renew a license upon being satisfied that all standards required by ss. 402.301-402.319 have been met. A license may be issued or renewed if all the screening materials have been timely submitted; however, the local licensing agency shall not issue or

renew a license if any of the child care personnel at the applicant facility have failed the screening required by ss. 402.305(2) and 402.3055.

(5) ISSUANCE OF LOCAL OCCUPATIONAL LICENSES.—No county or municipality shall issue an occupational license which is being obtained for the purpose of operating a child care facility regulated under this act without first ascertaining that the applicant has been licensed to operate such facility at the specified location or locations by the department or local licensing agency. The department or local licensing agency shall furnish to local agencies responsible for issuing occupational licenses sufficient instruction for making the above required determinations.

History. – s. 8, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 2, 6, 7, ch. 83-248; s. 7, ch. 84-551; s. 26, ch. 85-54; s. 25, ch. 87-238; ss. 1, 2, ch. 93-115; s. 44, ch. 97-170; s. 225, ch. 99-13.

402.309 Provisional license or registration. -

- (1) The local licensing agency or the department, whichever is authorized to license child care facilities in a county, may issue a provisional license for child care facilities, family day care homes, or large family child care homes, or a provisional registration for family day care homes to applicants for an initial license or registration or to licensees or registrants seeking a renewal who are unable to meet all the standards provided for in ss. 402.301-402.319.
- (2) A provisional license or registration may not be issued unless the operator or owner makes adequate provisions for the health and safety of the child. A provisional license may be issued for a child care facility if all of the screening materials have been timely submitted. A provisional license or registration may not be issued unless the child care facility, family day care home, or large family child care home is in compliance with the requirements for screening of child care personnel in ss. 402.305, 402.3055, 402.313, and 402.3131, respectively.
- (3) The provisional license or registration may not be issued for a period that exceeds 6 months; however, it may be renewed one time for a period that may not exceed 6 months under unusual circumstances beyond the control of the applicant.
- (4) The provisional license or registration may be suspended or revoked if periodic inspection or review by the local licensing agency or the department indicates that insufficient progress has been made toward compliance.
- (5) The department shall adopt rules specifying the conditions and procedures under which a provisional license or registration may be issued, suspended, or revoked.

History.—s. 9, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 8, ch. 84-551; s. 27, ch. 85-54; s. 26, ch. 87-238; ss. 1, 2, ch. 93-115; s. 7, ch. 2006-91.

- 402.310 Disciplinary actions; hearings upon denial, suspension, or revocation of license or registration; administrative fines.—
- (1)(a) The department or local licensing agency may administer any of the following disciplinary sanctions for a violation of any provision of ss. 402.301-402.319, or the rules adopted thereunder:

- 1. Impose an administrative fine not to exceed \$100 per violation, per day. However, if the violation could or does cause death or serious harm, the department or local licensing agency may impose an administrative fine, not to exceed \$500 per violation per day in addition to or in lieu of any other disciplinary action imposed under this section.
- 2. Convert a license or registration to probation status and require the licensee or registrant to comply with the terms of probation. A probation-status license or registration may not be issued for a period that exceeds 6 months and the probation-status license or registration may not be renewed. A probation-status license or registration may be suspended or revoked if periodic inspection by the department or local licensing agency finds that the probation-status licensee or registrant is not in compliance with the terms of probation or that the probation-status licensee or registrant is not making sufficient progress toward compliance with ss. 402.301-402.319.
 - 3. Deny, suspend, or revoke a license or registration.
- (b) In determining the appropriate disciplinary action to be taken for a violation as provided in paragraph (a), the following factors shall be considered:
- 1. The severity of the violation, including the probability that death or serious harm to the health or safety of any person will result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of ss. 402.301-402.319 have been violated.
 - 2. Actions taken by the licensee or registrant to correct the violation or to remedy complaints.
 - 3. Any previous violations of the licensee or registrant.
 - (c) The department shall adopt rules to:
- 1. Establish the grounds under which the department may deny, suspend, or revoke a license or registration or place a licensee or registrant on probation status for violations of ss. 402.301-402.319.
- 2. Establish a uniform system of procedures to impose disciplinary sanctions for violations of ss. 402.301-402.319. The uniform system of procedures must provide for the consistent application of disciplinary actions across districts and a progressively increasing level of penalties from predisciplinary actions, such as efforts to assist licensees or registrants to correct the statutory or regulatory violations, and to severe disciplinary sanctions for actions that jeopardize the health and safety of children, such as for the deliberate misuse of medications.
- (d) The disciplinary sanctions set forth in this section apply to licensed child care facilities, licensed large family child care homes, and licensed or registered family day care homes.
- (2) When the department has reasonable cause to believe that grounds exist for the denial, suspension, or revocation of a license or registration; the conversion of a license or registration to probation status; or the imposition of an administrative fine, it shall determine the matter in accordance with procedures prescribed in chapter 120. When the local licensing agency has reasonable cause to believe that grounds exist for the denial, suspension, or revocation of a license or registration; the conversion of a license or registration to probation status; or the imposition of an administrative

fine, it shall notify the applicant, registrant, or licensee in writing, stating the grounds upon which the license or registration is being denied, suspended, or revoked or an administrative fine is being imposed. If the applicant, registrant, or licensee makes no written request for a hearing to the local licensing agency within 15 days after receipt of the notice, the license shall be deemed denied, suspended, or revoked; the license or registration shall be converted to probation status; or an administrative fine shall be imposed.

- (3) If a request for a hearing is made to the local licensing agency, a hearing shall be held within 30 days and shall be conducted by an individual designated by the county commission.
- (4) An applicant, registrant, or licensee shall have the right to appeal a decision of the local licensing agency to a representative of the department. Any required hearing shall be held in the county in which the child care facility, family day care home, or large family child care home is being operated or is to be established. The hearing shall be conducted in accordance with the provisions of chapter 120.

History.—s. 10, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-117; s. 1, ch. 77-457; s. 19, ch. 78-95; ss. 2, 3, ch. 81-318; ss. 3, 6, 7, ch. 83-248; s. 9, ch. 84-551; s. 42, ch. 87-225; s. 37, ch. 90-306; ss. 1, 2, ch. 93-115; s. 24, ch. 2000-153; s. 3, ch. 2006-91; s. 69, ch. 2019-3.

402.311 Inspection.—

- (1) A licensed child care facility shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities and personnel and to those records required in s. 402.305, at reasonable times during regular business hours, to ensure compliance with ss. 402.301-402.319. The right of entry and inspection shall also extend to any premises which the department or local licensing agency has reason to believe are being operated or maintained as a child care facility without a license, but no such entry or inspection of any premises shall be made without the permission of the person in charge thereof unless a warrant is first obtained from the circuit court authorizing such entry or inspection. Any application for a license or renewal made pursuant to this act or the advertisement to the public for the provision of child care as defined in s. 402.302 shall constitute permission for any entry or inspection of the premises for which the license is sought in order to facilitate verification of the information submitted on or in connection with the application. In the event a licensed facility refuses permission for entry or inspection to the department or local licensing agency, a warrant shall be obtained from the circuit court authorizing entry or inspection before such entry or inspection. The department or local licensing agency may institute disciplinary proceedings pursuant to s. 402.310 for such refusal.
- (2) A school readiness program provider shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities, personnel, and records, to verify compliance with the requirements of s. 1002.88. Entry, inspection, and issuance of an inspection report by the department or the local licensing agency to verify compliance with the

requirements of s. 1002.88 is an exercise of a discretionary power to enforce compliance with the laws duly enacted by a governmental body.

(3) The department's issuance, transmittal, or publication of an inspection report resulting from an inspection under this section does not constitute agency action subject to chapter 120.

History.—s. 11, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 10, ch. 84-551; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 13, ch. 2016-238.

402.3115 Elimination of duplicative and unnecessary inspections; abbreviated inspections.—
The Department of Children and Families and local governmental agencies that license child care facilities shall develop and implement a plan to eliminate duplicative and unnecessary inspections of child care facilities. In addition, the department and the local governmental agencies shall develop and implement an abbreviated inspection plan for child care facilities that have had no Class 1 or Class 2 deficiencies, as defined by rule, for at least 2 consecutive years. The abbreviated inspection must include those elements identified by the department and the local governmental agencies as being key indicators of whether the child care facility continues to provide quality care and programming.

History. -s. 79, ch. 96-175; s. 147, ch. 99-8; s. 226, ch. 99-13; s. 145, ch. 2014-19.

402.312 License required; injunctive relief.—

- (1) The operation of a child care facility without a license, a family day care home without a license or registration, or a large family child care home without a license is prohibited. If the department or the local licensing agency discovers that a child care facility is being operated without a license, a family day care home is being operated without a license or registration, or a large family child care home is being operated without a license, the department or local licensing agency is authorized to seek an injunction in the circuit court where the facility is located to enjoin continued operation of such facility, family day care home, or large family child care home. When the court is closed for the transaction of judicial business, the department or local licensing agency is authorized to seek an emergency injunction to enjoin continued operation of such unlicensed facility, unregistered or unlicensed family day care home, or unlicensed large family child care home, which injunction shall be continued, modified, or revoked on the next day of judicial business.
- (2) Other grounds for seeking an injunction to close a child care facility, family day care home, or a large family child care home are that:
- (a) There is any violation of the standards applied under ss. 402.301-402.319 which threatens harm to any child in the child care facility, a family day care home, or large family child care home.
- (b) A licensee or registrant has repeatedly violated the standards provided for under ss. 402.301-402.319.
- (c) A child care facility, family day care home, or large family child care home continues to have children in attendance after the closing date established by the department or the local licensing agency.

(3) The department or local licensing agency may impose an administrative fine on any child care facility, family day care home, or large family child care home operating without a license or registration, consistent with the provisions of s. 402.310.

History.—s. 12, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 4, 6, 7, ch. 83-248; s. 11, ch. 84-551; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 2, ch. 2003-131.

402.3125 Display and appearance of license; posting of violations; information to be provided to parents.—

- (1)(a) Upon receipt of a license issued under s. 402.308 or s. 402.309, the child care facility shall display such license in a conspicuous place within the facility.
- (b)1. In addition to posting the license as required under paragraph (a), the child care facility shall post with the license:
- a. Each citation for a violation of any standard or requirement of ss. 402.301-402.319 that has resulted in disciplinary action under s. 402.310 or s. 402.312.
 - b. An explanation, written in simple language, of each citation.
- c. A description, written in simple language, of the corrective action, if any, taken by the facility for each citation. Included in the description shall be the dates on which the corrective action was taken.
- 2. Each citation, explanation, and description of corrective action shall remain posted for 1 year after the citation's effective date.
- (2) The department shall ensure that every license it issues under s. 402.308 or s. 402.309 bears the distinctive seals of the State of Florida and of the department and is clearly recognizable by its size, color, seals, and contents to be a state license or provisional license for a child care facility.
- (3) Each local licensing agency shall ensure that every license it issues under s. 402.308 or s. 402.309 bears the distinctive seals of the issuing county and of the department and is clearly recognizable by its size, color, seals, and contents to be a county license or provisional license for a child care facility. Noncompliance by a local licensing agency shall be deemed by the department to be failure to meet minimum state standards and shall result in the department immediately assuming licensure authority in the county.
- (4) Any license issued pursuant to subsection (2) or subsection (3) shall include the name, address, and telephone number of the licensing agency.
- (5) The department shall develop a model brochure for distribution by the department and by local licensing agencies to every child care facility in the state. Pursuant thereto:
- (a) Upon receipt of such brochures, each child care facility shall provide a copy of same to every parent, guardian, or other person having entered a child in such facility. Thereafter, a copy of such brochure shall be provided to every parent, guardian, or other person entering a child in such facility upon entrance of the child or prior thereto.

- (b) Each child care facility shall certify to the department or local licensing agency, whichever is appropriate, that it has so provided and will continue to so provide such brochures, which certification shall operate as a condition upon issuance and renewal of licensure. Noncompliance by any child care facility shall be grounds for sanction as provided in ss. 402.310 and 402.312.
 - (c) The brochure shall, at a minimum, contain the following information:
- 1. A statement that the facility is licensed and has met state standards for licensure as established by s. 402.305 or that the facility is licensed by a local licensing agency and has met or exceeded the state standards, pursuant to ss. 402.306 and 402.307. Such statement shall include a listing of specific standards that licensed facilities must meet pursuant to s. 402.305.
- 2. A statement indicating that information about the licensure status of the child care facility can be obtained by telephoning the department office or the office of the local licensing agency issuing the license at a telephone number or numbers which shall be printed upon or otherwise affixed to the brochure.
- 3. The statewide toll-free telephone number of the central abuse hotline, together with a notice that reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect are received and referred for investigation by the hotline.
- 4. The date that the current license for the facility was issued and the date of its scheduled expiration if it is not renewed.
- 5. Any other information relating to competent child care that the department deems would be helpful to parents and other caretakers in their selection of a child care facility.
- (d) The department shall prepare a brochure containing substantially the same information as specified in paragraph (c) and shall make such brochure available to all interested persons, including physicians and other health professionals; mental health professionals; school teachers or other school personnel; social workers or other professional child care, foster care, residential, or institutional workers; and law enforcement officers.

History.—ss. 12, 19, ch. 84-551; s. 43, ch. 87-225; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 1, ch. 95-329; s. 95, ch. 2000-349.

402.313 Family day care homes.—

- (1) Family day care homes shall be licensed under this act if they are presently being licensed under an existing county licensing ordinance or if the board of county commissioners passes a resolution that family day care homes be licensed.
- (a) If not subject to license, family day care homes shall register annually with the department, providing the following information:
 - 1. The name and address of the home.
 - 2. The name of the operator.
 - 3. The number of children served.

- 4. Proof of a written plan to provide at least one other competent adult to be available to substitute for the operator in an emergency. This plan shall include the name, address, and telephone number of the designated substitute.
 - 5. Proof of screening and background checks.
- 6. Proof of successful completion of the 30-hour training course, as evidenced by passage of a competency examination, which shall include:
 - a. State and local rules and regulations that govern child care.
 - b. Health, safety, and nutrition.
 - c. Identifying and reporting child abuse and neglect.
- d. Child development, including typical and atypical language development; and cognitive, motor, social, and self-help skills development.
- e. Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine a child's developmental level.
- f. Specialized areas, including early literacy and language development of children from birth to 5 years of age, as determined by the department, for owner-operators of family day care homes.
 - 7. Proof that immunization records are kept current.
 - 8. Proof of completion of the required continuing education units or clock hours.
 - (b) A family day care home may volunteer to be licensed under this act.
- (c) The department may provide technical assistance to counties and family day care home providers to enable counties and family day care providers to achieve compliance with family day care homes standards.
- (2) This information shall be included in a directory to be published annually by the department to inform the public of available child care facilities.
- (3) Child care personnel in family day care homes shall be subject to the applicable screening provisions contained in ss. 402.305(2) and 402.3055. For purposes of screening in family day care homes, the term includes any member over the age of 12 years of a family day care home operator's family, or persons over the age of 12 years residing with the operator in the family day care home. Members of the operator's family, or persons residing with the operator, who are between the ages of 12 years and 18 years shall not be required to be fingerprinted, but shall be screened for delinquency records.
- (4) Operators of family day care homes must successfully complete an approved 30-clock-hour introductory course in child care, as evidenced by passage of a competency examination, before caring for children.
- (5) In order to further develop their child care skills and, if appropriate, their administrative skills, operators of family day care homes shall be required to complete an additional 1 continuing education

unit of approved training or 10 clock hours of equivalent training, as determined by the department, annually.

- (6) Operators of family day care homes shall be required to complete 0.5 continuing education unit of approved training in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subsection (5).
- (7) Operators of family day care homes shall be required annually to complete a health and safety home inspection self-evaluation checklist developed by the department in conjunction with the statewide resource and referral program. The completed checklist shall be signed by the operator of the family day care home and provided to parents as certification that basic health and safety standards are being met.
- (8) Family day care home operators may avail themselves of supportive services offered by the department.
- (9) The department shall prepare a brochure on family day care for distribution by the department and by local licensing agencies, if appropriate, to family day care homes for distribution to parents utilizing such child care, and to all interested persons, including physicians and other health professionals; mental health professionals; school teachers or other school personnel; social workers or other professional child care, foster care, residential, or institutional workers; and law enforcement officers. The brochure shall, at a minimum, contain the following information:
- (a) A brief description of the requirements for family day care registration, training, and fingerprinting and screening.
- (b) A listing of those counties that require licensure of family day care homes. Such counties shall provide an addendum to the brochure that provides a brief description of the licensure requirements or may provide a brochure in lieu of the one described in this subsection, provided it contains all the required information on licensure and the required information in the subsequent paragraphs.
- (c) A statement indicating that information about the family day care home's compliance with applicable state or local requirements can be obtained by telephoning the department office or the office of the local licensing agency, if appropriate, at a telephone number or numbers which shall be affixed to the brochure.
- (d) The statewide toll-free telephone number of the central abuse hotline, together with a notice that reports of suspected and actual child physical abuse, sexual abuse, and neglect are received and referred for investigation by the hotline.
- (e) Any other information relating to competent child care that the department or local licensing agency, if preparing a separate brochure, deems would be helpful to parents and other caretakers in their selection of a family day care home.

- (10) On an annual basis, the department shall evaluate the registration and licensure system for family day care homes. Such evaluation shall, at a minimum, address the following:
- (a) The number of family day care homes registered and licensed and the dates of such registration and licensure.
- (b) The number of children being served in both registered and licensed family day care homes and any available slots in such homes.
- (c) The number of complaints received concerning family day care, the nature of the complaints, and the resolution of such complaints.
- (d) The training activities utilized by child care personnel in family day care homes for meeting the state or local training requirements.

The evaluation shall be utilized by the department in any administrative modifications or adjustments to be made in the registration of family day care homes or in any legislative requests for modifications to the system of registration or to other requirements for family day care homes.

- (11) In order to inform the public of the state requirement for registration of family day care homes as well as the other requirements for such homes to legally operate in the state, the department shall institute a media campaign to accomplish this end. Such a campaign shall include, at a minimum, flyers, newspaper advertisements, radio advertisements, and television advertisements.
- (12) Notwithstanding any other state or local law or ordinance, any family day care home licensed pursuant to this chapter or pursuant to a county ordinance shall be charged the utility rates accorded to a residential home. A licensed family day care home may not be charged commercial utility rates.
- (13) The department shall, by rule, establish minimum standards for family day care homes that are required to be licensed by county licensing ordinance or county licensing resolution or that voluntarily choose to be licensed. The standards should include requirements for staffing, training, maintenance of immunization records, minimum health and safety standards, reduced standards for the regulation of child care during evening hours by municipalities and counties, and enforcement of standards.
- (14) During the months of August and September of each year, each family day care home shall provide parents of children enrolled in the home detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- (15) During the months of April and September of each year, at a minimum, each family day care home shall provide parents of children attending the family day care home information regarding the potential for a distracted adult to fail to drop off a child at the family day care home and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The family day care home shall

also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which family day care homes may choose to reproduce and provide to parents to satisfy the requirements of this subsection.

History.—s. 13, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 28, ch. 85-54; s. 44, ch. 87-225; s. 27, ch. 87-238; s. 38, ch. 90-306; s. 3, ch. 91-300; ss. 1, 2, ch. 93-115; s. 46, ch. 95-196; s. 59, ch. 95-228; s. 80, ch. 96-175; s. 3, ch. 97-63; s. 39, ch. 97-173; s. 14, ch. 99-304; s. 96, ch. 2000-349; s. 62, ch. 2002-1; s. 3, ch. 2002-300; s. 3, ch. 2003-131; s. 4, ch. 2006-91; s. 2, ch. 2009-147; s. 11, ch. 2010-210; s. 18, ch. 2018-103.

402.3131 Large family child care homes.—

- (1) Large family child care homes shall be licensed under this section.
- (a) A licensed family day care home must first have operated for a minimum of 2 consecutive years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home.
- (b) The department may provide technical assistance to counties and family day care home providers to enable the counties and providers to achieve compliance with minimum standards for large family child care homes.
- (2) Child care personnel in large family child care homes shall be subject to the applicable screening provisions contained in ss. 402.305(2) and 402.3055. For purposes of screening child care personnel in large family child care homes, the term "child care personnel" includes any member of a large family child care home operator's family 12 years of age or older, or any person 12 years of age or older residing with the operator in the large family child care home. Members of the operator's family, or persons residing with the operator, who are between the ages of 12 years and 18 years, inclusive, shall not be required to be fingerprinted, but shall be screened for delinquency records.
- (3) Operators of large family child care homes must successfully complete an approved 40-clock-hour introductory course in group child care, as evidenced by passage of a competency examination. Successful completion of the 40-clock-hour introductory course shall articulate into community college credit in early childhood education, pursuant to ss. 1007.24 and 1007.25.
- (4) In order to further develop their child care skills and, if appropriate, their administrative skills, operators of large family child care homes who have completed the required introductory course shall be required to complete an additional 1 continuing education unit of approved training or 10 clock hours of equivalent training, as determined by the department, annually.
- (5) Operators of large family child care homes shall be required to complete 0.5 continuing education unit of approved training or 5 clock hours of equivalent training, as determined by the department, in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subsection (4).

- (6) The department shall prepare a brochure on large family child care homes for distribution to the general public.
- (7) The department shall, by rule, establish minimum standards for large family child care homes. The standards shall include, at a minimum, requirements for staffing, maintenance of immunization records, minimum health standards, minimum safety standards, minimum square footage, and enforcement of standards.
- (8) Prior to being licensed by the department, large family child care homes must be approved by the state or local fire marshal in accordance with standards established for child care facilities.
- (9) During the months of August and September of each year, each large family child care home shall provide parents of children enrolled in the home detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- (10) During the months of April and September of each year, at a minimum, each large family child care home shall provide parents of children attending the large family child care home information regarding the potential for a distracted adult to fail to drop off a child at the large family child care home and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The large family child care home shall also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which large family child care homes may choose to reproduce and provide to parents to satisfy the requirements of this subsection.

History.—s. 15, ch. 99-304; s. 1, ch. 2002-300; s. 41, ch. 2003-1; s. 4, ch. 2003-131; s. 5, ch. 2006-91; s. 3, ch. 2009-147; s. 19, ch. 2018-103.

402.314 Supportive services.—The department shall provide consultation services, technical assistance, and inservice training, when requested and as available, to operators, licensees, registrants, and applicants to help improve programs, homes, and facilities for child care, and shall work cooperatively with other organizations and agencies concerned with child care.

History.—s. 13, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 29, ch. 85-54; ss. 1, 2, ch. 93-115.

402.315 Funding; license fees.—

- (1) If the county designates a local agency to be responsible for the licensing of child care facilities, the county shall bear at least 75 percent of the costs involved.
- (2) The department shall bear the costs of the licensing of child care facilities when contracted to do so by a county or when directly responsible for licensing in a county which fails to meet or exceed state minimum standards.

- (3) The department shall collect a fee for any license it issues for a child care facility, family day care home, or large family child care home pursuant to ss. 402.305, 402.313, and 402.3131.
- (a) For a child care facility licensed pursuant to s. 402.305, such fee shall be \$1 per child, based on the licensed capacity of the facility, except that the minimum fee shall be \$25 per facility and the maximum fee shall be \$100 per facility.
 - (b) For a family day care home registered pursuant to s. 402.313, such fee shall be \$25.
 - (c) For a family day care home licensed pursuant to s. 402.313, such fee shall be \$50.
 - (d) For a large family child care home licensed pursuant to s. 402.3131, such fee shall be \$60.
 - (4) Any county may collect a fee for any license it issues pursuant to s. 402.308.
- (5) All moneys collected by the department for child care licensing shall be held in a trust fund of the department to be reallocated to the department during the following fiscal year to fund child care licensing activities, including the Gold Seal Quality Care program created pursuant to s. 402.281.

History.—s. 15, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 5, 6, 7, ch. 83-248; s. 13, ch. 84-551; s. 30, ch. 85-54; ss. 1, 2, ch. 93-115; s. 81, ch. 96-175; s. 14, ch. 2010-210.

402.316 Exemptions.—

- (1) The provisions of ss. 402.301-402.319, except for the requirements regarding screening of child care personnel, shall not apply to a child care facility which is an integral part of church or parochial schools conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, and sanitation. However, such facilities shall meet minimum requirements of the applicable local governing body as to health, sanitation, and safety and shall meet the screening requirements pursuant to ss. 402.305 and 402.3055. Failure by a facility to comply with such screening requirements shall result in the loss of the facility's exemption from licensure.
- (2) Any county or city with state or local child care licensing programs in existence on July 1, 1974, will continue to license the child care facilities as covered by such programs, notwithstanding the provisions of subsection (1), until and unless the licensing agency makes a determination to exempt them.
- (3) Any child care facility covered by the exemption provisions of subsection (1), but desiring to be included in this act, is authorized to do so by submitting notification to the department. Once licensed, such facility cannot withdraw from the act and continue to operate.

History.—s. 16, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 14, ch. 84-551; s. 31, ch. 85-54; ss. 1, 2, ch. 93-115.

402.317 Prolonged child care.—Notwithstanding the time restriction specified in s. 402.302(1), child care may be provided for 24 hours or longer for a child whose parent or legal guardian works a shift of 24 hours or more. The requirement that a parent or legal guardian work a shift of 24 hours or more must be certified in writing by the employer, and the written certification shall be maintained in

the facility by the child care provider and made available to the licensing agency. The time that a child remains in child care, however, may not exceed 72 consecutive hours in any 7-day period. During a declared state of emergency, the child care licensing agency may temporarily waive the time limitations provided in this section.

History.—s. 8, ch. 2006-91.

402.318 Advertisement.—A person, as defined in s. 1.01(3), may not advertise a child care facility, family day care home, or large family child care home without including within such advertisement the state or local agency license number or registration number of such facility or home. Violation of this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History. -ss. 15, 19, ch. 84-551; s. 74, ch. 91-224; ss. 1, 2, ch. 93-115; s. 3, ch. 2011-75.

402.319 Penalties.—

- (1) It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person knowingly to:
- (a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment or licensure regulated under ss. 402.301-402.318 all information required under those sections or a material fact used in making a determination as to such person's qualifications to be child care personnel, as defined in s. 402.302, in a child care facility, family day care home, or other child care program.
- (b) Operate or attempt to operate a child care facility without having procured a license as required by this act.
- (c) Operate or attempt to operate a family day care home without a license or without registering with the department, whichever is applicable.
- (d) Operate or attempt to operate a child care facility or family day care home under a license that is suspended, revoked, or terminated.
- (e) Misrepresent, by act or omission, a child care facility or family day care home to be duly licensed pursuant to this act without being so licensed.
- (f) Make any other misrepresentation, by act or omission, regarding the licensure or operation of a child care facility or family day care home to a parent or guardian who has a child placed in the facility or is inquiring as to placing a child in the facility, or to a representative of the licensing authority, or to a representative of a law enforcement agency, including, but not limited to, any misrepresentation as to:
 - 1. The number of children at the child care facility or the family day care home;
 - 2. The part of the child care facility or family day care home designated for child care;
 - 3. The qualifications or credentials of child care personnel;

- 4. Whether a family day care home or child care facility complies with the screening requirements of s. 402.305; or
 - 5. Whether child care personnel have the training as required by s. 402.305.
- (2) If any child care personnel makes any misrepresentation in violation of this section to a parent or guardian who has placed a child in the child care facility or family day care home, and the parent or guardian relied upon the misrepresentation, and the child suffers great bodily harm, permanent disfigurement, permanent disability, or death as a result of an intentional act or negligence by the child care personnel, then the child care personnel commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (3) Each child care facility, family day care home, and large family child care home shall annually submit an affidavit of compliance with s. 39.201.

History.—ss. 16, 19, ch. 84-551; s. 32, ch. 85-54; s. 37, ch. 90-347; ss. 1, 2, ch. 93-115; s. 60, ch. 95-228; s. 2, ch. 99-207; s. 14, ch. 2016-238.

Development and Implementation of a Statewide Differential Monitoring Licensing Methodology for Florida's Office of Child Care February 17, 2021 - June 30, 2021

Phase	Deliverable	Lead Consultant	Service Task (ST)	ST Target Completion Date	ST Actual Completion Date
1	F-2.1.1 Development of Differential Monitoring Licensing Methodology Project Plan Due: March 5, 2021	Alisa	C-1.1.1. – develop a project plan and timeline for implementation of all phases of the Differential Monitoring Licensing Methodology. C-1.1.2. The Provider shall schedule, organize, and conduct one initial meeting with the Department for the purpose of reviewing the proposed project plan with Office of Child Care staff. Review plan, laws, checklists. Submit final project plan within 1 week of initial meeting	February 26, 2021 March 5, 2021	February 26, 2021 March 3, 2021
1		Alisa	C-1.1.3. The Provider shall conduct ongoing communication with the Office of Child Care for project updates, including, but not limited to, biweekly virtual status meetings to discuss progress of the project and any difficulties that may impede progress. Biweekly written status reports within 1 week of status report meetings	Biweekly for duration of the contract	
2	F-2.1.2 Quantitative and qualitative statistical analysis of the stakeholder feedback sessions to generate a recommended Differential Monitoring Licensing Methodology. Due: April 5, 2021	Alisa	C-1.2.1. The Provider shall develop, organize, and conduct stakeholder feedback sessions to include Department staff and child care providers, in order to garner information regarding current regulation and inspection methodology and suggestions for changes in regulation and inspection methodology. Stakeholder groups should be developed to focus on specific licensing areas. The Provider shall determine the feedback session structure, including questions used, and method of data collection.	March 30, 2021	March 24, 2021
			The Provider shall submit plans for the feedback sessions to the Department for approval prior to conducting the first session. Information gained from feedback sessions shall be shared with the Department as part of biweekly status reports and in the overall project report	One week before first session	March 11, 2021
2	F-2.1.3 Quantitative and qualitative statistical analysis of system child care licensing data to generate a recommended Differential Monitoring Licensing Methodology.	Rick	C-1.2.2. The Provider shall collect child care regulation data based on State data storage mechanisms. The Provider shall identify and select a statistically significant representative sample of the data to use for conducting a quantitative analysis of the data in order to generate a desired Differential Monitoring Licensing Methodology.	February 23, 2021	February 23, 2021
	Due: April 15, 2021		The Provider shall submit plans for system data analysis to the Department for approval prior to conducting the analysis. Information	March 8, 2021	March 11, 2021

			gained from system data analysis shall be shared with the Department as part of biweekly status reports and in the overall project report.		
2	F-2.1.4 Development of Differential Monitoring Licensing Methodology to be used by the State during licensing inspections.	Rick	C-1.2.3. The Provider shall use both quantitative and qualitative statistical analysis of the stakeholder feedback session information and system child care licensing data to generate a recommended Differential Monitoring Licensing Methodology		
	Due: May 31, 2021		C-1.2.4. The Differential Monitoring Licensing Methodology, developed based on a statistical model, must include without limitation methodology for determining the frequency and scope or depth of inspections needed at licensed child care facilities based on the licensed setting's inspection and compliance history, identifying licensed providers in need of technical assistance, identifying licensed settings with low levels of compliance in need of increased monitoring, and recognizing licensed settings with strong compliance records with abbreviated inspections.		
			C-1.2.5. The Provider shall comply with data and system requirements outlined in Part 1 of this contract.		
			C-1.3.1. The Provider shall schedule a meeting with the Office of Child Care to discuss the Provider's recommended Differential Monitoring Licensing Methodology.	May 14,2021	May 17, 2021
			The Provider shall submit a report containing the Provider's recommendation of Differential Monitoring Licensing Methodology to the Department Contract Manager in writing at least one week prior to the scheduled meeting.	May 7, 2021	May 6, 2021
			C-1.3.2. The Provider shall provide a report to the Office of Child Care including, but not limited to, data collection and statistical analysis methods used, statistical analysis findings, recommended Differential Monitoring Licensing Methodology, implementation suggestions,		
			potential impact on staff resources, and comparison of recommended Differential Monitoring Licensing Methodology to other state Differential Monitoring Licensing Methodologies.	May 24, 2021	May 20, 2021
3	F-2.1.5 Development of Differential Monitoring Licensing Methodology inspection checklist to be used by the State during licensing inspections.	Ron	C-1.4.1. The Provider shall develop revised inspection checklists based on the approved Differential Monitoring Licensing Methodology to be used by the Department during licensing inspections	May 20, 2021	May 18, 2021
	Due: May 31, 2021		C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.		

3	F-2.1.6 Development of Differential Monitoring Licensing Methodology inspection instruction manuals to be used by the State during licensing inspections	Ron	C-1.4.2. The Provider shall develop step-by step instruction manuals, to be used by line staff and management, for all licensing inspection checklists. C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the	May 20, 2021	May 18, 2021
3	Due: May 31, 2021 F-2.1.7 Development of Differential Monitoring Licensing Methodology policy Due: May 31, 2021	Ron	C-1.4.3. The Provider shall develop policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology to include, but not limited to: C-1.4.3.1. Eligibility criteria to be met for licensee to qualify for differential monitoring checklist use; C-1.4.3.2. Factors that will be measured during inspections; C-1.4.3.3. Non-regulatory factors, if any, that may be measured during inspections; C-1.4.3.4. Methods for inspections of licensees who do not qualify for differential monitoring checklist use; and C-1.4.3.5. If necessary, separate policy and procedure documents will be developed for each licensing focus area. C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.	May 20, 2021	May 12, 2021
3	F-2.1.8 Creation of Differential Monitoring Licensing Methodology explanatory material for public dissemination. Due: May 31, 2021	Ron	C-1.4.4. The Provider shall develop Differential Monitoring Licensing Methodology policy and procedure explanatory material for public dissemination. C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.	May 20, 2021	May 12, 2021
4	F-2.1.9 Licensing Staff Training Due: June 22, 2021	Alisa	C-1.5.1. The Provider shall conduct virtual training sessions (5) for Office of Child Care, Department Licensing Counselors, and stakeholders identified by the Department, on the newly developed Differential Monitoring Licensing Methodology. C-1.5.2. Training sessions shall include instruction in the use of the Differential Monitoring Licensing Methodology including a review of the instruction manual and tools. C-1.5.3. The Provider shall provide a minimum of one instructor to provide a minimum of five virtual trainings on the newly developed Differential Monitoring Licensing Methodology.	June 15, 2021	June 10, 2021

5	F-2.1.10 Implementation guidance of Differential Monitoring Licensing Methodology for licensed child care facilities statewide. Due: June 30, 2021	Rick	C-1.5.4. The Provider shall submit training attendance logs, training agenda, and a status report based on the results of the training to the Contract Manager no later than one week after the last training. C-1.6.1. The Provider shall guide the Department in the Department's implementation of the Differential Monitoring Licensing Methodology for licensed child care facilities statewide through the biweekly status calls.	June 22, 2021 June 30, 2021	June 11, 2021 June 28, 2021
5	F-2.1.11 Final Project Summary Report on the impact of differential monitoring approach on key outcomes and the plan for long-term system maintenance, including data collection and recalculation of core elements. Due: June 30, 2021		 C-1.7.1. The Provider shall generate a final project summary report. This report is a cumulative narrative summary of the Provider's activities during the life of this Contract. The report shall include a discussion on the accomplishments for the Service Tasks contained in Sections C-1.1 through C-1.6. of this Contract to include, but not limited to: C-1.7.1.1. The evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology; C-1.7.1.2. The approved project plan; C-1.7.1.3. A summary of the information gained from stakeholder feedback sessions; C-1.7.1.4. A summary of the information gained from system data analysis; C-1.7.1.5. A summary of the data collection and statistical analysis methods used; C-1.7.1.6. A summary of the statistical analysis findings; C-1.7.1.7. Information about the inspection checklist, policy and procedure development; C-1.7.1.8. Information about staff and stakeholder trainings; C-1.7.1.9. A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future. C-1.7.2. The Provider shall submit the Post Project Summary Report it to the Department's Contract Manager prior to the submission of the final invoice. 	June 30, 2021	June 14, 2021

All Services to be provided through virtual technology.

Florida Department of Children and Families' Differential Monitoring Project

Stakeholder Session 3/18/2021



National Association for Regulatory Administration

- NARA is an international non-profit professional association founded in 1976 representing all human care licensing
- Licensing Professionals including Dr. Richard Fiene "Father of Key Indicator System Theory"
- NARA's professional services and educational curricula have been used by dozens of states and provinces for program-specific research, training, and customized technical assistance
 - Child day and residential settings
 - Care settings for older adults
 - Care settings for MH/ID

Objectives

- Introduce differential monitoring project
- Garner feedback related to current inspection practices and regulations
- Garner feedback related to suggested changes of each



Differential Monitoring

 A regulatory method for determining the frequency or depth of monitoring based on an assessment of a facility's history of compliance with licensing rules.

Incorporates Targeted
 Measurement Tools

Targeted Measurement Tools

Increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs.

Key Indicator Systems (KIS) – identify subset of regulations through statistical analysis that predict overall compliance.

Risk Assessment – identify rules that place children at greater risk of harm if violations occur.



Key Indicator Systems (KIS)

- Identifies a subset of licensing regulations that statistically predict compliance with the entire set of regulations.
- Licensing Oversight agencies throughout the United States and Canada have successfully implemented a KIS.
 - Michigan
 - Washington
 - Indiana
 - Montana
 - Minnesota
 - Saskatchewan



KIS Misconception

Many people mistakenly believe that KIS identify the most "serious" regulations (that is, the regulations which, if violated, pose the greatest risk to children in care.)

Remember: KIS identify a subset of licensing regulations that *statistically* predict compliance with the entire set of regulations.



How does a KIS work?

In general, child care settings are either:

- High Compliance Settings fewer violations identified
- Low Compliance Setting many violations identified

Research has shown that some violations are usually identified during licensing inspections, even at the most highly-compliant settings.

How does a KIS work?

- Inspection data is used to determine which regulations are found to be in compliance at high compliance setting and out of compliance at settings with low compliance.
- Statistical analysis to determine the relationship between the regulation and settings' level of overall compliance
- Regulations with the closest statistical relationship are then identified as **Key Indicators**.



How does a KIS work?



By measuring compliance with the Key Indicators, we can be **very confident** the setting is compliant with all other regulations.



Why we know KIS work

- NARA has developed and refined KIS for over 30 years
- Methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care
- Independent research conducted by Dr. Richard Fiene, an early-child education professional and NARA consultant, has found patterns in key indicators of compliance/quality in childcare programs, suggesting that certain areas of regulatory oversight function as key indicators nationwide

Benefits

- The regulatory oversight agency is able to spend more time monitoring and providing technical assistance to noncompliant providers by spending less time in compliant programs.
- The regulatory oversight agency is able to increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs
- Providers benefit from shorter inspections by maintaining compliance.
- Persons in care enjoy a higher degree of health and safety protection.
- **The public** is assured that strong licensing continues even if resources are reduced.

Safeguards

• Eligibility Criteria

Inspection Expansion

 Identify regulations that are always measured, even if not KI





Feedback Instructions

When answering a question, please <u>indicate which question</u> you are answering by adding "Q" and the question number to the beginning of your response (i.e., Q1 — answer)

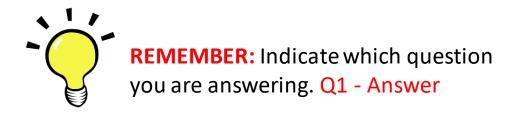
Example

Question 1 – How many years have you worked as a Licensing Counselor?

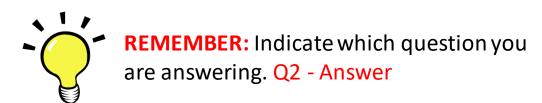
Answer: Q1 – 12 years



When the Department inspects your facility/home – What do Counselors spend the most time doing?



When the Department inspects your facility/home – How would you like to see Counselors using their time?



What regulations do you feel are the "most serious" and should be measured during every inspection?



REMEMBER: Indicate which question you are

answering. Q3 - Answer

Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?



REMEMBER: Indicate which question you are answering. Q4 - Answer

Child Care Centers are subject to 3 inspections per year.

- 1. What are your thoughts on the frequency of inspections?
- 2. Are there challenges that present with 3 inspections per year?
- 3. If so, what are they?

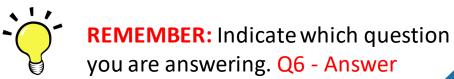


REMEMBER: Indicate which question

you are answering. Q5 - Answer

Family Day Care Homes are subject to 2 inspections per year.

- 1. What are your thoughts on the frequency of inspections?
- 2. Are there challenges that present with 2 inspections per year?
- 3. If so, what are they?



In your opinion, how many inspections should be conducted per year? Why?



REMEMBER: Indicate which question

you are answering. Q7- Answer

What do you think are barriers to achieving or maintaining full compliance?



REMEMBER: Indicate which question you

are answering. **Q8** - **Answer**

Do you feel you receive enough support/technical assistance from the Department?

If not, what do you think the Department should do to ensure enough support is provided?



REMEMBER: Indicate which question you are answering. Q9 - Answer

Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule.

- 1. What are your thoughts on such a policy?
- 2. How many KI violations should be identified before a full inspection is triggered?



REMEMBER: Indicate which question you are answering. Q10 - Answer

Additional information related to Key Indicator Systems can be located on NARA's website:

https://www.naralicensing.org/

THANK YOU!



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

Introduction

The purpose of this document is to provide a quantitative and qualitative analysis of the feedback garnered from the stakeholder sessions conducted on behalf of Florida's Office of Child Care.

Background and Methodology

Two (2) sessions were held for each stakeholder type (child care centers, day care homes, and Department staff/staff from other departments) totaling six (6) sessions overall. All sessions were conducted in March 2021. Sessions were conducted using remote technology through the Office of Child Care's GoToWebinar platform. An informational PowerPoint presentation on differential monitoring, with a focus on Key Indicator Systems, was provided during all sessions. Attendees were asked to provide feedback on a variety of questions related to current and future inspection practices using the GoToWebinar's question toolbar. A data report was generated from the platform after each session and provided to NARA for analysis. Reports included, at minimum, the number of participants in each session, participant names, all feedback provided by the participants, and the time of each participants entry.

Results

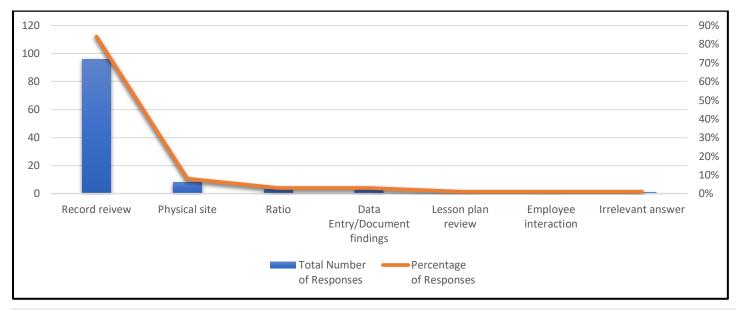
The results will be provided in three sections, one for each session type. Each question will include the number of respondents, total number of responses, the question asked, an analysis of the data gathered for each question, and any other relevant information pertaining to the question. It is important to note that not all session attendees provided feedback and attendees that did often provided multiple answers. The analysis results are relative to the total number of responses received by all respondents. Percentages are rounded to the nearest whole number.

Child Care Facilities

150 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When the Department inspects your facility - What do Counselors spend the most time doing?

114 responses were received from 103 respondents. The chart below represents the data received.





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

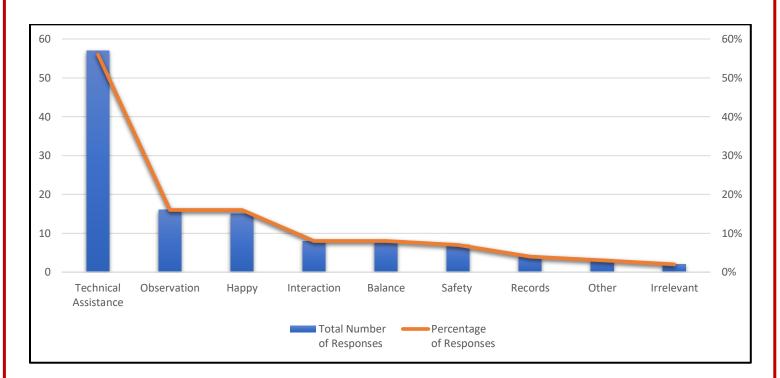
April 5, 2021

The overwhelming response from child care providers reveals licensing counselors spend the majority of their time reviewing staff and child records. This is a very common and expected answer given the number of rules that involve documentation requirements.

Question: When the Department inspects your facility – How would you like to see Counselors using their time?

120 responses were received from 101 respondents. The responses included the following:

- Providing technical assistance
- Observing the facility and staff/child interactions
- Happy with current practices
- Interaction with staff/children
- Balance between record review and facility inspection
- Measuring compliance with safety related regulations
- Reviewing staff/child records
- Irrelevant answers
- Other



"Other" responses included learning about the program, being friendly, and reviewing indicatrors of excellent child care.



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

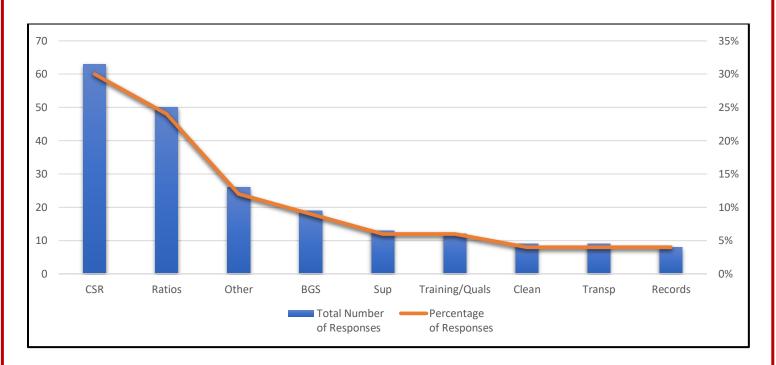
April 5, 2021

The majority of responses indicate child care facilities would like licensing counselors to spend more time providing technical assistance. Facilities would like the Department to notify facilities when regulations or policies change, offer guidance on best practices, render positive feedback, answer questions, and offer more training opportunities.

Question: What regulations do you feel are the "most serious" and should be measured during every inspection?

210 responses were received from 101 respondents. The responses included the following:

- Child safety requirements (CSR)
- Ratios
- Other
- Background screening (BGS)
- Supervision (Sup)
- Staff training/qualifications (Training/Quals)
- Overall cleanliness (Clean)
- Transportation (Transp)
- Staff/Child records (Records)



"Other" included immunizations, fire safety, capacity, diapering, medication administration, discipline, food preparation, infant safety, class I and II violations, and teacher/child interaction. Each response was 1% or less of the total responses. Each response listed under "other" contained 5 or less responses.



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

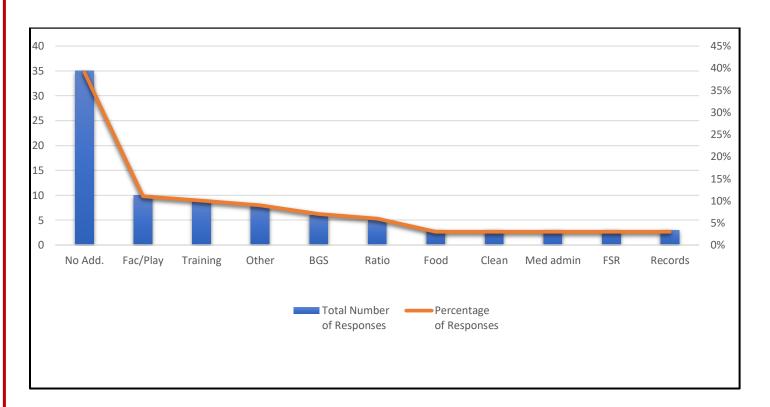
April 5, 2021

The majority of responses included compliance with child safety requirements such as facility and playground safety and proper storage of chemicals. Staff to child ratios should be measured at every inspection to ensure the safety of children and maintain capacity requirements.

Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

89 responses were received from 77 respondents. The responses included the following:

- No additional regulations
- Facility/Playground safety
- Staff training/qualifications
- Other
- Background screenings
- Ratios/group size
- Food prep
- Overall cleanliness of facility
- Medication administration
- Fire safety requirements
- Staff/Child records





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

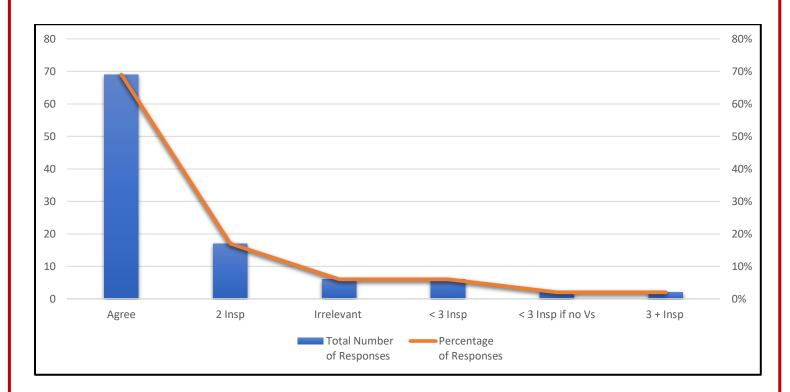
"Other" responses included transportation compliance, observing child/staff interaction, discipline policy review, compliance measurement with repeated violations. One respondent stated all regulations should be measured. One respondent said parent views should be considered. Each response accounted for 2% or less of responses.

The rules mentioned above directly or indirectly have an effect on the health and safety of children served in regulated settings. Noncompliance with any of the above requirements could lead to harm.

Question: Child Care Centers are subject to 3 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 3 inspections per year? If so, what are they?

102 responses were received from 102 respondents. The responses included the following:

- Agree with frequency of inspections
- Two (2) inspections preferred
- Prefer less than 3
- Less than three (3) if no violations
- More than three (3)
- Irrelevant answers





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

When asked if challenges exist with 3 inspections per year, respondents stated:

- No challenges 60%
- Challenges exist 40%

Challenges include:

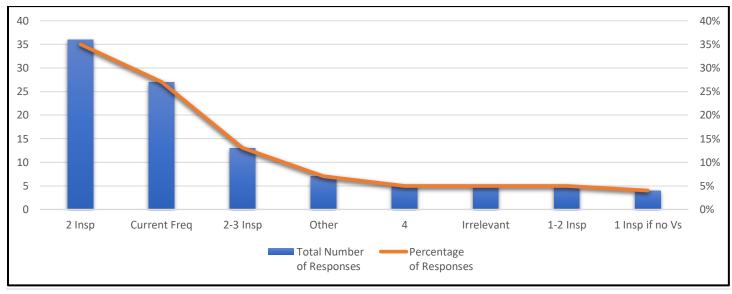
- Staffing issues with the Department and centers (counselor/staff turnover, center staff call outs)
- Ability to remove oneself from other responsibilities
- Inconvenient timing (nap times, summertime, not enough time with counselors for assistance)
- Shorter amount of time between visits for school programs
- Inspection length
- Relying on parents to comply with required form submission
- Lack of funds for improvement projects

A suggestion to allow center staff to submit documentation to counselors prior to inspection was proposed.

Question: In your opinion, how many inspections should be conducted per year? Why?

102 responses were received from 102 respondents. The responses included the following:

- Two (2) inspections preferred
- Fine with current frequency
- Two (2) or three (3) depending on compliance level
- Quarterly inspections preferred
- One (1) or two (2) inspections
- One (1) if no violations identified
- Irrelevant Answer
- Other





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

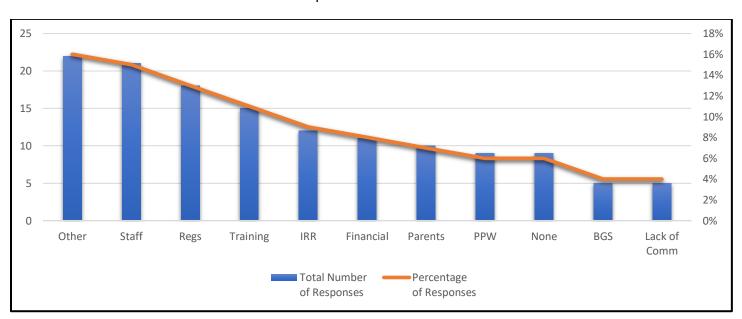
"Other" responses included a range from 1 to 4 inspections based on compliance level. One respondent stated inspection frequency should be based on history of compliance. A few respondents said 3 inspections should be the minimum.

Many respondents did not provide feedback to the second question. Some respondents stated fewer inspections would increase counselor availability and keep centers mindful. Respondents stated their facility is inspected by other agencies and felt they had proper oversight. Facility staff felt comfortable with fewer inspections because of their ability to receive support from their counselor when needed. Others mentioned the current frequency of inspections keeps centers accountable. A respondent stated the frequency of inspections should be based on the setting's level of compliance such that counselors could spend more time with struggling centers. This is a primary benefit of a Key Indicator System.

Question: What do you think are barriers to achieving or maintaining full compliance?

140 responses were received from 97 respondents. The responses included the following:

- Other
- Staffing issues (turnover, quality of staff)
- Notification of regulation changes/understanding regulations (Regs)
- Abundance of training requirements/ability to take classes and tests (Training)
- Counselor inter-rater reliability (IRR)
- Financial barriers
- Relying on parents for documents
- Abundance of paperwork/timelines
- No barriers
- Background screening process (BGS)
- Lack of communication between the Department and centers





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

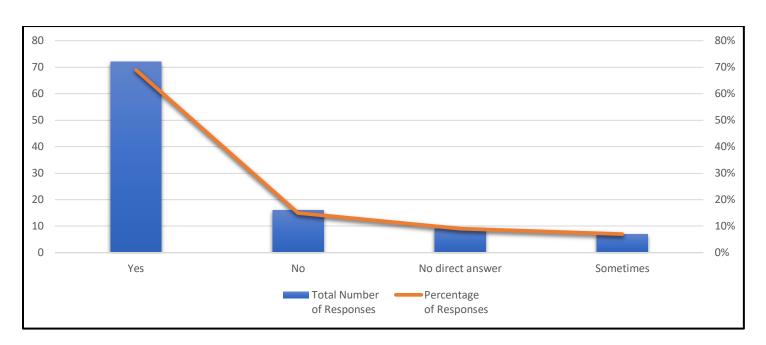
"Other" responses included the number of requirements to follow, lack of organizational skills, ratio compliance, unknown expectations, frequency of counselor turnover, structure of the program, the Department's website is difficult to navigate requiring additional time to search for documents, lack of program supervision, issues that require correction because of other programs' actions, delay in work orders, violations corrected on site but still considered noncompliant, COVID-19, and irrelevant feedback. These accounted for 4% or less of responses.

Respondents stated inter-rater reliability is a barrier to compliance. Inter-rater reliability refers to the degree of consistency with which regulatory oversight agencies and individual regulators measure and determine compliance with regulatory requirements.

Question: Do you feel you receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

104 responses were received from 104 respondents. The responses included the following:

- Yes, Department provides enough technical assistance
- No, Department does not provide enough technical assistance
- Sometimes the Department provides enough technical assistance
- Did not provide a direct answer



The majority of center participants said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

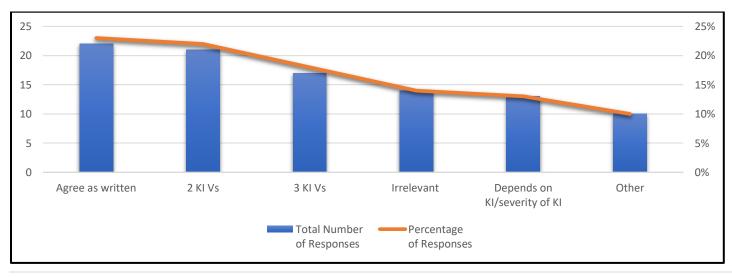
- Notify centers when changes in rule or policy occur
- Create a user-friendly website
- Offer additional training opportunities
- Increase inter-rater reliability
- Return emails/calls timely
- Hire additional licensing counselors
- Provide resources for noncompliant providers
- Pair compliant centers with noncompliant centers for additional support/training
- Create small licensing groups (quarterly) for technical assistance, ideas, best practices
- Email alerts for changes or reminders
- Provide a list of items being measured during inspection

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Many respondents stated they agreed with the above practice but thought the policy should be more lenient with respect to the number of KI violations. Based on the feedback received, further education on differential monitoring may be beneficial. Several respondents struggled with the concept that key indicators predict overall compliance.

97 responses were received from 97 respondents. The responses included the following:

- Agree with the practice as written
- Agree full inspection should be triggered after two (2) KI violations
- Agree full inspection should be triggered after three (3) KI violations
- Number should depend on what the KI is and/or its severity
- Irrelevant feedback
- Other





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

"Other" responses suggested a percentage of KI violations should be determined, a class 3 violation should trigger a full inspection, if there are no safety violations, a full inspection should not be triggered, low level violations should not trigger a full inspection, half the KIs should be identified as violations before triggering a full inspection, and a range of 2-5 violations before a full inspection is triggered. Each response accounted for 1% of the total responses.

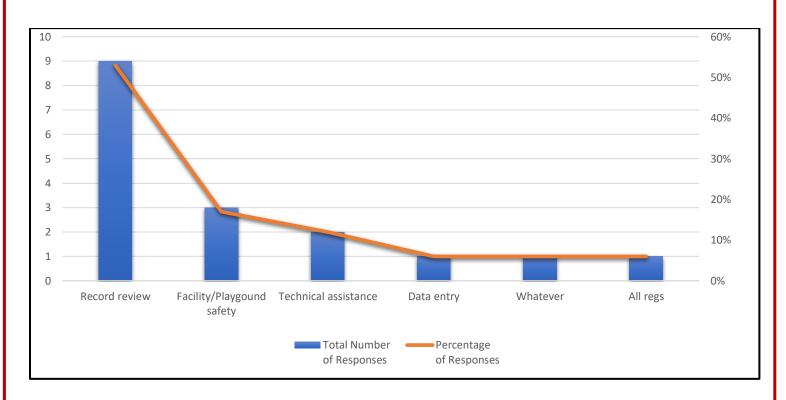
Family Day Care Homes

25 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When the Department inspects your home – What do Counselors spend the most time doing?

17 responses were received from 14 respondents. The responses included the following:

- Record Review
- Facility/Playground safety
- Providing technical assistance
- Data entry/document findings
- Whatever is asked of them
- Reviewing all regulations





Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

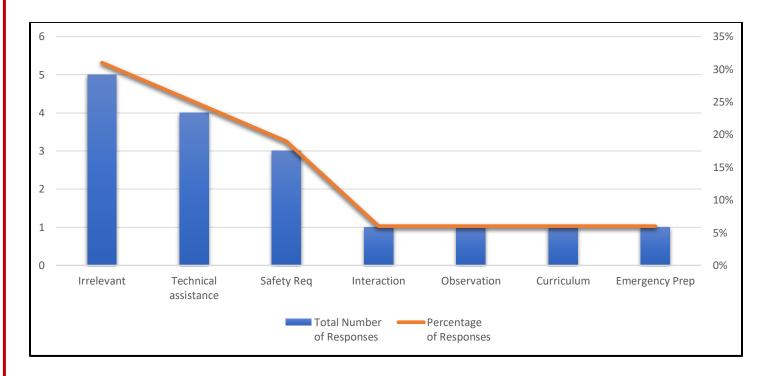
April 5, 2021

Similar to child care centers, counselors that inspect day care homes report that a majority of their time is spent on staff and child record review. As mentioned earlier, this is a very common and expected answer given the number of rules that involve documentation requirements.

Question: When the Department inspects your home – How would you like to see Counselors using their time?

16 responses were received from 13 respondents. The responses included the following:

- Irrelevant answer
- Provide technical assistance
- Compliance measurement with safety requirements
- Child Interaction
- Care observation
- Curriculum review
- Compliance measurement with emergency preparedness requirements



The majority of day care homes provided irrelevant answers to this question. Respondents stated inspections are done "by the book", commented on the length of the inspection process and referenced counselors inspecting programs based on personal preference instead of regulation. Others offered positive feedback about their counselors.



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

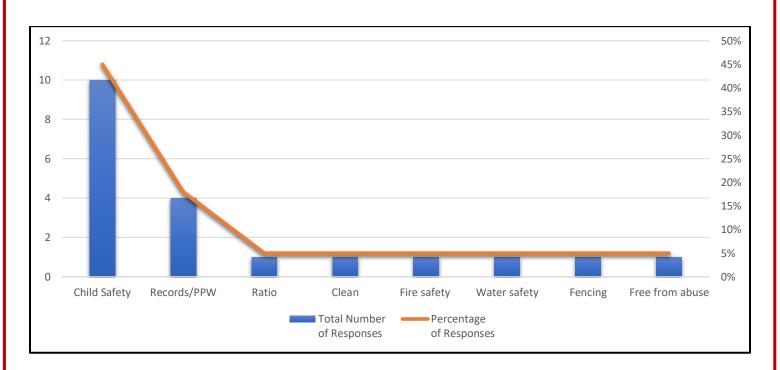
April 5, 2021

An increased focus on technical assistance would be welcomed. Day Care Homes stated more time spent on explaining new requirements, rendering positive feedback, and offering guidance on best practices would be helpful.

Question: What regulations do you feel are the "most serious" and should be measured during every inspection?

22 responses were received from 13 respondents. The responses included the following:

- Child safety requirements
- Records/paperwork up to date
- Ratio compliance
- Overall cleanliness
- Fire safety
- Water safety
- Fencing requirements
- Free from abuse



Similar to child care center responses, the majority of responses indicated compliance measurement with child safety requirements should be measured during every inspection. Facility and playground safety, proper chemical storage, and electrical outlet safety were some examples provided.



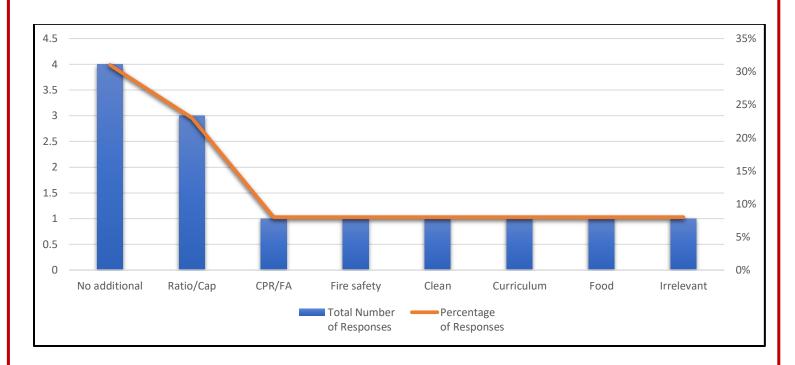
Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

April 5, 2021

Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

13 responses were received from 12 respondents. The responses included the following:

- No additional regulations
- Ratio/capacity
- CPR/First Aid
- Fire safety
- Overall cleanliness
- Curriculum review
- Food prep/quality
- Irrelevant Answer



Most respondents did not provide feedback as to why these regulations should be measured during each inspection. One respondent stated curriculum should be reviewed due to low socio-economic status of the area. Although the "why" was not answered for the most part, the areas of regulation above are directly or indirectly linked to child safety and development needs.



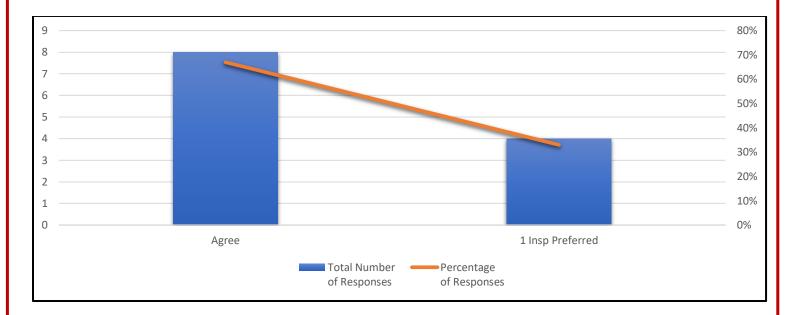
Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

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Question: Family Day Care Homes are subject to 2 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 2 inspections per year? If so, what are they?

12 responses were received from 12 respondents. The responses included the following:

- Agree with frequency of inspections
- 1 inspection preferred



When asked if challenges exist with 2 inspections per year, respondents stated:

- No challenges existed 67%
- Yes, challenges existed 33%

Most respondents stated the biggest challenge is the length of inspections. Day care homes stated they do not have additional staff to assist or take over other responsibilities. One respondent stated inspections are distracting.

Question: In your opinion, how many inspections should be conducted per year? Why?

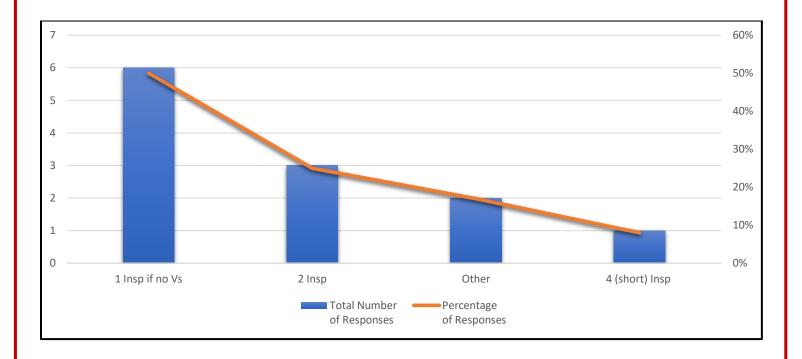
12 responses were received from 12 respondents. The responses included the following:

- 1 inspection if no violations
- 2 inspections
- Short quarterly inspections
- Other



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"Other" responses included 2 inspections for established homes and 3 for new homes. One respondent thought 1 or 2 inspections was sufficient.

Not all respondents answered "why". One respondent stated two (2) inspections a year are overwhelming. Respondents stated they preferred two (2) inspections because it "keeps good habits" while others stated it allows time to correct violations. Short quarterly inspections were suggested because one day isn't a sufficient amount of time to complete the process.

Question: What do you think are barriers to achieving or maintaining full compliance?

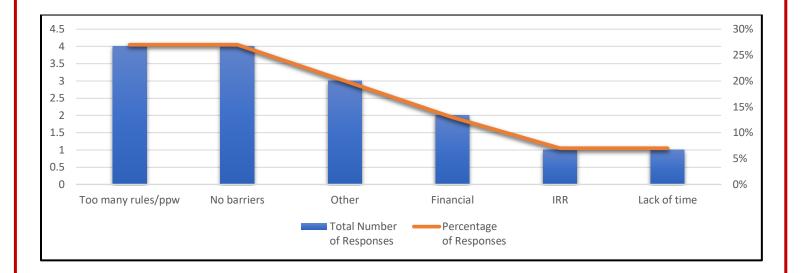
15 responses were received from 13 respondents. The responses included the following:

- Too many rules/paperwork
- No barriers
- Financial barriers
- Counselor inter-rater reliability (IRR)
- Lack of time
- Other



Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions

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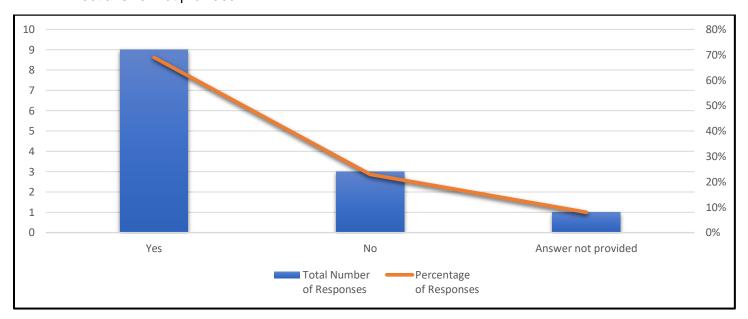


"Other" responses included ignorance related to correcting issues, inability to control weather (mulch related violations) and the regulations do not take into consideration that day care homes are not child care centers.

Question: Do you feel you receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

13 responses were received from 13 respondents. The responses included the following:

- Yes, the Department provides enough technical assistance
- No, the Department does not provide enough technical assistance
- Direct answer not provided





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The majority of respondents said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:

- Provide a simplified checklist for homes to utilize
- Provide timely answers to questions
- Provide more support and outreach to homes during COVID-19.

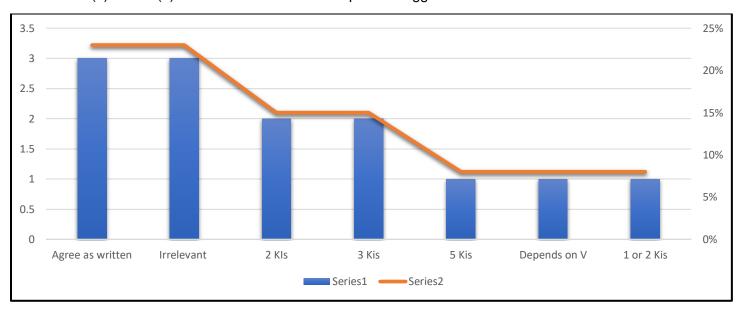
Respondents stated counselor consistency is important and the turnover rates effect consistency.

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Similar to the child care center response, many respondents stated they agreed with the above practice but thought the policy should be more lenient with respect to the number of KI violations. Based on the feedback received, further education on differential monitoring may be beneficial. Several respondents struggled with the concept that key indicators predict overall compliance.

13 responses were provided by 13 respondents. The responses include the following:

- Agree with practice as written
- Irrelevant answer
- Two (2) KI violations before full inspection triggered
- Three (3) KI violations before full inspection triggered
- Five (5) KI violations before full inspection triggered
- Depends on what the violation is
- One (1) or two (2) KI violations before full inspection triggered





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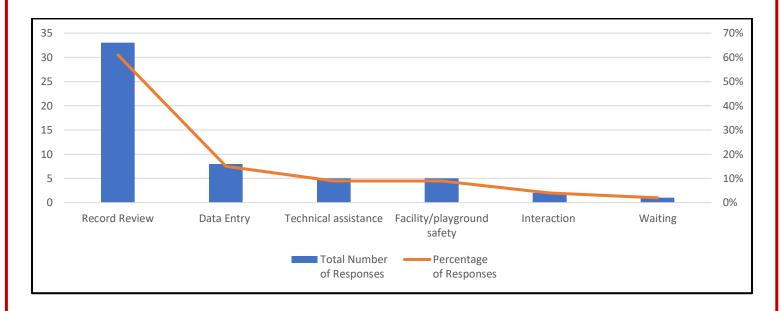
Department Staff

74 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When you inspect a child care facility/day care home – What do you find yourself spending the most time doing?

54 responses were received from 40 respondents. The responses included the following:

- Record review
- Data entry/Document findings
- Provide technical assistance
- Facility/Playground Safety
- Interaction with children/staff
- Waiting for records/paperwork



Question: When you are inspecting a facility/home – Are there other areas where you would prefer to spend more time?

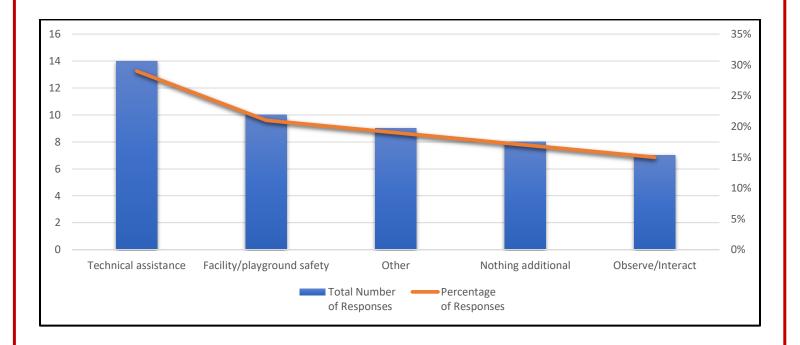
48 responses were received from 39 respondents. The responses included the following:

- Provide technical assistance
- Facility/playground safety
- Does not wish to spend more time elsewhere
- Observe staff and child interactions/Interact with staff and children
- Other



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"Other" responses included supervision requirements, attendance and check in policy review, transportation requirements, food prep, diapering, learning about the business model and purpose of the facility, record review in the office, pool safety, and spending equal amounts of time on all requirements. Each answer accounted for approximately 2% of responses.

Question: What regulations do you feel are the "most serious" and should be measured during every inspection?

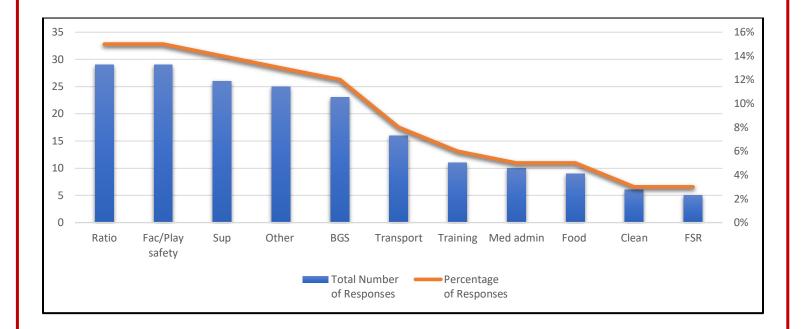
189 responses were received from 44 respondents. The responses included the following:

- Ratios
- Facility/playground safety
- Supervision
- Background Screenings (BGS)
- Transportation requirements
- Staff training/files
- Medication administration
- Food prep/storage
- Cleanliness
- Fire safety requirements
- Other



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"Other" responses included infant safety, immunizations, attendance, water safety, staff/child interaction, discipline, fall zones, fencing, capacity, and allergies. One respondent stated all regulations are serious.

Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

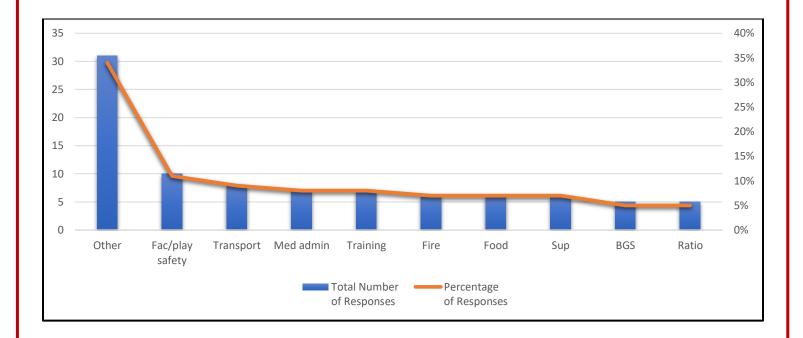
91 responses were received from 41 respondents. Answers for this question varied significantly. The responses included the following:

- Facility/playground safety
- Transportation requirements
- Medication administration
- Staff training/files
- Fire safety
- Food prep/storage
- Supervision
- Background Screening (BGS)
- Ratios
- Other



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Other responses included curriculum review, attendance, discipline policy review, group size, allergies, communicable disease policy review, capacity, water/pool safety, handwashing, diapering, overall cleanliness, accident/incident reporting, daily schedules, fall zones, fencing, infant safety, and staff interaction. One respondent stated all regulations should be monitored at every inspection. Two respondents had no additional input. Each answer accounted for approximately 3% or less of responses.

Question: Child Care Centers are subject to 3 inspections per year. Family Day Care Homes are subject to 2 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 2 or 3 inspections per year? If so, what are they?

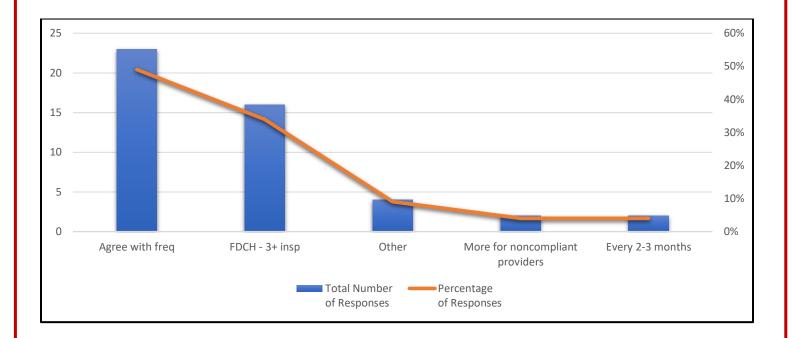
47 responses were received from 47 respondents. The responses included the following:

- Agree with current frequency
- Family Day Care Homes should receive 3 or more inspections
- More inspections than current practice provides for noncompliant providers
- Centers and homes should receive inspections every 2 to 3 months
- Other



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"Other" responses included inspections for child care centers, 4 inspections for centers and 3 for day care homes, and 1 inspection for homes, and more than 3. One respondent is a newer staff person and did not have an opinion on the frequency of inspections. Each response accounted for 2% of responses.

When asked if challenges present with 2 and/or 3 inspections per year, respondents stated:

- Yes, challenges exist 43%
- No challenges 57%

The challenges described by staff members include:

- Department staff turnover/large caseloads
- Spanish speaking centers/homes
- Lack of technology among homes/centers
- COVID-19
- The number of requirements to measure during inspection
- Timing of inspections (summer) and deadlines to get inspections completed
- Noncompliant providers require additional inspections
- Some providers require extensive technical assistance

Based on the feedback, the biggest challenge is related to staff turnover and large caseloads.



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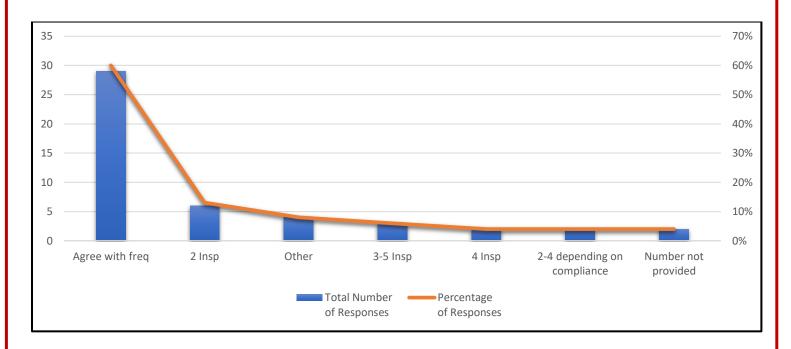
April 5, 2021

Question: In your opinion, how many inspections should be conducted per year at a child care facility? At a day care home?

48 responses were received by 48 respondents. The responses included the following:

Child care facilities

- Agree with frequency of inspections (3)
- 2 inspections per year
- 3 to 5 inspections per year
- 4 inspections per year (quarterly)
- 2 to 4 inspections per year depending on compliance level
- No specific number provided but felt inspections should be based on compliance history
- Other



"Other" responses included utilizing a tiered system based on violation class, utilizing a tiered system based on violation classes, 6 inspections per year, and reducing frequency of inspections for complaint providers. One respondent is a new staff member who did not have an opinion.

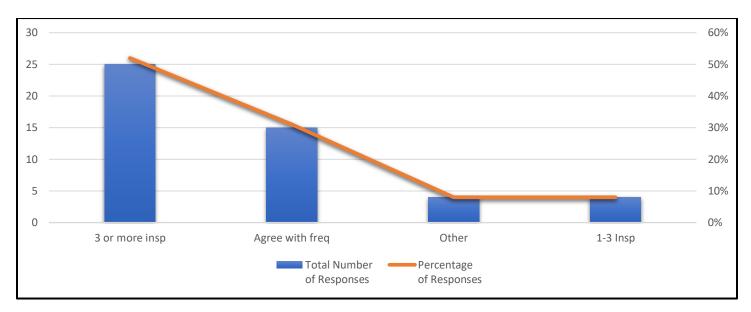


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Day care homes

- 3 or more inspections per year
- Agree with frequency of inspections (2)
- 1 to 3 inspections depending on compliance level
- Other



"Other" responses included utilizing a tiered system based on violation class, reducing frequency of inspections for complaint providers, and inspecting day care homes once per year. One respondent is a new staff member who did not have an opinion.

Question: What, if any, barriers exist that prevent child care facilities or day care homes from achieving or maintaining full compliance?

81 responses were received from 50 respondents. The responses included the following:

- Staffing issues
- Financial barriers
- Lack of knowledge/understating of regulations
- Too many requirements and changes in requirements (Rules)
- Too much paperwork/timelines to keep track of (PPW)
- Lack of support/technical assistance from the Department
- Poor training
- Language barriers
- Background screening process
- Lack of concern/failure to seek information
- No barriers

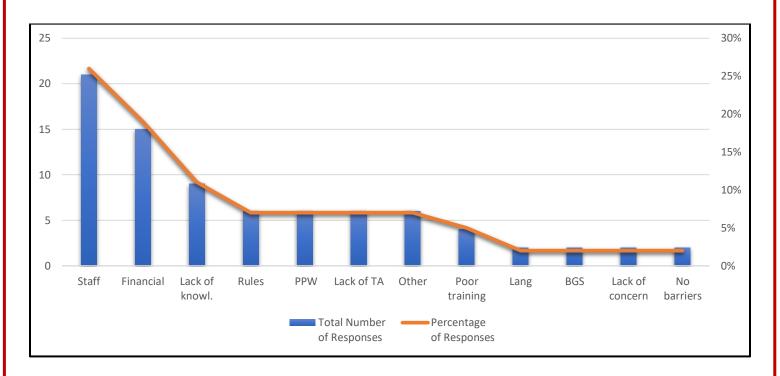


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Other



"Other" responses included lack of resources, relying on parents for document submission, lack of experience, too much responsibility, child enrollment, and providers' perception of the Department as the enemy. Each accounted for approximately 1% of responses.

Question: Do you think child care facilities and day care homes receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

46 responses were received from 46 respondents. The responses included the following:

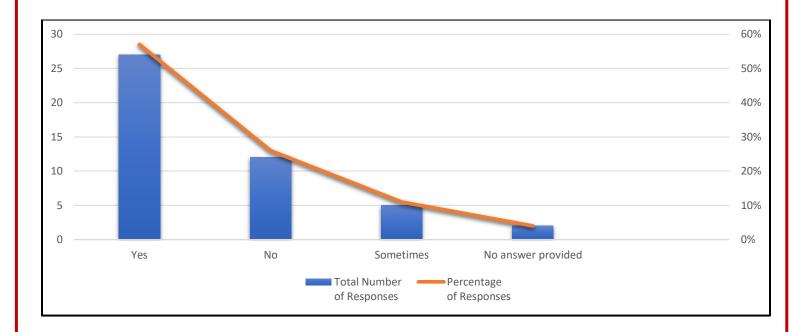
- Yes, Department provides enough technical assistance
- No, Department does not provide enough technical assistance
- Sometimes the Department provides enough technical assistance
- No direct answer provided



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The majority of respondents said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:

- Offer more training opportunities for Department staff and the provider community
- Hold monthly/quarterly meetings to answer questions, share ideas, provide guidance and best practices
- Hire additional staff/reduce caseload size to allow more time for the provision of technical assistance
- Create a centralized hotline for provider questions
- Allow providers to submit documentation before the onsite inspection
- Return phone calls/emails timely
- Email alerts for changes, updates, and reminders
- Ensure inter-rater reliability

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Based on the feedback, most respondents agreed with the practice. Some respondents felt more leniency was needed. Some respondents did not like the practice and stated full inspections should be conducted at every inspection.

43 responses were received from 43 participants. The feedback is as follows:

- Agree with practice as written
- Two (2) KI violations should trigger full inspection
- Depends on what the violation is

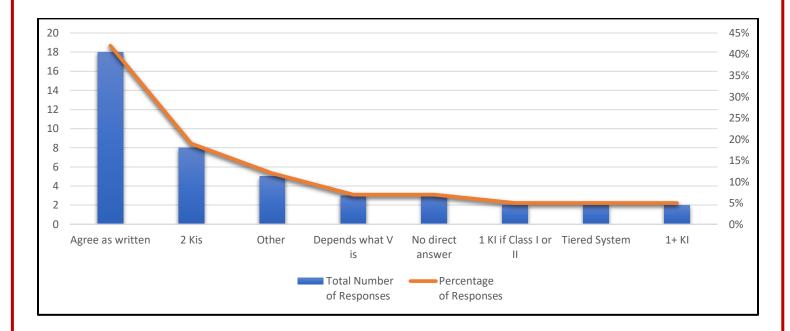


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- No direct answer provided
- One (1) KI should trigger full inspection if it is a Class I or II violation
- Tiered System preferred (Class I -1 KI, Class 2- 2 KI, etc.)
- More than 1 KI violation should trigger full inspection
- Other



"Other" responses included conducting a full inspection every time, providing technical assistance if a key indicator violation was identified. One respondent stated the abbreviated inspection process works fine and another stated the first Class II violation identified should trigger a full inspection.

Areas of Consistency

While the Department and child care centers/day care homes hold different responsibilities and perspectives as it relates to child care settings, similarities exist with respect to the importance of regulatory compliance and viewpoints about inspection practices.

All three session types agreed that the majority of the counselor's time is spent on staff and child record review. The amount of time it takes to review records may not decrease however; it is possible to spend less time onsite with record reviews by allowing electronic submission of documents prior to the inspection. This practice would allow more time to measure compliance with other standards and provide technical assistance to those in need. The centers, homes, and Department staff prefer to spend more time measuring compliance with child safety regulations such as facility and playground safety and chemical storage. Furthermore, all three groups agreed more time could be spent on ratio compliance measurement.



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When each group was asked what they thought was the "most serious" regulations (the regulations which, if violated, pose the greatest risk to children), all three groups stated child safety requirements, including facility/playground safety, chemical storage, and ratios. Background screenings and supervision requirements were common responses between the centers and Department staff. The comparison of the three groups demonstrates that although each group has different roles with respect to regulated child care settings, each group strongly believes in protecting the safety of children in care.

With regard to current inspection practices, the majority of all three groups agree with the current frequency of inspections. One less inspection per year at each license type was the second most popular answer within the regulated settings group while increasing the frequency of inspections at day care homes was high on the list for licensing counselors. All three groups agreed staffing (either within the Department or the regulated settings) was a challenge. This specifically related to staff turnover and ability to hire quality staff due to financial barriers or lack of quality applicants.

When asked what barriers exist to achieving compliance, all three groups declared staffing issues. Other consistent barriers included lack of financial means and the number of regulations with which to comply. Both child care centers and day care homes mentioned inter-rater reliability as a barrier.

Both regulated settings and the licensing counselors stated that an increased focus on technical assistance would be valuable. When each group was asked if the Department provided sufficient support/technical assistance, the majority of responses within each group indicated satisfaction with the Department's service in this area but also provided additional suggestions for improvement. Many suggestions included offering more training opportunities and hosting small groups or meetings for the settings to share information, pose questions, and receive guidance or advice related to best practices.

Conclusion

Overall, regulated settings and licensing counselors agree that a full inspection should be triggered upon key indicator violations. The majority of feedback from each group suggested they agreed with the practice as described in the PowerPoint presentation however, many did not agree that one (1) key indicator violation should trigger a full inspection. Many expressed a desire for leniency. As mentioned earlier in this report, participant feedback indicated that additional training may be needed regarding key indicators and their relationship with overall compliance.



Florida Department of Children and Families Office of Child Care

Data Analysis Plan, Implementation, and Child Care Center, Family Child Care Home, and Group Child Care Home Licensing Key Indicator Predictor Rule

Introduction

The purpose of this report is to provide the overall plan, implementation, and the results from the data analysis in developing the Florida Department of Children and Families, Office of Child Care's (Florida) differential monitoring/licensing key indicator system.

This report outlines the analysis plan, the limitations of the data distribution, the key parameters, and the results of the analyses which will demonstrate those regulations that were the key predictor rules for each of the service types; child care centers, family child care homes, and group child care homes.

It will draw heavily from the methodology that presently exists and is being promulgated by the National Association for Regulatory Administration. When this plan is implemented as will be demonstrated in this report, it will produce the predictive licensing key indicators for child care centers, group child care homes, and family child care homes as delineated by Florida's rules and regulations.

Let's begin with the three Florida data sets: child care centers, family child care homes and group child care homes. Fortunately, Florida could provide population distributions rather than the need to select samples. With child care centers there were 5179 data points; 1027 data points with family child care homes; and 300 data points with group child care homes. These data points or observations represented comprehensive reviews of all regulations/rules of the respective facilities.

The Florida data are similar to other jurisdictions when it comes to the distribution of data in that it is very skewed. What this means is that the majority of facilities are in full (100%) regulatory compliance which is generally the case when it comes to analyzing licensing data. As has been stated in other publications, this is both a good thing and a not-so-good thing.

It is good because we want our facilities to be in substantial regulatory compliance with the health and safety regulations. That is expected and is in reality what occurs.

The not-so-good is the fact that skewed data distributions are difficult to use in statistical analyses. It is very difficult to distinguish between high performers and mediocre performers in such a data distribution. Parametric statistics cannot be used and reliance on non-parametric statistics is warranted as well as data dichotomization. This is also needed because the data are measured at the nominal measurement scale (either in compliance or out of compliance with the specific rule) which limits the level of statistical analyses.

But there are certain strengths as well, for example, regulatory compliance distributions are very effective in distinguishing between high performers and poor performers. There are not many poor performers, but when they do occur, they do vary a good deal from the top performers. This provides an effective means for distinguishing between these two groups via a statistical methodology that will generate predictive licensing key indicators. And that is the essence of this report, how one goes about a data analysis plan for generating predictive licensing key indicators.

Methodology

Once the data are received, a standard statistical protocol is followed in order to maintain the efficacy, reliability and validity of the NARA predictive licensing key indicator methodology. It is based upon the original instrument based program monitoring and key indicator methodology developed by Fiene in the early 1980's. It has been refined and enhanced over the past 40 years to make it more accurate. All these refinements and enhancements were applied to the Florida data (Please refer to the data analysis plan in the appendix for details).

The first step is the structure of the data base. The facility/providers are listed along the vertical axis while their specific regulatory compliance data are listed along the horizontal axis for each discrete rule/regulation. A coding scheme is followed similar to the following: a "0" is entered for each rule/regulation where there is compliance with the specific rule. A "1" is entered for each rule where there is non-compliance or violation of the specific rule. If either the rule is not observed or is not applicable, then a "space" is entered. The reason for this coding is the formatting necessary for the statistical analyses software to be used. Usually SPSS (Statistical Package for the Social Sciences) is used but any statistical package can be used as long as the software has the ability to generate correlation coefficients and Crosstab analyses.

Basic descriptive statistics are utilized in order to obtain the key parameters of the data distribution. Measures of central tendency are determined for the mean and median. Dispersion measures are also generated, in particular, the skewness and kurtosis of the distribution. A frequency is generated to determine the levels of full (100% compliance), substantial compliance, medium compliance and low compliance with the overall rules. These descriptive statistics assist in determining the thresholds for a high group and a low group when it comes to overall regulatory compliance. Generally, a 25%/50%/25% model is followed but this can vary dependent upon the number of facilities as well as the data distribution skewness. Essentially the top 25% becomes the high group of regulatory compliance while the low 25% becomes the low group of regulatory compliance. The middle 50% is not used in the analyses. The reason for doing this is to dichotomize the data and to increase the discriminatory variance in the data distribution. Generally, data dichotomization is not recommended but in the case of licensing data it is because of the level of skewness. If the data distribution were more normally distributed it would not be employed. An example of a normally distributed data distribution is the Environmental Rating Scales.

The source of the data are from checklists or instruments that are used by licensing staff when they are on site inspecting a specific program. This may be done via paper or electronically. The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes, and 332 rules applied to group child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated.

In determining the groups, certain important parameters should be employed. For the high group, only those programs where there was only full (100%) regulatory/rule compliance should be included. The reason for doing this is to eliminate false negatives in the data analysis. If full regulatory compliance is combined with substantial compliance it increases the chance for false negatives occurring which is undesirable. In fact, the substantial compliant programs are the programs that are not used in these analyses. Substantial compliance is a very important level of measurement when it comes to overall regulatory compliance but not so with defining predictive rules. The other key group is the low group which constitutes those programs having difficulty with overall regulatory compliance and clearly demonstrate a high level of non-compliance or violations of rules/regulations.

Once the high and low groups are determined, it is then possible to construct a 2 x 2 matrix (for details regarding this matrix please refer to the data analysis plan attached as an appendix) utilizing this classification along side each rule/regulation in determining if that respective rule is in or out of compliance. The 2 x 2 matrix has the following format: High or Low Groups x In or Out of Compliance for each Rule. When the data are entered into this 2 x 2 matrix, the Fiene Coefficient (FC) can be produced with the following algorithm/formula:

FC = ((High/In)(Low/Out))-((High/Out)(Low/In))/sqrt(Total Regulatory Compliance)

where High = High Regulatory Compliance Group

In = The Specific Rule Is In Regulatory Compliance/Not a Violation

Low = Low Regulatory Compliance Group

Out = The Specific Rule Is Out of Regulatory Compliance/Violation

sqrt = square root

Generally licensing key indicator rules or predictive rules have a moderate level of non-compliance. They are not always out of compliance nor are they always in compliance. What distinguishes these predictive indicator rules is that they are good at distinguishing between high vs low compliance in programs. They are also usually, but not always, your most risk aversive rules. Again they fall somewhere in between.

In looking at the Florida data, here are some basic descriptive data that help to define the data set. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. And lastly, for group child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. The three data distributions are skewed as you can see from the high percentages of fully compliant programs.

Results

This section of the report will provide the results from using the licensing key indicator predictor methodology for child care centers, family child care homes and group child care homes. The results are presented in the following tables for each service type. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates a stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base and not by strength of relationship. And finally a brief content statement to give better context to the standard/rule. See Tables 1-3 below:

Table 1: Child Care Centers (n = 5179 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content	
3.1	.53*	Staff child ratios	
12.2	.49	An area of the facility was observed to not be in good repair.	
12.18	.46	The facility did not have electrical outlet covers.	
28.2	.41	Bottles brought from home were not labeled with child's name.	
32.3	.41	The play equipment was not maintained in a safe condition.	
32.7	.42	The ground cover under the was not maintained.	
33.3	.42	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.	
33.9	.47	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.	
41.1	.41	Immunizations certification not present.	
41.2	.55	Immunizations certification was inadequate.	
42.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	
43.6	.41	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	
44.4	.58	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	
45.1	.40	A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for all employees.	
45.2	.45	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.	

^{*} All the results are statistically significant at a p < .0001 level.

Table 2: Family Child Care Homes (n = 1027 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
5.6	.35*	The substitute worked over 40 hours per months on average over a sixmonth period in a single family day care home.
6.7	.32	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
7.5	.36	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.
13.6	.44	The home had electrical outlet covers that were not in place.
14.1	.36	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.
14.9	.35	The outdoor play area that required fencing was not safe.
14.17	.30	The ground cover or other protective surface was not maintained.
19.3	.32	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.
27.1	.39	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.
31.1	.54	Immunization certification not present.
31.2	.61	Immunization certification was inadequate.
32.1	.54	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
33.1	.36	No enrollment information was on file for the child(ren) and/ or available for licensing to review.
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.
33.5	.50	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
33.6	.43	Daily attendance was not maintained to account for all children in care.

^{*} All the results are statistically significant at a p < .0001 level.

Table 3: Group Child Care Homes (n = 300 homes)

Standard #/Rule	Fiene Coefficient	Brief Content	
1.1	.58*	Staff child ratios.	
7.2	.36	Required background screening was missing.	
7.6	.36	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.	
7.9	.36	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	
14.2	.36	Indoor play areas not in good repair.	
15.1	.41	Outdoor play areas were not free from litter, nails, glass, and other hazards.	
17.15	.36	A minimum distance of 18 inches was not maintained aroun each individual napping space.	
32.1	.45	Immunization certification not present.	
32.2	.61	Immunization certification was inadequate.	
33.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	
34.5	.45	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	
34.6	.45	Daily attendance was not maintained to account for all children in care.	

^{*} All the results are statistically significant at a p < .0001 level.

The reader will notice that there is a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations.

Technical Detail Upda	APPENDIX Data Analysis Plan: tes to the Fiene Key Indicato	r Methodology
		7 P a g e

Technical Detail Updates to the Fiene Key Indicator Methodology

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

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

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

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

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

Technical and Statistical Framework

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

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

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

Figure 2 – Formula for Fiene Key Indicator Coefficient

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

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

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

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

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group.

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

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

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

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

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

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

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

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

Key Indicator Range	Characteristic of Indicator	<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.



Addendum to Florida Key Indicator Report

The purpose of this report is an addendum to the original Key Indicator Report submitted to Department of Children, Youth, and Families to re-run the key indicator methodology on only SR facilities. The exact parameters used in the original study were utilized in these analyses.

Because the sample sizes changed, they were all reduced, the results are somewhat different but not significantly so with centers where the sample size overall remained large enough. There is a great deal of overlap between running the key indicator methodology with all the child care facilities and now with only the SR child care facilities. With the homes there was a bit more movement because the sample sizes were reduced significantly.

In looking at the data, here are some basic descriptive data that have changed in moving from analyzing data on all the facilities to just the SR facilities. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For the SR child care centers, 37% of the programs were in full compliance with a range of 0 - 40 violations.

For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. For SR family child care homes, 61% of the homes were in full compliance with a range of 0 - 16 violations.

And lastly, for group child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. For SR group child care homes, 56% of the homes were in full compliance with a range of 0 - 11 violations.

In summary, the SR facilities do have a lower range of violations, for example: child care centers went from 0 - 51 to a range of 0 - 40; family child care homes went from 0 - 21 to 0 - 16; large family child care homes did not change but had the same range 0 - 11.

The number of center observations changed from 5179 to 3070. The number of family child care homes changed from 1027 to 392. And the number of large family child care homes changed from 300 to 180.

Results

This section of the report provides the results from using the licensing key indicator predictor methodology for SR child care centers, SR family child care homes and SR group child care homes. The results are presented in the following tables for each service type as in the original report. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates a stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base and not by strength of relationship. And finally a brief content statement to give better context to the standard/rule. See Tables 1-3 below:

Table 1: Child Care Centers (n = 3070 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content	
3.1	.52*	Staff child ratios	
12.2	.49	An area of the facility was observed to not be in good repair.	
12.18	.46	The facility did not have electrical outlet covers.	
28.2	.41	Bottles brought from home were not labeled with child's name.	
32.3	.41	The play equipment was not maintained in a safe condition.	
32.7	.43	The ground cover under the was not maintained.	
33.3	.41	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.	
33.9	.46	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.	
41.1	.40	Immunizations certification not present.	
41.2	.51	Immunizations certification was inadequate.	
42.1		Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	
43.6	.41	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	
44.4	.54	The personnel/volunteer record did not include a CF-FSP 5337 Chi Abuse and Neglect Reporting Requirements form signed annually.	
45.1		A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for all employees.	
45.2		Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.	

^{*} All the results are statistically significant at a p < .0001 level.

Table 2: Family Child Care Homes (n = 392 homes)

Standard #/Rule	Fiene Coefficient	Brief Content		
5.6		The substitute worked over 40 hours per months on average over a six- month period in a single family day care home.		
6.7		The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.		
7.5	.34	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.		
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.		
13.6	.40	The home had electrical outlet covers that were not in place.		
14.1	.40	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.		
14.9	.30	The outdoor play area that required fencing was not safe.		
14.17		The ground cover or other protective surface was not maintained.		
19.3		The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.		
27.1	.40	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.		
31.1	.58	Immunization certification not present.		
31.2	.60	Immunization certification was inadequate.		
32.1	.58	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.		
33.1	.34	No enrollment information was on file for the child(ren) and/ or available for licensing to review.		
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.		
33.5	.56	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.		
33.6	.43	Daily attendance was not maintained to account for all children in care.		

^{*} All the results are statistically significant at a p < .0001 level.

Additional rules added as key indicators:

1.1	.30	Staff child ratios
10.3	.30	Potentially harmful items such as BB guns, pellet guns, knives and/or sharp
		tools were not in a locked area or were accessible to children in care.
14.15	.30	There was no documentation, maintained for 12 months that routine inspections were conducted at least monthly of all supports, above and below the ground, all connectors, and moving parts.
21.16	.30	Bottles and/or sippy cups were not labeled with the child's first and last
20.0		name.
32.2	.30	The Student Health Examination was not acceptable.

Table 3: Group Child Care Homes (n = 180 homes)

Standard #/Rule	Fiene Coefficient	Brief Content	
1.1	.51*	Staff child ratios.	
7.2		Required background screening was missing.	
7.6		The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.	
7.9		The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	
14.2		Indoor play areas not in good repair.	
15.1		Outdoor play areas were not free from litter, nails, glass, and other hazards.	
17.15		A minimum distance of 18 inches was not maintained around each individual napping space.	
32.1	.47	Immunization certification not present.	
32.2	.60	Immunization certification was inadequate.	
33.1	.47	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	
34.5	.51	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	
34.6	.47	Daily attendance was not maintained to account for all children in care.	

^{*} All the results are statistically significant at a p < .0001 level.

There were changes in each service type with the smallest differences with SR child care centers and the greatest changes in the SR family and group child care homes. The reason for this is the change in the sample sizes. The centers sample changed but there was such a large number of data points these data stayed fairly stable. However, with the homes, the sample sizes were reduced significantly and this resulted in greater changes being detected.



Florida Department of Children and Families Office of Child Care

Policy and Procedures for Differential Monitoring System Use

May 18, 2021

I. Purpose

The purpose of this document is to establish policy and procedures for the application and administration of the Florida Department of Children and Families, Office of Child Care's ("Department" or "OCC") Differential Monitoring System (hereafter "Key Indicator System" or "KIS") in accordance with NARA's May 6, 2021 *Differential Monitoring Licensing Methodology Summary Report*.

II. Legal Authority

Title XXIX § 402.3115, Florida Statutes - Elimination of duplicative and unnecessary inspections; abbreviated inspections.

"The Department of Children and Families and local governmental agencies that license child care facilities shall develop and implement a plan to eliminate duplicative and unnecessary inspections of child care facilities. In addition, the department and the local governmental agencies shall develop and implement an abbreviated inspection plan for child care facilities that have had no Class 1 or Class 2 deficiencies, as defined by rule, for at least 2 consecutive years. The abbreviated inspection must include those elements identified by the department and the local governmental agencies as being key indicators of whether the child care facility continues to provide quality care and programming."

III. Operational Modifications

Rules Measured During Abbreviated Inspections

Abbreviated inspections require measurement of approximately 76% of the rules subjected to licensed facilities". Replacing the current abbreviated inspection methodology with a KIS will provide greater assurance that children in care are protected from harm and significantly reduces the number of rules currently measured during abbreviated inspections. The table below shows the number and percent of rules that will be measured using the KIS methodology.

Facility Type	Total Rules	KIS Method Rules	Percent of Total
Child Care Facilities	537	46	9%
Large Family Child Care Homes	439	45	10%
Family Day Care Homes	409	44	11%

Please see Section VII below for rules to be measured during KIS inspections.

Inspection Checklists

OCC's Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured based on same. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

- 1. Changing the current abbreviated inspection rules to match the KIS rules, and
- 2. Changing system functionality to select five random rules in addition to the KIS and Supplemental Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.

IV. Eligibility for Indicator Inspections

In order to be eligible for a KIS inspection, a child care facility ("facility") must meet all of the following criteria:

- 1. The facility must be licensed for a period of no less than two consecutive years.
- 2. The facility must have received at least two full on-site renewal inspections in the most recent two years.
- 3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years.
- 4. The provider is not currently under investigation by Child Protective Services.

A facility that does not meet all of the above criteria may not receive a KIS inspection. Standard inspection procedures shall be followed in accordance with the OCC policy. Per the Desk Reference Guide, Renewal Inspections may not be Abbreviated Inspections.

V. Procedures for Conducting Indicator Inspections

Prior to Conducting the Inspection

1. The Licensing Counselor will determine if the facility is eligible for an Indicator Inspection based on the criteria in Section IV above.

a. The facility may not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.

Prior to Conducting the Inspection

- 1. Upon arrival at the regulated setting, the counselor will:
 - a. Perform all standard activities for arrival based on applicable OCC policy for the type of regulated setting, e.g., "Greet licensee and show ID," "Note time of arrival," etc.
 - b. Conduct a brief walk through of the setting to identify any immediate health and safety risks or "plain-view" rule violations. This is not limited to KIS rules.
 - i. If an immediate health and safety risk is identified, the counselor will take appropriate action in accordance with OCC policy.
 - ii. If one or more "plain view" violations of a Class 1 or Class 2 level are identified, the provider will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
- 2. If following the walk through at Section V-1-b above the facility is eligible for an Indicator Inspection, the counselor will:
 - a. Briefly describe OCC's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
- 3. During the course of the inspection, the counselor will measure compliance with all of the following:
 - a. The Key Indicator System Rules;
 - b. The Supplemental Rules; and
 - c. The five randomly-selected rules referenced in Section III-2 above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations are identified at (a)-(c) OR if any Class 1 or Class 2 violations are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with OCC policy.

VI. Rules Measured During KIS Inspections

Child Care Facilities

Rule	Туре	Brief Content
3.1	Key Indicator	Insufficient Staff
4.1	Supplemental Rule	Inadequate Supervision
4.18	Supplemental Rule	Unscreened Individual Alone With Children
5.4	Supplemental Rule	Transportation Log Missing Information
8.4	Supplemental Rule	Non-Operable Seat Belts/ Restraints
9.2	Supplemental Rule	Activities Plan Not Followed
11.1	Supplemental Rule	Parents Not Provided Written Policy
12.1	Supplemental Rule	Facility Not Clean
12.2	Key Indicator	Facility Not In Good Repair
12.18	Key Indicator	No/Missing Electrical Outlet Covers
13.2	Supplemental Rule	Unsafe Storage Of Dangerous Material
15.1	Supplemental Rule	Licensed Capacity Exceeded
17.5	Supplemental Rule	Fence/Wall Not Minimum 4 Feet

Rule	Туре	Brief Content
20.6	Supplemental Rule	Strangulation/Suffocation Hazard
23.7	Supplemental Rule	Fire Drill Missing Elements
25.4	Supplemental Rule	Spoiled, Contaminated, Unsafe Food Being Served
27.1	Supplemental Rule	No Caterer License
28.2	Key Indicator	Bottles/Sippy Cups Not Labeled
29.2	Supplemental Rule	Staff- No Hand Washing
30.6	Supplemental Rule	Diaper Change Surface Not Impermeable
32.3	Key Indicator	Play Equipment Not Safe/Sanitary
32.7	Key Indicator	Fall Zone Surface Not Maintained
33.3	Key Indicator	Introduction Course Not Begun Within 90 Days
33.9	Key Indicator	No Documentation- Safe Sleep/ Fire Extinguisher Training
34.4	Supplemental Rule	No Credentialed Director
36.3	Supplemental Rule	No One Trained Available For Field Trip
37.2	Supplemental Rule	No One Trained Available For Field Trip
40.15	Supplemental Rule	Medication Not Locked/Stored

Rule	Туре	Brief Content
40.18	Supplemental Rule	No Documentation of Training
41.1	Key Indicator	No Immunization Record
41.2	Key Indicator	Immunization Record Incomplete
42.1	Key Indicator	No Student Health Examination
43.2	Supplemental Rule	Incomplete Enrollment Information
43.6	Key Indicator	Parent's Acknowledgment - Influenza Guide
44.4	Key Indicator	Child Abuse Reporting Form Missing
45.1	Key Indicator	No CF-FSP Form 5131 on File
45.2	Supplemental Rule	Missing Level 2 Screen Documentation
45.7	Key Indicator	Background Screening More Than 5 Years/90 Day Break
45.11	Supplemental Rule	Level 2 Documentation Incomplete
46.7	Supplemental Rule	No Attendance Roster
47.5	Supplemental Rule	Licensing Authority Denied Access
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies

Rule	Туре	Brief Content
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

Large Family Child Care Homes

Rule	Туре	Brief Content
1.1	Key Indicator	Allowable Number Of Children Exceeded
2.2	Supplemental Rule	Parents Not Provided Written Policy
3.1	Supplemental Rule	No Valid Driver License/First Aid and CPR Certification
4.3	Supplemental Rule	Activities Plan Not Followed
5.4	Supplemental Rule	License Not Posted Conspicuously
6.3	Supplemental Rule	Substitute Exceeds 40 Hours Per Month
7.2	Key Indicator	Missing Level 2 Screen Documentation
7.6	Key Indicator	Attestation Of Good Moral Character Not Completed
7.9	Key Indicator	Child Abuse Reporting Form Missing

Rule	Туре	Brief Content
8.7	Supplemental Rule	No Person With Valid/Current CPR/First Aid
9.8	Supplemental Rule	Supervision Inadequate
11.1	Supplemental Rule	Cleaning Supply Accessible
11.3	Supplemental Rule	Knives/Sharp Tools Accessible
13.1	Supplemental Rule	Unsafe Storage of Firearms/Weapons
14.2	Key Indicator	Indoor Play Area Not in Good Repair
14.9	Supplemental Rule	No/Missing Electrical Outlet Covers
15.1	Key Indicator	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
15.9	Supplemental Rule	Fencing Not Safe/Adequate
15.15	Supplemental Rule	Monthly Inspection Documentation Not Maintained
15.17	Supplemental Rule	Fall Zone Surface Not Maintained
16.1	Supplemental Rule	Pool-Fence/Barrier Not 4 Feet High
16.7	Supplemental Rule	Water Hazard/Swimming Pool Accessible
17.15	Key Indicator	18 Inch Separation Not Met
20.3	Supplemental Rule	No Operable/Current Cert. Fire Extinguisher

Rule	Туре	Brief Content
22.1	Supplemental Rule	Staff-No Hand Washing After Toileting/Diapering
22.16	Supplemental Rule	Bottles/Sippy Cups Not Labeled
24.1	Supplemental Rule	Diaper Change Surface Not Impermeable
28.1	Supplemental Rule	No Fire Drill
30.9	Supplemental Rule	Medication Not Locked/Stored
30.11	Supplemental Rule	No Documentation of Training
32.1	Key Indicator	No Immunization Record
32.2	Key Indicator	Immunization Record Unacceptable
33.1	Key Indicator	No Student Health Examination
33.2	Supplemental Rule	Student Health Examination Unacceptable
34.1	Supplemental Rule	No Enrollment Information
34.4	Supplemental Rule	Missing Statement-Selecting A FDCH Provider
34.5	Key Indicator	Parent's Acknowledgement - Influenza Guide
34.6	Key Indicator	No Daily Attendance Records
35.1	Supplemental Rule	Licensing Authority Denied Access

Rule	Туре	Brief Content
36.3	Supplemental Rule	Inappropriate Interaction with Child
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

Family Day Care Homes

Rule	Туре	Brief Content
1.1	Supplemental Rule	Allowable Number Of Children Exceeded
2.2	Supplemental Rule	Parents Not Provided Written Policy
3.1	Supplemental Rule	No Valid Driver License/First Aid and CPR Certification
4.4	Supplemental Rule	License Not Posted Conspicuously
5.6	Key Indicator	Substitute Exceeds 40 Hours Per Month
6.1	Supplemental Rule	Missing Level 2 Screen Documentation

Rule	Туре	Brief Content
6.5	Supplemental Rule	Attestation Of Good Moral Character Not Completed
6.7	Key Indicator	Child Abuse Reporting Form Missing
7.5	Key Indicator	No Person With Valid/Current CPR/First Aid
8.8	Supplemental Rule	Supervision Inadequate
10.1	Key Indicator	Cleaning Supply Accessible
10.3	Supplemental Rule	Knives/Sharp Tools Accessible
12.1	Supplemental Rule	Unsafe Storage of Firearms/Weapons
13.2	Supplemental Rule	Indoor Play Area Not in Good Repair
13.6	Key Indicator	No/Missing Electrical Outlet Covers
14.1	Key Indicator	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
14.9	Key Indicator	Fencing Not Safe/Adequate
14.15	Supplemental Rule	Monthly Inspection Documentation Not Maintained
14.17	Key Indicator	Fall Zone Surface Not Maintained
15.1	Supplemental Rule	Pool-Fence/Barrier Not 4 Feet High
15.7	Supplemental Rule	Water Hazard/Swimming Pool Accessible

Rule	Туре	Brief Content
16.14	Supplemental Rule	18 Inch Separation Not Met
19.3	Key Indicator	No Operable/Current Cert. Fire Extinguisher
21.1	Supplemental Rule	Staff-No Hand Washing After Toileting/Diapering
21.16	Supplemental Rule	Bottles/Sippy Cups Not Labeled
23.1	Supplemental Rule	Diaper Change Surface Not Impermeable
27.1	Key Indicator	No Fire Drill
29.9	Supplemental Rule	Medication Not Locked/Stored
29.11	Supplemental Rule	No Documentation of Training
31.1	Key Indicator	No Immunization Record
31.2	Key Indicator	Immunization Record Unacceptable
32.1	Key Indicator	No Student Health Examination
32.2	Supplemental Rule	Student Health Examination Unacceptable
33.1	Key Indicator	No Enrollment Information
33.4	Key Indicator	Missing Statement-Selecting A FDCH Provider
33.5	Key Indicator	Parent's Acknowledgement - Influenza Guide

Rule	Туре	Brief Content
33.6	Key Indicator	No Daily Attendance Records
34.1	Supplemental Rule	Licensing Authority Denied Access
35.3	Supplemental Rule	Inappropriate Interaction with Child
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

VII. OCC Discretion

These policies and procedures shall not be construed to reduce, limit, or restrict the Department's authority to enforce applicable statues and rules, and does not establish a precedent or otherwise bind OCC in any other action and shall not be construed as evidence of OCC practice, policy or interpretation with respect to any dispute or issue not addressed herein.



Florida Department of Children and Families Office of Child Care

Differential Monitoring Licensing Methodology Inspection Checklist – Instructions for Use

May 25, 2021

Introductory Note (Not Part of Instructions)

OCC's Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

- 1. Changing the current abbreviated inspection rules to match the KIS rules, and
- 2. Changing system functionality to select five (5) random rules in addition to the KIS and Supplemental Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.

This document illustrates how a hard-copy checklist would be used if they were applied, and is meant to guide OCC's information technology professionals with a system modification "roadmap" as appropriate.

Instructions for Using the Differential Monitoring Licensing Methodology Inspection Checklist

Part 1: Inspection Information

This section of the checklist is used to capture general information about the inspection in accordance with OOC's *Policy* and *Procedures for Differential Monitoring System Use*.

Facility Name - The counselor records the name of the facility that is being inspected.

Start Time / End Time - The counselor documents when they arrived onsite and when they departed.

Facility Representatives Present – The counselor documents who is representing the facility during the inspection, e.g., the facility director.

Inspection Type Discussed – Documents that the counselor notified the facility representative that an abbreviated inspection is being conducted.

Overview of Abbreviated Inspection Process Provided – Documents that the counselor briefly described OCC's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted, and that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings.

Provider given opportunity to ask questions about inspection or process – Documents that counselor provided the opportunity for the facility representative to ask questions about the KIS / abbreviated inspection process.

Notes – There are several sections that include a space to record notes. This allows the licensing counselor to document anything they believe to be relevant or significant in addition to the yes/no questions. It is not necessary to include notes if none are deemed to be required; in such cases, the counselor will write "None" in the "Notes" section.

Part 2: Checklist Use

Each checklist includes eight (8) fields:

- Type
- Rule
- Short Description
- C
- NC
- NA
- NM
- Comments

No data will be entered in the "Type" field as these are prepopulated to designate the category into which the rule falls:

- KI = Key Indicator
- SR = Supplemental Rule
- RS = Random Selection

No data will be entered in the "Rule" and "Short Description" fields when the Type is KI or SR. However, the rule and the short description will need to be entered the Type is RS, since the randomly-selected rules differ for each inspection¹.

Field Meanings

The meanings and instructions for the "C," "NC," "NA," and "NM" fields. Only one box will be checked for each rule, e.g., if "C" is checked, then none of the other boxes may be checked.

C – "Compliant" – The facility is in compliance with the rule.

NC – "Non-Compliant" – The facility is not compliant with the rule. A description of the violation is documented in the "Comment" field.

NA – "Not Applicable" – Compliance was not measured because the facility is not subject to the rule. For example, a facility that does not use a caterer is not subject to 29.2. A description of why the rule is not applicable must be entered in the "Comment" field.

NM – "Not Monitored" – A description of why the rule was not measured must be entered in the "Comment" field.

¹ Again, since OCC uses an electronic system, the system will generate the random rules without counselor input.



Facility Name:

Florida Department of Children and Families Office of Child Care

Differential Monitoring Licensing Methodology Inspection Checklist May 25, 2021

Inspection Information

Start Time:			End Time:
Facility Representatives Present:			
Inspection Type Discussed:	Yes□	No□	Notes:
Overview of Differential Monitoring Process Provided:	Yes□	No□	Notes:
Provider given opportunity to ask questions about inspection or process?	Yes□	No□	Notes:
General Entrance Conference Notes:			
Overview of Differential Monitoring Process Provided: Provider given opportunity to ask questions about inspection or process?	Yes□	No□	Notes:

Child Care Facilities

Туре	Rule	Short Description	С	NC	NA	NM	Comments
KI	3.1	Storage of harmful items accessible to children					
SR	4.1	Facility served more children than licensed for					
SR	4.18	Fence not 4 feet in height					
SR	5.4	Items in crib where an infant is napping/sleeping					
SR	8.4	Fire drill did not include []					
SR	9.2	Unsafe food served at the facility					
SR	11.1	Caterer's license/permit					
SR	12.1	Bottles brought from home were not labeled with child's name.					
KI	12.18	Child care personnel did not wash their hands					
KI	12.2	Diaper area surface was not impermeable					
SR	13.2	The play equipment was not maintained in a safe condition.					
SR	15.1	The ground cover under the was not maintained.					

Туре	Rule	Short Description	С	NC	NA	NM	Comments
SR	17.5	Storage of harmful items accessible to children					
SR	20.6	Facility served more children than licensed for					
SR	23.7	Fence not 4 feet in height					
SR	25.4	Items in crib where an infant is napping/sleeping					
SR	27.1	Fire drill did not include []					
KI	28.2	Unsafe food served at the facility					
SR	29.2	Caterer's license/permit					
SR	30.6	Bottles brought from home were not labeled with child's name.					
KI	32.3	Child care personnel did not wash their hands					
KI	32.7	Diaper area surface was not impermeable					
KI	33.3	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.					
KI	33.9	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.					
SR	34.4	Credentialed director					

Туре	Rule	Short Description	С	NC	NA	NM	Comments
SR	36.3	Inadequate number of personnel with CPR certification					
SR	37.2	Inadequate number of personnel with 1st aid training					
SR	40.15	Medication storage accessible to children					
SR	40.18	Education on the administration of medication					
KI	41.1	Immunizations certification not present.					
KI	41.2	Immunizations certification was inadequate.					
КІ	42.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.					
SR	43.2	Completed enrollment form					
KI	43.6	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.					
KI	44.4	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.					
KI	45.1	A complete CF-FSP Form 5131, Background Screening ad Personnel File Requirements, was not on file for all employees.					
SR	45.11	Level2 incomplete					

Туре	Rule	Short Description	С	NC	NA	NM	Comments
KI	45.2	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.					
SR	45.7	Background screening was not completed					
SR	46.7	Daily attendance roster with the group of children					
SR	47.5	Failed to grant licensing access to the program					
RS							
RS							
RS							
RS							
RS							

Large Family Child Care Homes

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
КІ	1.1	Staff child ratios.					
SR	2.2	Discipline policy provided in writing to parents					
SR	3.1	Transportation log did not include					
SR	4.3	Plan of scheduled activities not followed					
SR	5.4	Licensed posted					
SR	6.3	Substitute worked more than 40 hours per month					
KI	7.2	Required background screening was missing.					
KI	7.6	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.					
КІ	7.9	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	8.7	CPR/First aid certification					
SR	9.8	Inadequate supervision					
SR	11.1	Toxic/hazardous material accessible to children					
SR	11.3	Potential harmful items					
SR	13.1	Firearm/weapons not stored properly					
KI	14.2	Indoor play areas not in good repair.					
SR	14.9	Electric outlet covers missing					
KI	15.1	Outdoor play areas were not free from litter, nails, glass, and other hazards.					
SR	15.15	Retention of routine equipment inspection					
SR	15.17	Ground cover on outdoor area					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	15.9	Inadequate fencing					
SR	16.1	Barrier or pool alarm for swimming pool					
SR	16.7	Access to water hazard/swimming pool					
KI	17.15	A minimum distance of 18 inches was not maintained around each individual napping space.					
SR	20.3	Operable fire extinguisher					
SR	22.1	Child care personnel did not wash their hands					
SR	22.16	Bottles/sippy cups not labeled					
SR	24.1	Diapering surface not impermeable					
SR	28.1	Monthly fire drills					
SR	30.11	Education for proper administration of medication					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	30.9	Medication storage accessible to children					
KI	32.1	Immunization certification not present.					
KI	32.2	Immunization certification was inadequate.					
KI	33.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.					
SR	33.2	Health examination not acceptable					
SR	34.1	Enrollment information					
SR	34.4	Selecting a FDCH provider brochure					
KI	34.5	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.					
KI	34.6	Daily attendance was not maintained to account for all children in care.					
SR	35.1	Failed to grant access to licensing					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	36.3	Inappropriate interaction with children					
RS	Random 1	Varies					
RS	Random 2	Varies					
RS	Random 3	Varies					
RS	Random 4	Varies					
RS	Random 5	Varies					

Family Day Care Homes

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	1.1	Capacity/Ratio					
SR	2.2	Discipline policy provided in writing to parents					
SR	3.1	Transportation log did not include					
SR	4.4	Licensed not posted					
KI	5.6	The substitute worked over 40 hours per months on average over a six-month period in a single family day care home.					
SR	6.1	Background screening missing					
SR	6.5	AGMC was not completed					
KI	6.7	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.					
KI	7.5	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	8.8	Inadequate supervision					
KI	10.1	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.					
SR	10.3	Potential harmful items					
SR	12.1	Firearm/weapons not stored properly					
SR	13.2	Indoor not in good repair					
KI	13.6	The home had electrical outlet covers that were not in place.					
KI	14.1	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.					
SR	14.15	Retention of routine equipment inspection					
KI	14.17	The ground cover or other protective surface was not maintained.					
KI	14.9	The outdoor play area that required fencing was not safe.					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	15.1	Barrier or pool alarm for swimming pool					
SR	15.7	Access to water hazard/swimming pool					
SR	16.14	18 inches around nap space					
KI	19.3	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.					
SR	21.1	Child care personnel did not wash their hands					
SR	21.16	Bottles/sippy cups not labeled					
SR	23.1	Diapering surface not impermeable					
KI	27.1	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.					
SR	29.11	Education for proper administration of medication					
SR	29.9	Medication storage accessible to children					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
KI	31.1	Immunization certification not present.					
KI	31.2	Immunization certification was inadequate.					
KI	32.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.					
SR	32.2	Health examination not acceptable					
KI	33.1	No enrollment information was on file for the child(ren) and/ or available for licensing to review.					
KI	33.4	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.					
KI	33.5	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.					
KI	33.6	Daily attendance was not maintained to account for all children in care.					
SR	34.1	Failed to grant access to licensing					

Туре	Rule	Brief Content	С	NC	NA	NM	Comments
SR	35.3	Inappropriate interaction with children					
RS		Varies					
RS		Varies					
RS		Varies					
RS		Varies					
RS		Varies					



Florida Department of Children and Families Office of Child Care

ABBREVIATED INSPECTIONS

Protecting Children – Improving Quality – Reducing Waste

A Florida law passed in 1996 allows for child care facilities that comply with licensing rules to have abbreviated (shortened) inspections. Abbreviated inspections measure compliance with *some* rules, but not *every* rule.

Research conducted over the past 25 years has identified new and better ways to conduct abbreviated inspections that offer greater protections for children and reduce government waste. Florida has improved its abbreviated inspection process by adopting these new methods.

What are the old methods?

In the past, the rules to be measured during abbreviated inspections were chosen based on licensing experience and the identification of critical standards.

The method kept kids safe, but did not guarantee compliance with every rule and required most rules to be measured.

Even during shortened inspections, many rules were measured, which did not allow licensing staff to help facilities improve quality of care or maximize government resources.

What are the NEW methods?



The new system uses scientific methodology and stakeholder input to determine what rules will be measured during abbreviated inspections.



The rules that will be measured now statistically prove that facilities are in full compliance with all rules, and that the rules measured are those that pose the greatest risk of harm to children.



The number of rules measured **decreased by 90%,** but the Key Indicator rules measured are **more likely to protect children.** Children are safer, quality is improved, and government is more efficient.

Can Every Facility get an Abbreviated Inspection?

No. In accordance with Florida law, a facility can only get an abbreviated inspection when it:

- Has been licensed for a period of no less than 2 consecutive years.
- Has received at least 2 full on-site renewal inspections in the most recent 2 years.
- Has not been cited for any class 1 or class 2 violations within the last two 2 years.
- Is not under investigation by Child Protective Services.

These criteria not only ensure compliance with the law, but also help keep kids safe.

For more information about Florida's abbreviated inspection process, please visit www.myflfamilies.com/childcare

Florida's new abbreviated inspection system was developed in conjunction with the National Association for Regulatory Administration (NARA), the only organization in the United States and Canada devoted to best practices in licensing and regulatory administration, and has over 40 years' experience with abbreviated inspection development. For more information about NARA, please visit www.naralicensing.org.



Florida's Differential Monitoring Licensing Methodology Training Plan

Purpose

This document provides information related to Florida's Differential Monitoring Licensing Methodology training opportunities for Department staff and stakeholders.

Training Information

The National Association for Regulatory Administration (NARA) and Florida's Office of Child Care will host five (5) training sessions. Two (2) sessions will be held for stakeholders and three (3) sessions will be held for Department staff. Training sessions will be conducted as follows:

June 3, 2021

Stakeholders: 1pm - 2:30pm

• June 4, 2021

Department Staff: 9am - 10:30amDepartment Staff: 1pm - 2:30pm

• June 7, 2021

o Stakeholders: 9am -10:30am

June 10, 2021

o Department Staff: 1pm - 2:30pm

Training Session Structure

Each training session will include:

- A brief review of differential monitoring
- The creation of Florida's differential monitoring licensing methodology
- A review of the standards measured during abbreviated inspections
- Eligibility criteria for abbreviated inspections
- Procedures for conducting abbreviated inspections.

Florida Department of Children and Families' Differential Monitoring Methodology

Training Session June 3, 2021

MYFLFAMILIES.COM



- A regulatory method for determining the frequency or depth of monitoring based on an assessment of a facility's history of compliance with licensing rules.
- Incorporates **Targeted Measurement Tools**

Targeted Measurement Tools

Increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs.

Key Indicator Systems (KIS) – identify subset of regulations through statistical analysis that predict overall compliance.

Risk Assessment (Supplemental Rules)

 identify rules that place children at greater risk of harm if violations occur.



Safeguards

• Eligibility Criteria

Inspection Expansion

 Identify regulations that are always measured, even if not KI



How was the Differential Monitoring Methodology created?

- Identified the Key Indicator standards that predict overall compliance
- Determined standards to be measured during an abbreviated inspection
- 3. Established eligibility criteria



Standards to be measured during an abbreviated inspection

- The Key Indicator Standards
- Supplemental Standards (any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care)
- Randomly-selected standards that are selected prior to each inspection

Key Indicator Standards – Child Care Facilities

Rule	Brief Content
3.1	Insufficient Staff
12.2	Facility Not In Good Repair
12.18	No/Missing Electrical Outlet Covers
28.2	Bottles/Sippy Cups Not Labeled
32.3	Play Equipment Not Safe/Sanitary
32.7	Fall Zone Surface Not Maintained
33.3	Introduction Course Not Begun Within 90 Days
33.9	No Documentation- Safe Sleep/ Fire Extinguisher Training
41.1	No Immunization Record
41.2	Immunization Record Incomplete
42.1	No Student Health Examination
43.6	Parent's Acknowledgment - Influenza Guide
44.4	Child Abuse Reporting Form Missing
45.1	No CF-FSP Form 5131 on File
45.7	Background Screening More Than 5 Years/90 Day Break

Key Indicator Standards – Family Child Care Homes

Rule	Brief Content
5.6	Substitute Exceeds 40 Hours Per Month
6.7	Child Abuse Reporting Form Missing
7.5	No Person With Valid/Current CPR/First Aid
10.1	Cleaning Supply Accessible
13.6	No/Missing Electrical Outlet Covers
14.1	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
14.9	Fencing Not Safe/Adequate
14.17	Fall Zone Surface Not Maintained
19.3	No Operable/Current Cert. Fire Extinguisher
27.1	No Fire Drill
31.1	No Immunization Record
31.2	Immunization Record Unacceptable
32.1	No Student Health Examination
33.1	No Enrollment Information
33.4	Missing Statement-Selecting A FDCH Provider
33.5	Parent's Acknowledgement - Influenza Guide
33.6	No Daily Attendance Records

Key Indicator Standards – Large Family Child Care Homes

Rule	Brief Content
1.1	Allowable Number Of Children Exceeded
7.2	Missing Level 2 Screen Documentation
7.6	Attestation Of Good Moral Character Not Completed
7.9	Child Abuse Reporting Form Missing
14.2	Indoor Play Area Not in Good Repair
15.1	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
17.15	18 Inch Separation Not Met
32.1	No Immunization Record
32.2	Immunization Record Unacceptable
33.1	No Student Health Examination
34.5	Parent's Acknowledgement - Influenza Guide
34.6	No Daily Attendance Records

Supplemental Standards – Child Care Facilities

Rule	Brief Content	
4.1	Inadequate Supervision	
4.18	Unscreened Individual Alone With Children	
5.4	Transportation Log Missing Information	
8.4	Non-Operable Seat Belts/ Restraints	
9.2	Activities Plan Not Followed	
11.1	Parents Not Provided Written Policy	
12.1	Facility Not Clean	
13.2	Unsafe Storage Of Dangerous Material	
15.1	Licensed Capacity Exceeded	
17.5	Fence/Wall Not Minimum 4 Feet	
20.6	Strangulation/Suffocation Hazard	
23.7	Fire Drill Missing Elements	
25.4	Spoiled, Contaminated, Unsafe Food Being Served	

Rule	Brief Content
27.1	No Caterer License
29.2	Staff-No Hand Washing
30.6	Diaper Change Surface Not Impermeable
34.4	No Credentialed Director
36.3	No One Trained Available For Field Trip
37.2	No One Trained Available For Field Trip
40.15	Medication Not Locked/Stored
40.18	No Documentation of Training
43.2	Incomplete Enrollment Information
45.2	Missing Level 2 Screen Documentation
45.11	Level 2 Documentation Incomplete
46.7	No Attendance Roster
47.5	Licensing Authority Denied Access

Supplemental Standards – Family Child Care Homes

Rule	Brief Content
1.1	Allowable Number Of Children Exceeded
2.2	Parents Not Provided Written Policy
3.1	No Valid Driver License/First Aid and CPR Certification
4.4	License Not Posted Conspicuously
6.1	Missing Level 2 Screen Documentation
6.5	Attestation Of Good Moral Character Not Completed
8.8	Supervision Inadequate
10.3	Knives/Sharp Tools Accessible
12.1	Unsafe Storage of Firearms/Weapons
13.2	Indoor Play Area Not in Good Repair
14.15	Monthly Inspection Documentation Not Maintained
15.1	Pool-Fence/Barrier Not 4 Feet High
15.7	Water Hazard/Swimming Pool Accessible

Rule	Brief Content
16.14	18 Inch Separation Not Met
21.1	Staff-No Hand Washing After Toileting/Diapering
21.16	Bottles/Sippy Cups Not Labeled
23.1	Diaper Change Surface Not Impermeable
29.9	Medication Not Locked/Stored
29.11	No Documentation of Training
32.2	Student Health Examination Unacceptable
34.1	Licensing Authority Denied Access
35.3	Inappropriate Interaction with Child

Supplemental Standards – Large Family Child Care Homes

Rule	Brief Content
2.2	Parents Not Provided Written Policy
3.1	No Valid Driver License/First Aid and CPR Certification
4.3	Activities Plan Not Followed
5.4	License Not Posted Conspicuously
6.3	Substitute Exceeds 40 Hours Per Month
8.7	No Person With Valid/Current CPR/First Aid
9.8	Supervision Inadequate
11.1	Cleaning Supply Accessible
11.3	Knives/Sharp Tools Accessible
13.1	Unsafe Storage of Firearms/Weapons
14.9	No/Missing Electrical Outlet Covers
15.9	Fencing Not Safe/Adequate
15.15	Monthly Inspection Documentation Not Maintained

Rule	Brief Content
15.17	Fall Zone Surface Not Maintained
16.1	Pool-Fence/Barrier Not 4 Feet High
16.7	Water Hazard/Swimming Pool Accessible
20.3	No Operable/Current Cert. Fire Extinguisher
22.1	Staff-No Hand Washing After Toileting/Diapering
22.16	Bottles/Sippy Cups Not Labeled
24.1	Diaper Change Surface Not Impermeable
28.1	No Fire Drill
30.9	Medication Not Locked/Stored
30.11	No Documentation of Training
33.2	Student Health Examination Unacceptable
34.1	No Enrollment Information
34.4	Missing Statement-Selecting A FDCH Provider
35.1	Licensing Authority Denied Access
36.3	Inappropriate Interaction with Child

Randomly-Selected Standards

CARES will randomly select 5 standards/rules to be measured prior to inspection



Eligibility for Abbreviated Inspections

- 1. The facility must be licensed for a period of no less than two (2) consecutive years, or, if the facility is a licensed exempt Gold Seal Quality Care program, must have Gold Seal Quality Care designation for a period of no less than two (2) consecutive years
- 2. The facility must have received at least two full onsite renewal inspections in the most recent two years
- 3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years
- 4. The provider is not currently under investigation by Child Protective Services

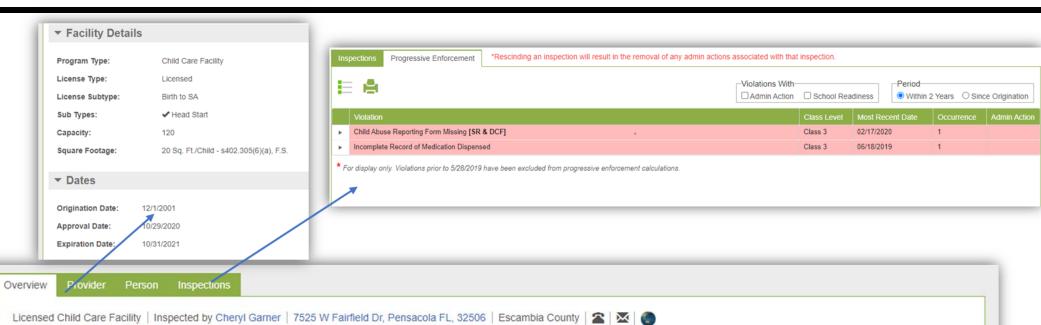


Prior to Inspection

Determine if the facility is eligible for an abbreviated inspection

Note: The facility may not be notified in advance that an abbreviated inspection will be conducted









Class 3:

Inspections
Routine #1
Jan
16
2021

16 18 2021 2021 Mar Jul 2 2 2021 2021

Routine #2 Renewal Sep 18 16 2021 2021 Ut Oct 2 31

2021





VPK Program





School Readiness



Expired: 05/10/2014 Expires: 06/30/2

Upon Arrival

Perform all standard activities for arrival based on applicable OCC policy

Conduct a brief walk through of the setting to identify any immediate health and safety risks or "plain-view" rule violations. This is not limited to KIS rules

If an immediate health and safety risk is identified, the counselor will take appropriate action in accordance with OCC policy

If one or more "plain view" violations are identified as a Class 1 or Class 2 violation, the provider will no longer be eligible for an abbreviated inspection and will be subject to a full inspection



If the facility is eligible

Briefly describe OCC's KIS, including the circumstances where an abbreviated inspection may cease and a full inspection will be conducted

Inform the facility that the facility is provisionally eligible for an abbreviated inspection, but that a full inspection may occur based on inspection findings

Proceed with the abbreviated inspection



Abbreviated Inspection

Measure compliance with:

- KI standards
- Supplemental Standards
- Randomly-selected rules

If no violations – facility is considered to be in full compliance. Inspection ends

If any of the above standards OR any "plain view" violations identified are a Class 1 or 2 violation, inspection ceases and a full inspection will be conducted



Questions





Florida Department of Children and Families

June 10, 2021

Introduction

Florida Office of Child Care contracted with NARA to provide training sessions related to the creation of Florida's Differential Monitoring Methodology and inspection tools.

Purpose

This document provides information on the training sessions conducted by NARA in conjunction with Florida Office of Child Care (OCC) for OCC's licensing staff members and stakeholders.

Background

Five (5) training sessions were held in total. Two (2) sessions were held for OCC's stakeholders (child care facilities, family child care homes, and large family child care homes) and three (3) sessions were held for OCC's licensing staff. All sessions were conducted in June 2021. Sessions were conducted using remote technology through the Office of Child Care's GoToWebinar platform. Attendance reports for each session were generated from the platform and provided to NARA. An informational PowerPoint presentation on Florida's Differential Monitoring Methodology was provided during all sessions. The presentation focused on the following:

- A brief review of differential monitoring
- The creation of Florida's Differential Monitoring Methodology
- A review of the standards measured during an abbreviated inspection
- Eligibility criteria for participation in an abbreviated inspection
- Procedures for conducting abbreviated inspections
- A review of the licensing checklist and instruction manual (Staff only)

Session Results

Five (5) training sessions were conducted as follows:

- June 3, 2021
 - Stakeholders: 1pm 2:30pm
- June 4, 2021
 - Department Staff: 9am 10:30am Department Staff: 12:30pm - 2:00pm
- June 7, 2021
 - Stakeholders: 9am -10:30am
- June 10, 2021
 - Department Staff: 1pm 2:30pm

70 participants attended the stakeholder training sessions. 116 participants attended the staff training sessions. Feedback from both training session groups was minimal. Questions were operational in nature and answered by the Office of Child Care.



Florida Department of Children and Families

Office of Child Care
Differential Monitoring Licensing Methodology Summary Report
May 6, 2021

Introduction

National Association for Regulatory Administration (NARA) has developed a differential monitoring Key Indicator System (KIS) for the Florida Department of Children of Families, Office of Child Care (OCC).

This report presents NARA's recommended OCC Differential Monitoring Licensing Methodology, summarizes the data collection and statistical analysis methods used, statistical analysis findings, implementation suggestions, potential impact on staff resources, and comparison of recommended Differential Monitoring Licensing Methodology to other states' Differential Monitoring Licensing Methodologies.

I. Recommended OCC Differential Monitoring Licensing Methodology

NARA recommends that OCC adopt the following methodology for its differential monitoring system:

- 1. Identify the Key Indicator Standards that statistically predict overall compliance with all standards for Child Care Centers, Family Child Care Homes, and Large Family Child Care Homes (hereafter "licensed settings").
- 2. Determine the standards that will be measured during Key Indicator Inspections to include:
 - The Key Indicator Standards;
 - Supplemental Standards, which generally include any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care; and
 - Randomly-selected standards that are selected prior to each inspection, which may by contingent upon OCC's ability to modify its electronic licensing system to select standard.

The total number of standards to be measured should not exceed 20% of the total standards for each type of licensed setting.

- 3. Establish Eligibility Criteria to determine which licensed settings are eligible for a Key Indicator Inspection.
- 4. Modify the current abbreviated inspection procedures such that all abbreviated inspections are Key Indicator Inspections and allow Renewal Inspections to be abbreviated inspections.

An abbreviated inspection is an on-site unannounced routine visit, during which compliance with only those items on the abbreviated inspection checklist is verified. An abbreviated inspection is the "right" of the provider and should be conducted if a facility has no Class I or Class II violations within the past two years. If, during the abbreviated inspection, an item not on the abbreviated checklist is found to be out of compliance, a full routine inspection must be conducted. While an abbreviated inspection may be conducted instead of a routine inspection, the renewal inspection may not be an abbreviated inspection.

 $^{^{1}}$ As part of the 1996 WAGES Act, the Florida Legislature directed the Department and local licensing agencies to develop and implement an abbreviated inspection plan for child care facilities that have had no Class I or Class II deficiencies, as defined by rule, for at least two consecutive years. The Department and the local licensing agencies identified those elements of the inspection that were key indicators of whether the child care facility continued to provide quality care and programming. These items are included on the abbreviated inspection report in the Licensing Application. All elements that are not key indicators are pre-populated with the "not monitored" designation and will not appear in the written report document or on the Child Care Program's website.

5. Create policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology that include, at a minimum, how licensing staff will conduct themselves during such inspections.

II. Data Collection, Analysis Methods, and Findings

This section presents the overall plan, implementation, and the results from the data analysis in developing the OCC monitoring/licensing key indicator system and outlines the analysis plan, the limitations of the data distribution, the key parameters, and the results of the analyses which will demonstrate those regulations that were the key predictor rules for each of the service types: child care centers, family child care homes, and large family child care homes.

It will draw heavily from the methodology that presently exists and is being promulgated by the National Association for Regulatory Administration. When this plan is implemented as will be demonstrated in this report, it will produce the predictive licensing key indicators for child care centers, large family child care homes, and family child care homes as delineated by Florida's rules and regulations.

Let us begin with the three Florida data sets: child care centers, family child care homes and large family child care homes. Fortunately, Florida could provide population distributions rather than the need to select samples. With child care centers there were 5179 observations; 1027 observations with family child care homes; and 300 observations with large family child care homes. These observations or data points represented comprehensive reviews of all regulations/rules of the respective facilities.

The Florida data are similar to other jurisdictions when it comes to the distribution of data in that it is very skewed. What this means is that the majority of facilities are in full (100%) regulatory compliance which is generally the case when it comes to analyzing licensing data. As has been stated in other publications, this is both a good thing and a not-so-good thing.

It is good because we want our facilities to be in substantial regulatory compliance with the health and safety regulations. That is expected and is in reality what occurs.

The not-so-good is the fact that skewed data distributions are difficult to use in statistical analyses. It is very difficult to distinguish between high performers and mediocre performers in such a data distribution. Parametric statistics cannot be used and reliance on non-parametric statistics is warranted as well as data dichotomization. This is also needed because the data are measured at the nominal measurement scale (either in compliance or out of compliance with the specific rule) which limits the level of statistical analyses.

But there are certain strengths as well, for example, regulatory compliance distributions are very effective in distinguishing between high performers and poor performers. There are not many poor performers, but when they do occur, they do vary a good deal from the top performers. This provides an effective means for distinguishing between these two groups via a statistical methodology that will generate predictive licensing key indicators. And that is the essence of this report, how one goes about a data analysis plan for generating predictive licensing key indicators.

Methodology

Once the data are received, a standard statistical protocol is followed in order to maintain the efficacy, reliability, and validity of the NARA predictive licensing key indicator methodology. It is based upon the original instrument-based program monitoring and key indicator methodology developed by Fiene in the early 1980's. It has been refined and enhanced over the past 40 years to make it more accurate. All these refinements and enhancements were applied to the Florida data.

The first step is the structure of the data base. The facility/providers are listed along the vertical axis while their specific regulatory compliance data are listed along the horizontal axis for each discrete rule/regulation. A

coding scheme is followed similar to the following: a "0" is entered for each rule/regulation where there is compliance with the specific rule. A "1" is entered for each rule where there is non-compliance or violation of the specific rule. If either the rule is not observed or is not applicable, then a "space" is entered. The reason for this coding is the formatting necessary for the statistical analyses software to be used. Usually SPSS (Statistical Package for the Social Sciences) is used but any statistical package can be used as long as the software has the ability to generate correlation coefficients and Crosstab analyses.

Basic descriptive statistics are utilized in order to obtain the key parameters of the data distribution. Measures of central tendency are determined for the mean and median. Dispersion measures are also generated, in particular, the skewness and kurtosis of the distribution. A frequency is generated to determine the levels of full (100% compliance), substantial compliance, medium compliance and low compliance with the overall rules. These descriptive statistics assist in determining the thresholds for a high group and a low group when it comes to overall regulatory compliance. Generally, a 25%/50%/25% model is followed but this can vary dependent upon the number of facilities as well as the data distribution skewness. Essentially the top 25% becomes the high group of regulatory compliance while the low 25% becomes the low group of regulatory compliance. The middle 50% is not used in the analyses. The reason for doing this is to dichotomize the data and to increase the discriminatory variance in the data distribution. Generally, data dichotomization is not recommended but in the case of licensing data it is because of the level of skewness. If the data distribution were more normally distributed it would not be employed. An example of a normally distributed data distribution is the Environmental Rating Scales.

The source of the data is from checklists or instruments that are used by licensing staff when they are on site inspecting a specific program. This may be done via paper or electronically. The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated.

In determining the groups, certain important parameters should be employed. For the high group, only those programs where there was only full (100%) regulatory/rule compliance should be included. The reason for doing this is to eliminate false negatives in the data analysis. If full regulatory compliance is combined with substantial compliance, it increases the chance for false negatives occurring which is undesirable. In fact, the substantial compliant programs are the programs that are not used in these analyses. Substantial compliance is a very important level of measurement when it comes to overall regulatory compliance but not so with defining predictive rules. The other key group is the low group which constitutes those programs having difficulty with overall regulatory compliance and clearly demonstrate a high level of non-compliance or violations of rules/regulations.

Once the high and low groups are determined, it is then possible to construct a 2 x 2 matrix (for details regarding this matrix please refer to the data analysis plan attached as an appendix) utilizing this classification alongside each rule/regulation in determining if that respective rule is in or out of compliance. The 2 x 2 matrix has the following format: High or Low Groups x In or Out of Compliance for each Rule. When the data are entered into this 2 x 2 matrix, the Fiene Coefficient (FC) can be produced with the following algorithm/formula:

FC = ((High/In)(Low/Out))-((High/Out)(Low/In))/sqrt(Total Regulatory Compliance)

where High = High Regulatory Compliance Group

In = The Specific Rule Is In Regulatory Compliance/Not a Violation

Low = Low Regulatory Compliance Group

Out = The Specific Rule Is Out of Regulatory Compliance/Violation

sqrt = square root

Generally licensing key indicator rules or predictive rules have a moderate level of non-compliance. They are not always out of compliance nor are they always in compliance. What distinguishes these predictive indicator rules is that they are good at distinguishing between high vs low compliance in programs. They are also usually but not always your most risk aversive rules. Again, they fall somewhere in between.

In looking at the Florida data, here are some basic descriptive data that help to define the data set. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. And lastly, for large family child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. The three data distributions are skewed as you can see from the high percentages of fully compliant programs.

Results

This section of the report provides the results from using the licensing key indicator predictor methodology for child care centers, family child care homes and large family child care homes. The results are presented in the following tables for each service type. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates are stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base, not by strength of relationship, and a brief content statement to give better context to the standard/rule. See Tables 1-3 below.

Table 1: Child Care Centers (n = 5179 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content	
3.1	.53*	Staff child ratios	
12.2	.49	An area of the facility was observed to not be in good repair.	
12.18	.46	The facility did not have electrical outlet covers.	
28.2	.41	Bottles brought from home were not labeled with child's name.	
32.3	.41	The play equipment was not maintained in a safe condition.	
32.7	.42	The ground cover under the was not maintained.	
33.3	.42	The facility did not have documentation to show child care personnel	
		had begun the introductory training within 90 days of employment.	
33.9	.47	The facility did not have documented proof that all child care	
		personnel were trained and knowledgeable within 30 days of date of	
		hire.	
41.1	.41	Immunizations certification not present.	
41.2	.55	Immunizations certification was inadequate.	
42.1	.45	Child(ren) did not have a Student Health Examination/DH (Form	
		3040), or an equivalent health statement on file within 30 days of	
		enrollment.	
43.6	.41	The facility did not maintain documentation that the parent or legal	
		guardian of each child were provided information detailing the	
		causes, symptoms, and transmission of the influenza virus.	
44.4	.58	The personnel/volunteer record did not include a CF-FSP 5337 Child	
		Abuse and Neglect Reporting Requirements form signed annually.	
45.1	.40	A complete CF-FSP Form 5131, Background Screening ad	
		Personnel File Requirements, was not on file for all employees.	
45.2	.45	Documentation of Level 2 Clearinghouse screening clearance was	
	T. A. H. et	missing for child care personnel.	

^{*} All the results are statistically significant at a p < .0001 level.

Table 2: Family Child Care Homes (n = 1027 homes)

Standard #/Rule	Fiene Coefficient	Brief Content	
5.6	.35*	The substitute worked over 40 hours per months on average over a six-	
		month period in a single family day care home.	
6.7	.32	The operator, substitute and/or volunteer did not have a CF-FSP 5337	
		Child Abuse and Neglect Reporting Requirements form signed annually.	
7.5	.36	The home did not have at least one person providing care to children with a	
		valid and current certification in pediatric CPR procedures and/or first aid	
		training.	
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies,	
		flammable products, and poisonous items were accessible to children in	
40.0	4.4	care.	
13.6	.44	The home had electrical outlet covers that were not in place.	
14.1	.36	Outdoor play areas in the home were not free from litter, nails, glass, and	
440	0.5	other hazards.	
14.9	.35	The outdoor play area that required fencing was not safe.	
14.17	.30	The ground cover or other protective surface was not maintained.	
19.3	.32	The home did not have an operable fire extinguisher and/or fire	
07.4	00	extinguisher with a current certificate.	
27.1	.39	During the licensure year, the operator failed to conduct monthly fire drills	
		utilizing the approved fire alarm system or smoke detector at various dates	
24.4	F.4	and times when children are in care.	
31.1	.54	Immunization certification not present.	
31.2	.61	Immunization certification was inadequate.	
32.1	.54	Child(ren) did not have a Student Health Examination/DH (Form 3040), or	
22.4	200	an equivalent health statement on file within 30 days of enrollment.	
33.1	.36	No enrollment information was on file for the child(ren) and/ or available for	
33.4	.30	licensing to review.	
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home	
		Provider" brochure.	
33.5	.50	The home did not maintain documentation that the parent(s) or legal	
33.3	.50	guardian(s) of each child were provided information detailing the causes,	
		symptoms, and transmission of the influenza virus.	
33.6	.43	Daily attendance was not maintained to account for all children in care.	
33.0	. 1 0	Daily attenuance was not maintained to account for an children in care.	

^{*} All the results are statistically significant at a p < .0001 level.

Table 3: Large Family Child Care Homes (n = 300 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
1.1	.58*	Staff child ratios.
7.2	.36	Required background screening was missing.
7.6	.36	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.
7.9	.36	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
14.2	.36	Indoor play areas not in good repair.
15.1	.41	Outdoor play areas were not free from litter, nails, glass, and other hazards.
17.15	.36	A minimum distance of 18 inches was not maintained around each individual napping space.
32.1	.45	Immunization certification not present.

32.2	.61	Immunization certification was inadequate.
33.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
34.5	.45	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
34.6	.45	Daily attendance was not maintained to account for all children in care.

^{*} All the results are statistically significant at a p < .0001 level.

The reader will notice that there is a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations.

Stakeholder Data Collection and Results

Florida's Office of Child Care requested their stakeholders (child care centers, day care homes, and Department staff) be informed of the differential monitoring methodology project and afforded the opportunity to provide information related to current and future inspection practices. To accomplish this request, NARA, in conjunction with OCC staff, hosted two (2) sessions for each stakeholder type totaling six (6) sessions overall. All sessions were conducted using remote technology through the Office of Child Care's GoToWebinar platform. An informational PowerPoint presentation on differential monitoring, with a focus on Key Indicator Systems, was provided during all sessions. Attendees were asked to provide feedback on a variety of questions related to current and future inspection practices using the GoToWebinar's question toolbar. A data report was generated from the platform after each session and provided to NARA for analysis. The topics most relevant to the development of the differential licensing methodology are summarized in this report.

Stakeholders were questioned about what counselors spent the most time doing during an inspection. The overwhelming response from all groups was record review. Furthermore, when asked where additional time should be spent, the centers, homes, and Department staff specified they would like to spend more time on the provision of technical assistance. Implementation of a differential monitoring methodology will allow licensing counselors to spend less time on record review and more time on the provision of technical assistance and compliance measurement with other rules, such as those deemed "most serious" by stakeholders.

Stakeholders were asked to provide specific regulations that they considered the "most serious" that should be measured during every inspection. For purposes of this report, "most serious" refers to those regulations that if violated pose the greatest risk of harm to children. The three stakeholder groups agreed that child safety requirements, including facility/playground safety, chemical storage, and ratios should be measured at every inspection. Background screenings and supervision requirements were common responses between the centers and Department staff. It is recommended the above regulatory areas be considered by OCC when determining the supplemental standards discussed in section one of this report.

Another question posed to the stakeholders related to technical assistance provided by the Department to child care centers and day care homes. The majority of both regulated settings and licensing counselors indicated satisfaction with this area but agreed an increased focus on technical assistance would be valuable.

Implementing a differential monitoring methodology will allow OCC to provide additional technical assistance to those providers who are not in complete regulatory compliance, one of the primary benefits of such a system.

Lastly, each stakeholder group was asked to give their opinion regarding a transition from an abbreviated inspection to a full inspection should a violation with a key indicator standard be identified. Feedback from all stakeholder groups indicate the majority of participants agree with the above practice. Stakeholder support will be instrumental in the fluid implementation of a differential monitoring methodology.

III. Implementation Suggestions

The depth and frequency of inspections will be based upon regulatory compliance history. Those programs that have a history of high regulatory compliance are the best candidates for abbreviated inspections. Programs that have a history of high regulatory non-compliance will need to have full comprehensive inspections. They would not be good candidates for the key indicator approach. However, even for those programs that are eligible because of their regulatory compliance history, these programs still need to meet specific eligibility criteria, such as: enrollment hasn't changed by more than 10%, the director has not changed, staff turnover is below 50%, and there are no outstanding complaints.

When it comes to the frequency of inspections, based upon research that has been done, reducing the number of inspections is not in the best interests of the provider nor the state of Florida. When it comes to differential monitoring, the type of inspection, abbreviated or comprehensive is the focal point and not how often they should be done. If anything, actually having more inspections may be warranted if a program is struggling to meet regulatory rules. Fewer inspections are not the way to alter the program monitoring system.

Identifying providers who need Technical Assistance (TA)

Providers who have any violations and are not in full 100% compliance with regulatory rules will be good candidates for technical assistance. However, with that said, the 40% of child care centers, and the 60%+ of child care homes or large family child care homes could also be good candidates for technical assistance if areas of concern are identified by licensing staff even though regulatory non-compliance is not an issue.

A program monitoring system should be used as a means to target specific TA to providers. In the design and implementation of the *Early Childhood Program Quality Improvement and Indicator Model (ECPQI2M)* that is the sole purpose of this model. There is a direct link between the results of the model and who gets TA and who does not. Another caveat in providing the TA, hopefully Florida has used in the past and would focus its TA efforts in a problem-solving approach via coaching or mentoring. Coaching and mentoring programs have been identified as particularly effective in targeting TA to those who need it the most. There are examples of coaching being done on site as well as virtually. Florida should explore the best types of approaches for their facilities and providers.

An alternate implementation strategy will be introduced later in this report in how the licensing key indicator tool can be used as a screener for all programs.

Identifying low compliance service areas

Based upon the results of this study, child care centers had a higher non-compliance level than family child care homes or large family child care homes. Sixty percent of centers had violations while homes had less than 40% regulatory non-compliance. One has to be careful in taking these group trends and applying them to individual programs, but as a general rule statistically centers had more violations of the regulatory rules. Generally, this is a consistent finding in other jurisdictions as well in which child care centers have more non-compliance with rules than homes. However, with that said, also keep in mind that child care centers generally

have more rules to comply with than homes, so there is a greater chance of being out of regulatory compliance.

Abbreviated reviews for high compliant providers

As stated earlier in this report, abbreviated inspections/reviews should only be used with programs with a history of high compliance and meeting all the eligibility criteria for use of the licensing indicator predictor rules. This will require a retrospective review of all providers to determine the best candidates. Because full compliance levels are so high in the various service types, the utilization of the eligibility criteria will be essential to determining the best candidates for abbreviated reviews. Do not assume because a program has full 100% regulatory compliance that they are high quality. Remember from the *Regulatory Compliance Theory of Diminishing Returns* (Fiene, 2019), full 100% compliance does not always predict high quality. Because the data are so severely skewed at the top range of scores (this happens in all state and provincial jurisdictions) and this is the case in Florida, there is the introduction of mediocrity into the fully compliant/substantial compliant programs.

Implementation suggestions: KIS as a screening tool

There are some implementation considerations when rolling out the licensing key indicator predictor approach. The state of Florida could think in terms of using the new tool as a screener tool and apply it to all programs. Generally, in just about all applications of using the methodology, two very important enhancements are made to the licensing key indicator predictor rules such as having specific risk assessment rules and a series of random rules that are added to the original set of predictor rules. This is important so that those rules that place children at greatest risk are always reviewed and the random rules prevent providers from "studying for the test" and only complying with the licensing key indicator predictor rules.

IV. Potential Impact on Staff Resources

The most significant impact that differential monitoring will have on staff resources is increased efficiency in operations. Licensing staff will spend less time focusing on standards that do not predict overall compliance and pose minimal risk of harm to children in care. This allows OCC to devote more resources to low-compliance licensed settings and fewer resources to high-compliance settings, which allows for greater opportunity to provide technical assistance and evaluate non-regulatory program quality.

The advantage that Florida has that practically no other state or province has is that they have been using the abbreviated inspection methodology in the past. As a result, licensing staff are familiar with the approach and how it is used. They have some experience in moving from an abbreviated inspection to a full comprehensive inspection when it is warranted because non-compliance is determined during the abbreviated inspection.

V. Comparison of Recommended Differential Monitoring Licensing Methodology to other States' Differential Monitoring Licensing Methodologies.

As part of this process, NARA compared OCC's proposed KIS methodology and design to that of other states that use differential monitoring. There is a brief overview utilizing the NARA Licensing Study and then two case studies are provided to show how Florida compares to these two case studies.

Full Inspections and Abbreviated Inspections

For purposes of this section, the following definitions are provided:

"Full Inspections" are inspections where all licensing rules are measured during the inspection.

"Abbreviated Inspections" are inspections where a subset of all licensing rules are measured during the inspection.

As of 2017 (the most recent year that aggregate data are available)(Source: **NARA Licensing Study**), 35 states in the United States are known to use some kind of abbreviated inspection method, including Florida.

Florida is one of the 35 states that use an abbreviated inspection method.

Determining Rules to be Measured During Abbreviated Inspections

In general, there are four ways that states identify which rules will be measured during an abbreviated inspection:

- Using statistical methodology such as a KIS that would predict overall compliance with the full set of rules to determine which rules would be measured during abbreviated inspections;
- Identifying rules to be measured during an abbreviated inspection based on a consensus of stakeholders about which rules are most critical to include in all inspections;
- Determining which rules pose the greatest risk of harm to children if they are violated, or
- Some combination of the above.

Of the 35 states that use an abbreviated inspection method, only 10 use statistical methodology either alone or in conjunction with one or more of the above methods to determine which rules will be measured during abbreviated inspections.

Florida currently measures rules that pose the greatest risk of harm during abbreviated inspections; it will be the 11th state to use statistical methodology upon implementation of their KIS.

Policies and Procedures

The development of policies and procedures are a critical element of any differential monitoring process. Of the 35 states that conduct abbreviated inspections, only 11 reported that there are no policies and procedures for differential monitoring.

The current version of OCC's Desk Reference Guide includes the following guidance about completing abbreviated inspections:

As part of the 1996 WAGES Act, the Florida Legislature directed the Department and local licensing agencies to develop and implement an abbreviated inspection plan for child care facilities that have had no Class I or Class II deficiencies, as defined by rule, for at least two consecutive years². The Department and the local

² Note: Florida is unique in that the authorization to complete abbreviated inspections is codified in statute. NARA is not aware of any other states where this occurs. Moreover, the statute not only authorizes but directs licensing agencies to implement an abbreviated system. While it has long been established that the development of a KIS does not conflict with applicable licensing laws, the authority granted to OCC significantly strengthens its "right" to develop and implement a KIS.

licensing agencies identified those elements of the inspection that were key indicators of whether the child care facility continued to provide quality care and programming. These items are included on the abbreviated inspection report in the Licensing Application. All elements that are not key indicators are pre-populated with the "not monitored" designation and will not appear in the written report document or on the Child Care Program's website.

An abbreviated inspection is an on-site unannounced routine visit, during which compliance with only those items on the abbreviated inspection checklist is verified. An abbreviated inspection is the "right" of the provider and should be conducted if a facility has no Class I or Class II violations within the past two years. If, during the abbreviated inspection, an item not on the abbreviated checklist is found to be out of compliance, a full routine inspection must be conducted. While an abbreviated inspection may be conducted instead of a routine inspection, the renewal inspection may not be an abbreviated inspection.

Florida's KIS will enhance the existing guidance as indicator inspections frequently require greater specificity in the description of how they are conducted.

Case Study: Illinois Department of Children and Family Services (DCFS)

Illinois is one of the 10 states that use a KIS. In 2014 DCFS entered into a contract with NARA for the purpose of development of Key Indicators and Weighted Licensing Violations. A 2019 Day Care Licensing Annual Report to the General Assembly produced by DCFS provided information about the progress of their Key Indicator and Weighted Violation system. Excerpts from the report appear below:

- After a pilot period of four months in four offices throughout the state, the Key Indicator Project became operation statewide as of July 1, 2016.
- Along with an additional set of high-risk "non-negotiable" standards which must be reviewed at every
 visit (capacity, background clearances, pool safety, etc.) and two random standards which are changed
 at intervals, the key indicators create a differential monitoring system which allows Licensing
 Representatives to focus more time on challenging licensees and consultation.
- The second full year of using the Key Indicators to enhance annual unannounced monitoring provided fewer challenges for licensing representatives and supervisors alike. Eligibility for a key indicator monitoring remains between 45 and 50% of licensees. Supervisors agreed that the screening process for eligibility works well. The most common reason for being ineligible continues to be a newer provider with no previous renewal of their license.
- No region reports experiencing an increased number of complaints due to the abbreviated monitoring and none report increases in number or seriousness of violations at renewal after receiving key indicator annual monitoring.
- Comments from users and supervisors indicate that overall, it reduces the time in the facility, especially in homes. The amount of reduction, however, varies between staff and facility type. Some report as much as 30–90-minute reductions in visit time, some report more or less, and some report no reduction especially if the visit must "flip" and the licensing representative must then conduct a more comprehensive "full" annual monitoring visit. Overall, centers report the most significant reductions, averaging between 45 to 60 minutes.

This report clearly shows that KIS are safe and effective, even after 5 years of use.

Case Study: Saskatchewan Ministry of Education Early Learning and Child Care Program (ELCCP)

In 2019, NARA developed a KIS for the ELCCP. This included the development of policies and procedures for KIS use. An excerpt from the procedures appears below as an example of generally accepted practices in KIS policy and procedure development.

Saskatchewan Eligibility for Indicator Inspections

In order to be eligible for an Indicator Inspection, a facility must meet all of the following criteria:

- 1. The facility must be operating and licensed for a period of no less than two (2) consecutive years.
- 2. The facility must have received at least one Full Inspection following the Initial Inspection.
- 3. For child care centers, the same Director must have been employed at the facility for a period of no less than two (2) consecutive years.
- 4. If the facility has relocated to a new location, it must have been in operation for a period of no less than one (1) year in the new location.
- 5. A family child care home that converts to a group family child care home must have been in operation for a period of no less than (1) year under the new license category.
- 6. The facility may not have been subject to sanctions within the past two (2) years.
- 7. The facility may not have been cited for violating any of the applicable Key Indicators within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).
- 8. The facility may not have been cited for violating any of the Weighted Risk rules within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).
- 9. The facility is not currently under investigation by the Early Learning and Child Care Program (ELCCP) or any other oversight agency (Child and Family Services, RCMP, or Police).

Saskatchewan Procedures for Conducting Indicator Inspections

- 1. Determine if the facility is eligible for an Indicator Inspection based on the criteria in the above Section.
 - a. The facility will not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.
- Prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will
 select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules. The additional
 rules are to be selected randomly using a consistent selection process; consultants shall not select
 rules based on personal preference, ease of compliance measurement, or similar standard.
- 3. Upon arrival at the regulated setting, the consultant will:
 - a. Perform all standard activities for arrival based on the type of regulated setting.

- b. Conduct a brief walkthrough of the setting to identify any immediate health and safety risk or blatant rule violations.
 - i. If an immediate health and safety risk is identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
 - ii. If one or more blatant rule violations are identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
- 4. If following the walkthrough at Section 3-b above, the facility is eligible for an Indicator Inspection, the consultant will:
 - a. Briefly describe the ELCCP's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
- 5. During the course of the inspection, the consultant will measure compliance with all of the following:
 - a. The KI rules;
 - b. The Weighted-Risk rules; and
 - c. The three (3) rules identified above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations of the above rules are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with ELCCP policy.

Saskatchewan Ongoing Activities

- 1. No facility may receive more than two (2) consecutive Indicator Inspections.
- 2. Kls will be recalculated at least every five (5) years.
- 3. Weighted-Risk rules will be recalculated as needed.
- 4. If there are amendments to the regulations and if they are deemed to be significant (KIS or Weighted-Risk Rules are eliminated or altered) by the ELCCP, recalculation of KIS and Weighted-Risk rules may occur.

Saskatchewan ELCCP Discretion

- 1. ELCCP is under no obligation to conduct an Indicator Inspection even if the facility meets all of the eligibility criteria above.
- 2. Indicator Inspections are a privilege, not an entitlement; the decision not to complete an Indicator Inspection even if the facility meets all of the eligibility criteria above is not subject to appeal.

3. These policies and procedures shall not be construed to reduce, limit or restrict ELCCP's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind ELCCP in any other action and shall not be construed as evidence of ELCCP practice, policy or interpretation with respect to any dispute or issue not addressed herein.

Key Indicator System Work Tools

Some KIS include the development and use of work tools for use during an indicator inspection. These tools have historically been paper documents used while present in the licensed setting. The use of paper work tools has decreased as many licensing agencies have transitioned to electronic licensing systems that provider for findings to be entered on laptop or handheld device. Some agencies still elect to use paper work tools as a supplement to their electronic systems, usually because it can be impractical to use the device in family or large family child care homes.

OCC may elect to develop paper work tools to supplement its electronic system or as a backup method if the device becomes inoperable during the inspection. Even if paper work tools are not used, their development can be used as a guide to modify OCC's current electronic infrastructure for abbreviated inspection.

Case Study: The Pennsylvania Department of Human Services Office of Child Development and Early Learning

Although Pennsylvania does not currently use a KIS for licensing inspection, they do have work tools for onsite use. A sample of how Pennsylvania's work tool could be modified for a KIS appears on the following page.

In the sample below on the next page the following highlighting is used:

The regulations that are not highlighted in any color would not be measured during an indicator inspection.

The regulations highlighted in red are high-risk rules and would be measured during an indicator inspection.

The regulations highlighted in yellow are the Key Indicators and would be measured during an indicator inspection.

Child Care Centers Certification Inspection Instrument (Renewal)



Facility Name:	PCID:
Certification Representative:	Inspection Date:

Key: / = Compliant O = Non-compliant, notes if applicable N/A = Not Applicable EX = Exemption on file UA = Unable to assess

Interview

/or O	Code	Description	Notes
	§ 3270.24	Departmental access, as applicable	

- · Introduce self and show ID
- Inform Legal Entity (LE /Director) of the reason for inspection
- Verify ID for Director/Responsible Staff Person

/ or O	Code	Description	Notes
	§ 3270.17	Program's services to children with special needs (a) reasonable accommodation (b) specialized services provided as specified in IEP, IFSP or behavioral plan (c) staff persons and parents aware of community resources	
	§ 3270.19	Child abuse reporting	
	§ 3270.20	Reporting injury, death or fire	
	§ 3270.26	Compliance with nondiscrimination statutes	
	§ 3270.117	Release of children	
	§ 3270.122	Admission interview	
	§ 3270.22	Communication with parents	
Ö	§ 3270.23	Parent access and participation	
	§ 3270.136	Reporting diseases	
	§ 3270.137	Children with symptoms of disease	
	§ 3270.138	Discrimination based on illness	
	§ 3270.153	Facility persons with symptoms of disease	
	§ 3270.154	Facility persons with skin disorders	
	§ 3270.155	Discrimination based on illness	
	§ 3270.183	Confidentiality of records (Child)	
	§ 3270.184	Release of information	
	§ 3270.185	Record retention	
	§ 3270.193	Confidentiality of records (Adult)	

High-Risk Rule
Key Indicator

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<u>Care/Documents/Certification%20Inspection%20Instrument%20Group%20Child%20Care%20Home%20Renewal.pdf</u>



Research-to-Policy, Research-to-Practice Brief OPRE2012-29
April 2012



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Validation of Quality Rating and Improvement Systems for Early Care and Education and School-age Care

Research-to-Policy, Research-to-Practice Brief OPRE2012-29

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Validation of Quality Rating and Improvement Systems for Early Care and Education and School-age Care

Quality Rating and Improvement Systems (QRIS) for early care and education and school age care programs are designed to collect information about quality and to use that information to produce program-level ratings, which are the foundation of a QRIS. The ratings are intended to make program quality transparent for parents and other stakeholders and to encourage the selection of higher-quality programs. The ratings also provide benchmarks that can support efforts to help programs improve their quality. *Validation* of a QRIS is a multi-step process that assesses the degree to which design decisions about *program quality standards* and measurement strategies are resulting in accurate and meaningful ratings. Validation of a QRIS provides designers, administrators and stakeholders with crucial data about how well the architecture of the system is functioning. A carefully designed plan for ongoing validation creates a climate that supports continuous quality improvement at both the program and system level.

To date, QRIS validation efforts have been limited. One reason may be that validation is a complex endeavor that involves a range of activities. In addition, there has been little guidance available that clarifies the purpose of QRIS validation or identifies the activities that comprise validation. At the same time, there is growing pressure to validate these systems as stakeholders seek evidence that QRIS are functioning as intended. The federal government has elevated QRIS validation by including it as a central component of the 2011 Race to the Top Early Learning Challenge and requiring state applicants to develop QRIS validation plans as part of their submissions.

The purpose of this Brief is to help QRIS stakeholders better understand validation and to outline a set of complementary validation activities. The Brief defines validation, describes different types of validation studies, and provides guidance on developing a validation plan, including tools to determine the appropriate scope and timing of validation activities. It also lists references and resources for those who wish to learn more. This Brief is aimed at readers in positions to authorize, finance, design, and refine QRISs and other quality improvement efforts, including state child care administrators, early education policy and program specialists, legislators, and other potential funders.



QRIS Validation and Its Role in Continuous System Improvement

Validation is a multi-step process that assesses the degree to which design decisions about QRIS program quality standards and measurement strategies are resulting in accurate and meaningful program ratings.¹

Validation is particularly important for QRISs because these systems at their core rely on ratings of program quality. They are built on the assumption that the quality of early childhood and school-age programs can be reliably measured and that differences in quality across these programs can be identified through the use of a set of quality indicators. Validity data can support conclusions about whether such quality indicators measure quality well and whether the strategies used to combine measures and develop ratings are working as intended (Cizek, 2007). 2 Valid ratings are critical to QRISs because parents and other stakeholders use these ratings to select the highest-quality care that they can afford. The overall quality rating also carries increasingly high stakes for programs. Indeed, the theory underlying QRISs intentionally creates those stakes to motivate both provider and parent behaviors in support of increased quality (e.g., Zellman et al., 2008; Zellman et al., 2011). In

Why QRIS validation is important. A QRIS is a primary strategy states employ to improve early childhood education and school-age care (ECE-SAC) program quality. Because ratings are a central element of a QRIS, it is important to collect data to establish that these ratings are accurate and meaningful indicators of quality. Validation studies can lend credibility to a QRIS, identify needed changes, and support continuous improvement of a QRIS.

addition to attracting more children, programs that score well may receive higher subsidies for subsidy-eligible children, and may qualify for grants, incentives, and tax credits.

Validity is not determined by a single study; instead, validation should be viewed as a continuous process with multiple goals: refining the ratings, improving system functioning, and increasing the credibility and value of rating outcomes and of the QRIS system as a whole. A carefully designed validation plan will promote the accumulation of evidence over time that will provide a sound theoretical and empirical basis for the QRIS (AERA, APA, & NCME, 1999; Kane, 2001). Ongoing validation activities that are carried out in tandem with QRIS monitoring activities (that aim to examine ongoing implementation of the QRIS) and evaluation activities (that examine the outcomes of QRIS) can help a QRIS improve its measures and effectiveness throughout its development and implementation (see Lugo-Gil et al., 2011 and Zellman et al., 2011 for guidance on developing a comprehensive QRIS evaluation).

¹ The definition of validation has changed over time. Rather than identifying separate types of validity (construct, predictive, face, concurrent and content), the current notion is that construct validity includes all evidence for validity, including content and criterion evidence, reliability, and the wide range of methods associated with theory testing (Messick, 1975, 1980; Tenopyr, 1977; Guion, 1977; Embretson, 1983; Anastasi, 1986). As a consequence, we do not differentiate types of validity in this brief.

² Reliability represents the ability of a measure to assess its target behaviors or characteristics consistently. In the case of QRISs, reliability refers to the extent to which independent raters produce similar ratings on individual QRIS elements and on the summary rating (interrater reliability) as well as the degree to which raters are consistent over time in their ratings (intra-rater reliability). Such consistency is a prerequisite for validity of any measure.

QRIS validation activities may produce three important benefits. First, validation evidence can promote increased support for the system among parents, ECE-SAC providers and other key stakeholders. Ratings that match the experiences of parents and providers can build trust in the ratings and increase the overall credibility of the system. Second, a system that is measuring quality accurately is better able to target limited quality improvement supports to those programs and program elements most in need of improvement. Third, validation evidence can be used to improve the efficiency of the rating process. If a QRIS is expending resources to measure a component of quality that is not making a unique contribution to a summary quality rating or that is not measuring quality accurately, it can be removed or revised. For example, measures that vary little if at all across providers whose quality varies substantially in other ways make little or no contribution to quality ratings. Measures of family engagement that include parent ratings are particularly prone to this problem, as parents who have chosen to use and continue to rely on a given provider are highly likely to see the care as good and to rate it according to their views (Zellman and Perlman, 2006; McGrath, 2007; Keyes, 2002; Kontos et al., 1987; Shimoni, 1992). If all or almost all programs receive high ratings on the family engagement measure, then that component of the rating may not be working to distinguish between lower-quality and higher-quality programs. It may be considered important to collect measures of family engagement to ensure that providers continue to focus on it. But knowing that a given measure is not contributing to an overall program quality rating may motivate program developers to consider another way to measure the concept, which might both increase the value of the measure and reduce measurement costs. Indeed, understanding the relationships among rating elements through validation studies can save substantial time and effort.

Despite the importance of validation activities to strengthen QRIS, support for these activities may be impeded by limited resources and concern about the value of validation activities. In states with more mature QRISs, there may be reluctance among stakeholders to assess an established system. In newer systems, policymakers may question the need for validation given the arguments recently offered in support of establishing the system. Validation plans can address each of these concerns by providing evidence to help the system run more efficiently and to establish a climate of continuous improvement. A validation plan will clarify that the system is open to change, intent on improvement, and dedicated to increasing the odds of reaching its goals.

Designing and Implementing Validation Efforts

A comprehensive validation plan includes multiple studies that rely on different sources of information and ask different but related questions. These can be understood and organized around four complementary and interrelated approaches to validation. In this section we provide details of the four approaches. Summaries of these details are provided in two tables. Table 1 presents an overview of the four approaches including the purpose of each approach, the activities that might be undertaken, the questions that are asked and the limitations of each approach. Table 2 presents the data needed, data sources, and analysis methods for selected studies within each approach.³

³ The four basic approaches described in the table are very similar to and compatible with those used in the QRIS Evaluation Toolkit (Lugo-Gil et al., 2011).

When reviewing the tables and the remainder of the Brief, it is helpful to be familiar with how three key QRIS terms – component, standard and indicator – are defined. The term quality **component** refers to the broad quality categories used in QRIS (such as staff qualifications, family engagement, and the learning environment). A quality **standard** is defined as a specific feature of quality such as specialized curriculum and assessment training in the staff qualifications component; a set of quality standards comprise each quality component. Quality **indicators** are metrics that can be measured or verified for each of the quality standards. A given quality standard could have one or multiple quality indicators that represent it in a QRIS. For example, in the category of staff qualifications, a standard may be "Teaching staff have specialized training in curriculum and assessment." An indicator related to this standard may be "At least 50% of teaching staff have completed the two-course statewide curriculum training session on curriculum and assessment."

Table 1. Four Related Approaches to Validating a QRIS

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
Examine the validity of key underlying concepts	Assess whether basic QRIS quality components and standards are the "right" ones by examining levels of empirical and expert support.	Do the quality components capture the key elements of quality? Is there sufficient empirical and expert support for including each standard?	Different QRISs may use different decision rules about what standards to include in the system.
2. Examine the measurement strategy and the psychometric properties of the measures used to assess quality	Examine whether the process used to document and verify each indicator is yielding accurate results. Examine properties of key quality measures, e.g., inter-rater reliability on observational measures, scoring of documentation, and inter-item correlations to determine if measures are psychometrically sound. Examine the relationships among the component measures to assess whether they are functioning as expected. Examine cut scores and combining rules to determine the most appropriate ways to combine measures of quality standards into summary ratings.	What is the reliability and accuracy of indicators assessed through program administrator self-report or by document review? What is the reliability and accuracy of indicators assessed through observation? Do quality measures perform as expected? (e.g., do subscales emerge as intended by the authors of the measures?) Do measures of similar standards relate more closely to each other than to other measures? Do measures relate to each other in ways consistent with theory? Do different cut scores produce better rating distributions (e.g., programs across all levels rather than programs at only one or two levels) or more meaningful distinctions among programs?	This validation activity is especially important given that some component measures were likely developed in low-stakes settings and have not been examined in the context of QRIS.

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
3. Assess the outputs of the rating process	Examine variation and patterns of program-level ratings within and across program types to ensure that the ratings are functioning as intended. Examine relationship of program-level ratings to other quality indicators to determine if ratings are assessing quality in expected ways. Examine alternate cut points and rules to determine how well the ratings distinguish different levels of quality.	Do programs with different program-level ratings differ in meaningful ways on alternative quality measures? Do rating distributions vary by program type, e.g., ratings of center-based programs compared to ratings of home-based programs? Are current cut scores and combining rules producing appropriate distributions across rating levels?	These validation activities depend on a reasonable level of confidence about the quality components, standards and indicators as well as the process used to designate ratings.
4. Examine how ratings are associated with children's outcomes.	Examine the relationship between program-level ratings and selected child outcomes to determine whether higher program ratings are associated with better child outcomes.	Do children who attend higher-rated programs have greater gains in skills than children who attend lower-quality programs?	Appropriate demographic and program level control variables must be included in analyses to account for selection factors. Studies could be done on child and program samples to save resources. Findings do not permit attribution of causality about QRIS participation but inferences can be made about how quality influences children's outcomes.

Table 2. Data Needs, Data Sources and Analysis Methods for Selected Studies

Approach	Data needed	Data sources	Analysis methods
1. Examine the validity of key underlying concepts	Evidence about the relationship between key quality standards and desired outcomes. Expert opinions about proposed quality standards and indicators.	Empirical literature on how proposed components contribute to high quality care and improved child outcomes. Experts in early childhood education who can provide input on the quality standards and indicators.	Synthesis of available data relating to each component; Analysis of degree to which evidence meets criteria for relatedness; Consensus process; Decision rules that specify the value of components without an established evidence base."
2. Examine the measurement strategies and psychometric properties of the measures used to assess quality.	Rating data from participating programs. Data from additional quality measures.	Most such data are collected as part of program ratings. Additional quality measures may be collected to allow comparisons with measures being used in the QRIS.	Distribution of provider scores on a given component; Correlations among components; Correlations of selected components with other measures.
3. Assess the outputs of the rating process	Program-level ratings from participating programs. Raw scores from measures of quality that are included in the rating. Data from additional quality measures that are not included in the rating.	Most of the necessary data are collected as part of program ratings. Another measure of quality may be administered to allow comparisons with program ratings.	Examination of rating distributions by program type; Correlations of program ratings with other measures; Changes in rating distributions using different cut scores.
4. Relate ratings to expected child outcomes.	Program rating data from participating programs. Assessments of child functioning.	Program rating data are collected as part of program ratings. Trained, reliable independent assessors collect data from individual children (may be a designated sample). Teacher reports on individual children.	Estimate the relationship between program ratings and child outcomes.

Approach 1: Examine the validity of key underlying concepts. This approach involves examination of the elements or concepts that are to be included in program ratings. It is an important validation activity because it provides the foundation for the quality components, standards and indicators that together will produce program-level ratings and that will be the focus of quality improvement activities. Together, the components included in ratings, (e.g., staff qualifications, learning environment, family engagement) define quality for the QRIS. This validation activity provides justification and support for the elements of the QRIS. If the examination includes stakeholders, the process can also promote buy-in for the QRIS.

This validation approach asks whether quality components, standards and indicators included in a QRIS are the "right" ones, and is similar to what is proposed in the Toolkit, under *Validating Quality Standards* (Lugo-Gil et al., 2011). Because this effort addresses the cornerstone concepts and measures of the QRIS, it ideally would be conducted prior to the implementation of the QRIS.

For QRISs, the key concept is quality of care. The quality of care in early childhood education and school-aged care (ECE-SAC) programs is a complex, multi-dimensional construct; this complexity is amplified in centers by the fact that programs are comprised of multiple classrooms staffed by multiple individuals. Quality can be operationalized using a number of specific quality components. However, most QRISs have adopted similar ones. The QRIS Compendium found that six quality components were included in the majority of the 26 QRIS that were examined (Tout et al., 2010). These categories include licensing compliance (26 QRISs), classroom environment (24 QRISs), staff qualifications (26 QRISs), family partnership (24 QRISs), administration and management (23 QRISs) and accreditation (21 QRISs). Three categories—curriculum (14 QRISs), ratios and group size (13 QRISs), and child assessment (11 QRISs)—are included in half or just under half of the QRISs assessed. However, while similarities exist in the general quality components included in QRISs, the way in which each of these components of quality is measured varies substantially.

One activity that can help to validate a QRIS' underlying concepts involves assessing the degree to which the quality components in the QRIS rating include standards and indicators that have an empirical base linking them to key program, family and child outcomes. This assessment might include an examination of the degree to which each element as operationalized in the QRIS is viewed by experts as a valid measure of the component. A number of states (including Delaware, Rhode Island, Minnesota and Virginia) have used a systematic expert review process to help identify which quality components (and the standards and indicators that comprise each component) to include in their QRIS. Attention might also be paid to the views of programs and parents about the degree to which selected components reflect their priorities. For example, focus groups with parents were conducted in Minnesota to inform the development of the final rating tool used in the QRIS pilot (Minnesota Department of Education and Minnesota Department of Human Services, 2007)

Another activity which is part of this approach involves examining the research literature to determine the level of empirical support for each proposed component. This review would examine the research base on the proposed standards and indicators selected to represent program quality. The review would weigh the existing evidence and provide arguments for why a particular quality component should be included or excluded from the QRIS.

Purdue University's scientific review of the quality standards contained in Paths to Quality, Indiana's QRIS, demonstrates this approach. The overall goal of the review was to conduct an "external evaluation of the scientific validity" of the Paths to Quality standards (Elicker et al., 2007). The study included review of available evidence for the importance of each of the four quality components--Health and Safety, Learning Environment, Planned Curriculum, and National Accreditation-- and the relationship of the standards and indicators of each component to other measures of quality and to children's development and well-being. The review used standards of evidence to classify each proposed indicator. For example, one or two well-designed studies that supported the indicator was classified as "some evidence;" "substantial evidence" required more than five such studies. For three-quarters of the indicators, researchers found "substantial evidence" that they supported children's development.

Like many validation activities, such reviews ideally would be updated from time to time to determine if revisions to the QRIS would be advisable in light of new research findings. Such a review might utilize such tools as the *QRS Compendium* (Tout et al., 2010) or *Caring for Our Children* (AAP/APHA/NRC, 2011) as well as other recently published findings.

Approach 2: Examine the measurement strategies and the psychometric properties of the measures used to assess quality. A second type of validation effort focuses on the attributes of the individual measures in the QRIS as well as on the way in which the measures are combined to produce the summary rating of program quality. This approach is similar to what is discussed in the QRIS Evaluation Toolkit under Validating the Construction of Quality Levels (Lugo-Gil et al., 2011). This approach addresses how well the measures are working in the context of the QRIS. These efforts ask questions such as, "is there evidence that a given indicator measures what it purports to measure?" "If it claims to have a specific number of dimensions, do we find those dimensions in our data?" "Is there sufficient variance in scores on this indicator to justify its inclusion in the QRIS?" "Do scores on the indicator covary in expected ways with other measures of quality?"

Efforts to address these issues might involve an assessment of the distribution of participating provider scores on a given rating element. For example, in Zellman et al.'s (2008) evaluation of Colorado's QRIS, initial work revealed that the measure of family engagement then in use produced very little variation across programs; all programs achieved the highest score possible on this measure. This meant that the QRIS was expending substantial resources to collect data on a measure that did not differentiate among programs. Another validation activity might involve an assessment of the relationship of a given indicator to other indicators of quality, both those included in the QRIS and others. In such studies, it is important to look at the degree of correlation found: ideally, measures would be moderately correlated so that each measure provides some non-redundant program quality information (see Zellman et al., 2008 for an example). Correlation patterns also should make sense. For example, two measures of interaction quality should be more closely related to each other than to a measure of ratios. If such studies reveal for example that the correlation between ratios and interaction processes is very high, this result might argue for eliminating one or the other indicator from the QRIS, as they may not be providing additional information (although some QRISs include certain elements to ensure that they are paid attention to, even if their psychometric properties are not ideal).

The research literature provides limited guidance concerning the most appropriate ways to combine measures of quality elements into summary ratings (Lugo-Gil et al., 2011; Tout et al., 2009; Zellman et al., 2008). Yet this process is crucial to producing meaningful program quality ratings, which are the key output of the rating process. States that are collecting and combining data could use these data to conduct studies that examine the effects of altering cut scores or combination rules, much as Karoly and Zellman (2012) have done in a "virtual pilot" for California's QRIS, using data collected for another purpose, or as was done in studies in Minnesota (Tout et al., 2011) and Kentucky (Isner et al., 2012). These efforts will help QRIS designers and policy makers consider how well indicators are working, which indicators appear to be picking up variations in quality, and how closely different indicators relate to each other.

A number of other existing studies examine the properties of proposed QRIS indicators and can provide guidance to QRIS validation efforts (Scarr, Eisenberg, & Deater-Decker, 1994; Zellman & Perlman, 2008; Tout et al, 2011; McWayne & Melzi, 2011). Additionally, tools exist to help QRIS stakeholders review the options for QRIS measures and to support decision-making about the inclusion of new measures. For example, a Quality Measures Compendium is available and updated on a regular basis (Halle, Vick-Whittaker, & Anderson, 2010). If promising new measures are developed, it might be worthwhile to examine the performance of a new measure against the measure in current use.

Approach 3: Assess the outputs of the rating process. A third validation approach focuses on assessing the outputs of the rating system: the scores and levels that are assigned to providers who undergo a rating. Studies conducted under this approach examine the degree to which the quality levels in the QRIS are meaningfully distinct from each other. The results of these studies may indicate that measures, cut scores, or rules for combining measures need changing in order to distinguish quality levels effectively. Because these studies can result in proposals for significant changes to the composition of QRIS levels, it is helpful for these studies to occur prior to studies that examine associations between quality levels and children's development.

Output studies may focus on individual indicator scores, such as how providers score on an environmental rating, as well as on the program-level score that is the final output of the rating process. Studies conducted as part of this approach ask questions like, "are providers that received four stars actually providing higher quality care than those that earned three stars?" Studies using this approach may also address questions about cut scores, e.g., "do different cut scores produce dramatically different program-level ratings, and if so, which cut scores produce distributions that most closely relate to other measures of quality?" These studies typically rely on a measure of quality not included in the QRIS to make this assessment, and examine whether assessments on both measures vary in predictable ways.

The University of Southern Maine is conducting a validation study of Maine's QRIS to assess similarities and differences across program ratings; the study is also examining what if any differences exist between similar types of programs at different step levels (see Lahti et al., forthcoming, for further details on this study and several others.) For example, researchers in Maine administer the Environment Rating Scales (ERS; Harms & Clifford; 1989; Harms, Clifford & Cryer, 2005; Harms, Cryer & Clifford, 2006; Harms, Cryer & Clifford, 2007), which are not used to establish a rating in Maine's QRIS, and examine whether there are statistically significant differences in ERS scores between programs at different rating levels. These findings help program designers determine if the quality levels determined by QRIS ratings relate in expected ways to an external measure of global quality.

As a second example of validation studies using this approach, Karoly and Zellman (2012) used data collected for another purpose to model some of the features of a newly-designed California QRIS. The data come from a 2007 survey of center-based providers that is representative of the state. Observations were conducted in 251 centers serving children birth to 5. The purpose of this "virtual pilot" study was to determine the likely distribution of programs across QRIS tiers using specified cut points, examine the association among quality components, and to identify "outlier" quality elements on which otherwise well-rated programs tend to score poorly. This information is very valuable at the design phase; data on "outlier" elements is particularly helpful in understanding what it will take for programs to improve their rating in a QRIS that uses a block design to designate ratings (in which all indicators at one level must be met before a rating at the next level is possible). By examining such things as the relationship between scores on the Classroom Assessment Scoring System (CLASS; Pianta, La Paro & Hamre, 2008) and the Early Childhood Environment Rating Scale - Revised (ECERS-R; Harms, Clifford & Cryer, 2005), and the relationship between staff education and training and other measures of quality, the work can help policymakers assess the value of different measures of quality, provide input into establishing cut scores, and suggest targets for technical assistance efforts.

Other states also have conducted validation studies that focus closely on differences in QRIS levels. For example, Pennsylvania has studied programs participating in the Keystone STARS QRIS (Fiene, Greenberg, Bergsten, Fegley, Carl, & Gibbons, 2002; Barnard, Smith, Fiene, & Swanson, 2006; OCDEL (Office of Child Development and Early Learning), 2010; Manlove, Benson, Strickland, & Fiene, 2011) to determine if their program ratings were indicative of quality differentials across program types and services. Similarly, recent work in Indiana (Elicker, Langill, Ruprecht, Lewsader & Anderson, 2011) found that ERS scores varied with program-level ratings, while research in Minnesota found significantly higher scores on the ERS and CLASS only between the highest level (4-star) of the QRIS and the other rating levels (2- and 3-stars) (Tout et al., 2011). These findings are being used by program developers to make needed adjustments to quality indicators, metrics and cut scores.

Approach 4: Relate ratings to children's development. A fourth approach to validation focuses on children's development. It is similar to the Toolkit's Linkages between quality levels and desired outcomes, although it focuses more narrowly on child outcomes. For QRISs, the logic model asserts that higher quality care will be associated with better child outcomes. Therefore, one important piece of validation evidence concerns whether children make greater developmental gains in programs with higher program-level ratings than in programs with lower ratings.

Studies using this approach do not attempt to identify causal linkages between *QRIS participation* and children's outcomes. Instead, they examine whether the QRIS ratings and quality components that comprise the ratings are related in expected ways to measures of children's development. Appropriate designs and controls could allow causal inferences to be made about how *quality* (as measured and rated by the QRIS) influences children's outcomes.

To date, few QRIS validation studies have incorporated children's outcomes as they are costly and difficult to conduct. As Elicker and Thornburg (2011) note, results from such studies are mixed, at least in part because of the challenges of conducting them. A primary challenge is the inability to control for all the factors that may vary between children whose families have selected different programs. Additional challenges include recruitment of programs and children across all quality levels; availability of appropriate outcome measures for children of diverse ages, abilities, cultures and linguistic backgrounds; and, lack of variation in the quality of participating QRIS programs.

In Missouri, children who participated in programs with higher quality ratings showed significantly greater gains on measures of social-emotional development compared to children in programs with lower ratings (Thornburg et al., 2009). These effects were even more pronounced for low-income children. However, in an evaluation of Colorado's QRIS, linkages between the ratings and children's outcomes were not found (Zellman et al., 2008). Recent reports from Indiana (Elicker, Langill, Ruprecht, Lewsader, & Anderson, 2011) and Minnesota (Tout et al., 2011) found no consistent relationships between program ratings and measures of child outcomes. A number of possible explanations were offered for the lack of expected linkages, including overall low levels of quality in participating QRIS programs (perhaps not meeting a threshold of quality necessary to detect linkages with child outcomes; see Zaslow et al., 2010 for further discussion of quality thresholds) and a lack of variation among participating programs and families. Yet, even with these limitations, program administrators in both Indiana and Minnesota have used the findings to recommend changes to the structure and content of the QRIS.

Developing a Validation Plan

Given the complexity of validation, it is advisable to develop a plan for system validation as early as possible in the QRIS design process. Ideally, the validation plan will be part of a larger evaluation plan designed to address a wider range of important questions the answers to which will guide refinement of the QRIS and its implementation. The plan should include the key questions that will be addressed and the methods to be used to address each one. One advantage of developing a plan early is that it may highlight opportunities to conduct a number of the proposed efforts as part of the implementation of the QRIS itself or as part of planned evaluation activities. A comprehensive approach to validating a QRIS ideally will include studies under each of the four approaches described above. Table 3 outlines issues in the timing of validation studies, discusses their relative cost, and suggests strategies for addressing validation questions if resources do not permit the implementation of validation studies.

Table 3. Considerations in Developing a Validation Plan

Approach	Timing and Duration	Cost considerations	Options to consider ^{IV}
1. Examine the validity of key underlying concepts	Ideally conducted prior to QRIS implementation. Study should be able to be completed within 3-6 months.	Relatively inexpensive. This work can be contracted to a local university, consultant or research firm.	Many states are using similar concepts and measures; their efforts will provide useful information. V
2. Examine the measurement strategies and psychometric properties of the measures used to assess quality	Must wait until ratings are implemented, although individual measures themselves might be available from other sources and could be examined earlier. VI	Depends on data quality and amount of analysis. Additional measures will increase costs, particularly if the measure is observational.	Can rely to some extent on existing research on each of the components. Consider using available data for a "virtual pilot." VII
3. Assess the outputs of the rating process	Must wait until ratings are implemented. Once data are available, several studies could be conducted using the same data set.	Depends on data quality and amount of analysis. Additional measures will increase costs, particularly if the measure is observational.	This work is state system- dependent so is not readily borrowed, though lessons learned about structure and cut-points can be shared across QRISs.
4. Relate ratings to children's development	Best to launch these studies when the QRIS rating process is stable and adequate numbers of programs have been rated.	Costs for the collection of child data are very high. Study could be done just with one cohort of children and two rounds of data collection (fall and spring) to assess developmental gains.	Requires significant funds, a powerful research design, and research expertise. Sampling children and programs will substantially reduce costs.

Summary and Conclusions

Validation is a complex, ongoing, iterative process. The objective of validation activities is to understand whether the rating process is able to distinguish among programs of different quality levels and whether program ratings are associated in meaningful ways to children's outcomes.

Validation activities help to determine whether key design decisions are working well in practice. States and localities that have implemented QRISs are expending substantial resources to train raters, fund ratings, support various forms of technical assistance, and provide a range of improvement incentives. All of these efforts assume that the ratings are accurate and the system is performing as intended. QRIS design decisions often rely heavily on the judgments of experts and on colleagues in other states, because there is limited empirical data on which to base them. For this reason, it is critical for states to set in place a process for assessing how well the design decisions underlying the system are working. Validation activities do this.

Ideally, validation is an ongoing process based on a carefully designed validation plan. The plan should include all four validation approaches, although resource constraints may limit these efforts, and may particularly limit studies that include child outcomes. A good validation plan, thoughtfully developed and implemented, can provide information critical to improving the system at many points in the process, and increase the odds of its ultimate success. Validation is unquestionably challenging, but no more so than the launch and operation of a QRIS or its evaluation. The networks and references in the next section can help states develop a deeper understanding of validation approaches and help them construct and implement validation plans that address stakeholder and system needs and produce timely and valuable information.

Resources and References

Resources

INQUIRE - Quality Initiatives Research and Evaluation Consortium

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/index.html

The purpose of INQUIRE is to support high quality, policy-relevant research and evaluation on Quality Rating and Improvement Systems and other quality initiatives by providing a learning community and resources to support researchers and evaluators. INQUIRE also provides input and information to state administrators and other policymakers and practitioners on evaluation strategies, new research, interpretation of research results, and implications of research for practice. Research briefs are available on topics related to QRIS evaluation issues and strategies.

CCEERC – Child Care and Early Education Resource Connections

http://www.childcareresearch.org/ search under Quality Rating and Improvement Systems.

This site has many additional reports and resources, such as:

Quality Rating Systems: A Key Topic Resource List. New York: Child Care & Early Education Research Connections.

http://www.researchconnections.org/files/childcare/keytopcis/QualityRatingSystems.pdf

This resource list is an annotated bibliography of selected research focused on the design, implementation, and evaluation of Quality Rating Systems and Quality Rating and Improvement Systems in early childhood and after school settings.

The Child Care Quality Rating System (QRS) Assessment

Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G. & Boller, K. (2010). *The Child Care Quality Rating System (QRS) Assessment: Compendium of Quality Rating Systems and Evaluations, OPRE Report.* Washington, DC:

Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/compendium_qrs/qrs_compendium_final.pdf

Describing 26 Quality Rating Systems nationwide (19 statewide and 7 local or pilot), the Compendium

presents comprehensive information through cross-QRS matrices and individual QRS profiles.

Lugo-Gil, J., Sattar, S., Boss, C., Boller, K. Tout, K., & Kirby, G. (2011). *The Quality Rating and Improvement System (QRIS) Evaluation Toolkit. OPRE Report #2011-31.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. http://www.acf.hhs.gov/programs/opre/cc/childcare quality/qris toolkit/qris toolkit.pdf

The QRS Assessment Toolkit will provide guidance, recommendations and evaluation support on a range of topics including: development of a logic model and research questions, evaluation design and methods, and selection of measures.

QRIS National Learning Network

http://grisnetwork.org/

The Network provides information, learning opportunities, and direct technical assistance to states that have a QRIS or that are interested in developing one. Its National Resource Library assists states in learning more about QRIS and their elements and in QRIS planning. The library contains, toolkits, handouts and published documents on a variety of searchable topic areas.

The Networks' State Resource Library contains detailed QRIS implementation information, including training guides, forms, and technical assistance materials that individual states have developed for their QRIS.

State QRIS Contacts who have agreed to serve as peer resources for one another are listed, as are Technical Assistance Providers.

Additional Resources

Lahti, M., Langill, C., Sabol, T., Starr, R., & Tout, K., (in progress). *Validating Standards in Child Care Quality Rating and Improvement Systems: Exploring Validation Activities in Four States, OPRE Report.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

This report will provide case studies of four states that have undertaken validation studies in their respective states. This report provides validation and evaluation approaches, identification of similar QRIS standards amongst the four states, description of cross case analysis QRIS validity issues and the results of the validation conceptual model from this brief examining the following: concepts of quality, measures used to assess quality, outputs or scores of the rating process, and if ratings are related to expected outcomes. It is the companion document to supplement this guide in which four states validation experiences are highlighted.

Halle, T., Vick Whittaker, J. E., & Anderson, R. (2010). *Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition*. Washington, DC: Child Trends. Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/complete_compendium_full.pdf

The Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition was compiled by Child Trends for the Office of Planning, Research and Evaluation of the Administration for Children and Families, U.S. Department of Health and Human Services, to provide a consistent framework with which to review the existing measures of the quality of early care and education settings. The aim is to provide uniform information about quality measures. It is hoped that such information will be useful to researchers and practitioners, and help to inform the measurement of quality for policy-related purposes.

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Endnotes

- Validity is not attached to a measure, but to a measure used for a particular purpose in a particular context. This means that measures which may be valid for one use must be validated again for use in a different context (AERA, APA, & NCME, 1999). Measures developed in low-stakes contexts, e.g., for use in research or program self-assessments, must be validated again in high-stakes contexts because those being assessed may react in high-stakes contexts in ways that could undermine the meaningfulness of interpretations derived from those measures (AERA, APA, & NCME, 1999).
- "Some components such as parent involvement have been included in QRISs even when strong empirical support of the ability of measures to distinguish among programs of different quality was lacking because designers believed that if they were not, programs would ignore these components in favor of measured ones.
- Random assignment of children to programs with different quality ratings is not possible in QRIS. Alternative analytic approaches must be used that employ adequate controls for selection bias. See Zellman and Karoly (2012) for further discussion of this approach.
- This column recognizes that state budgets are limited and validation is rarely seen as the highest priority. Ideally, states might combine data and efforts to conduct some of these studies.
- ^v Ideally, states might combine data and efforts to conduct some of these studies.
- VI However, as noted above, measures collected in low-stakes and high-stakes settings cannot be assumed to be comparable.
- VII It may be possible to use existing data to test assumptions and measures. See, for example, Karoly and Zellman (2012), for a description of such work in California.



Minnesota Key Indicator Report for Family Child Care

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

Richard Fiene, Ph.D.

National Association for Regulatory Administration Research Institute for Key Indicators and Penn State University December 2019

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 25/50/25 data dichotomization model uses the top 25% of compliant programs and the bottom 25% of the lowest compliant programs. The middle 50% compliant programs are not used in the statistical analyses. 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. Please see the Appendix for a more detailed explanation of these enhancements.

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%).

Rule/Item #	Brief Description	Phi Coefficient
1184	Written Policies: Non-Discriminatory	.41
1185	Policies for III 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
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

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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**.

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 -> KI
5) If KI > 0 -> CI or if C < 100 -> CI
6) If RA (NC\% > 0) -> CI
7) KI + RA = DM
8) KI = ((A)(D)) - ((B)(E)) / sqrt ((W)(X)(Y)(Z))
9) RA = \Sigma R1 + \Sigma R2 + \Sigma R3 + ..... \Sigma Rn / N
10) (TRC = 99\%) + (\varphi = 100\%)
11) (CI < 100) + (CIPQ = 100) -> KI (10\% CI) + RA (10-20\% CI) + KIQP (5-10\% of CIPQ) -> 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 >= .26+ Include; KI <= .25 Null, do not include

RA = Risk Assessment

ΣR1 = 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...Rn).

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

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

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

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

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

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

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

High Group = Top 25% of Programs in Compliance with all Compliance Measures (ΣR).

Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures (ΣR).

DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2012): A 4th 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)

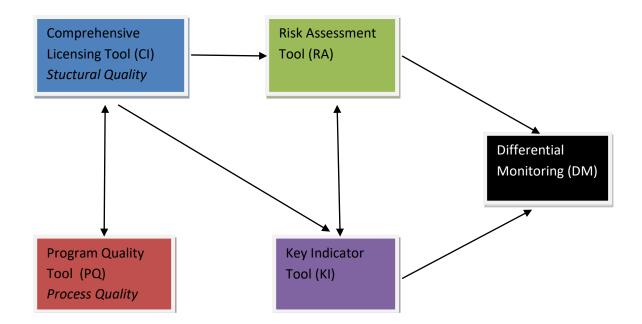
RA = Risk Assessment, (High Risk Rules)(Stepping Stones)

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

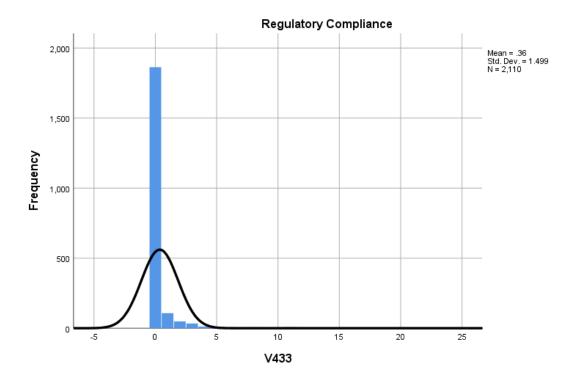
DM = Differential Monitoring, (How often to visit and what to review)

PD = Professional Development/Technical Assistance/Training

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



Data Distribution Graphic:



Technical Detail Updates to the Fiene Key Indicator Methodology January 2015

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

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

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

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

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

Technical and Statistical Framework

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

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

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

Figure 2 – Formula for Fiene Key Indicator Coefficient

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

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

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

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

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group.

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

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

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

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

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

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

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

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

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

RESOURCES AND NOTES

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

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

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

Fiene Key Indicator Methodology

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

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

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Kontos & Fiene (1987). Child care quality, compliance with regulations, and children's development: The Pennsylvania Study, in *Quality in Child Care: What Does Research Tell Us?* Phillips, editor, Washington, D.C.: National Association for the Education of Young Children.

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Fiene (1986). State child care regulatory, monitoring and evaluation systems as a means for ensuring quality child development programs, in *Licensing of Children's Services Programs*, Richmond, Virginia: Virginia Commonwealth University School of Social Work. (ERIC/ECE ED322997)

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

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Fiene, Cardiff, & Littles (1975). Ecological monitoring information system, *In the Best Interests of Children*, July-September, 1975.

For additional information regarding this paper please contact:

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Fiene KIM Technical Updates 2015

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):

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

A couple of annotations regarding Figure 1.

 $\mathbf{W} + \mathbf{Z}$ = 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.

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

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



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:

Or

.84 = 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

Agreement Ratio Range	False Negative Range	<u>Decision</u>
(1.00) – (.90)	.05+	Validated
(.89) – (.85)	.1006	Borderline
(.84) – (.00)	.11 or more	Not Validated

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.

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INDIANA KEY INDICATORS FOR CENTERS, HOMES, LEGALLY LICENSED EXEMPT HOMES (LLEP), AND MINISTRY FACILITIES

Indiana Key Indicators for Centers, Homes, Legally Licensed Exempt Homes (LLEP), and Ministry Facilities

Richard Fiene, Ph.D.

National Association for Regulatory Administration Research Institute for Key Indicators

January 2019

The purpose of this report is to provide the five sets of Key Indicators for Centers, Homes, Legally Licensed Exempt Homes (LLEP), Ministry CCDF (Child Care Development Fund) and Registered Ministry facilities for the state of Indiana. The report will provide basic demographic information of each set of rules and then the specific statistical key indicators based upon the Fiene KIS Statistical Algorithms. The creation of these respective Licensing Key Indicators was from 5 data sets sent from Indiana to the author representing one year of complete data (November 2017-October 2018) on each set of rules for centers, homes, LLEP, Ministry CCDF, and registered Ministry facilities.

The Fiene KIS Statistical Algorithm and Methodology has been in use for over forty years and has been used throughout the USA and Canada to help states and provinces streamline their licensing and monitoring systems. It is presently in a fourth generation of development taking into account lessons learned over the past 40 years of research and development. Presently, the methodology is housed within the Research Institute for Key Indicators (RIKILLC) which is in strategic partnership with the National Association for Regulatory Administration (NARA) for the further development and dissemination of the KIS methodology.

The KIS methodology creates a 2 x 2 matrix for each rule and compares it to the relative frequency of overall compliance. Based upon this algorithm, specific rules are identified as key indicator rules being able to statistically predict overall compliance with other rules. The following five sets of rules have been run through these algorithms utilizing the 2017-2018 data.

Centers

The center rules represent a data base of over 2000 rules taken from over 500 facilities in which the average number of rule violations per facility was 5.26. The range of violations was from 0 to 51. Thirteen (13%) percent of the facilities had no violations. See the Appendix for a graphical display.

Homes

The home rules represent a data base of over 500 rules taken from over 2000 facilities in which the average number of rule violations per facility was 2.27. The range of violations was from 0 to 34. Forty (40%) percent of the facilities had no violations. Please see the Appendix for a graphical display of the range of violations.

Registered Ministry

The registered ministry rules represent a data base of over 300 rules taken from over 1000 facilities in which the average number of rule violations per facility was 3.04. The range of violations was from 0 to 20. Twenty-six (26%) percent of the facilities had no violations.

Ministry CCDF

The ministry CCDF applicable rules represent a data base of approximately 40 rules taken from just over 500 facilities in which the average number of rule violations per facility was 4.51. The range of violations was from 0 to 44. Thirty-one (31%) percent of the facilities had no violations.

LLEP

The LLEP rules represent a data base of just under 40 rules taken from just over 500 facilities in which the average number of rule violations per facility was 1.09. The range of violations was from 0 to 24. Sixty-five (65%) percent of the facilities had no violations.

The Key Indicators

Centers

Rule	Phi*	Summary Content**
470 IAC 3-4.7-100	.59	Hazard Items
470 IAC 3-4.7-101	.33	Electrical Safety
470 IAC 3-4.7-113	.51	Bathrooms
470 IAC 3-4.7-114	.34	Water Supply and Plumbing
470 IAC 3-4.7-116	.66	Kitchen and Food Preparation
470 IAC 3-4.7-13	.36	Reporting Child Abuse & Neglect
470 IAC 3-4.7-135	.35	Infant Food Preparation & Storage
470 IAC 3-4.7-32	.26	Staff Orientation
470 IAC 3-4.7-36	.47	Children's Administrative Records
470 IAC 3-4.7-41	.42	Staff, Substitutes & Volunteer Records
470 IAC 3-4.7-48	.26	Staff Child Ratios
470 IAC 3-4.7-60	.27	Written Program Plans
470 IAC 3-4.7-63	.42	Education Equipment & Materials

470 IAC 3-4.7-66	.41	Playground & Outdoor Safety
470 IAC 3-4.7-99	.56	Building Maintenance

Homes

Phi	Summary Content
.63	TB Test
.37	Criminal History
.56	CPR/First Aid
.48	Enrollment
.25	Adults authorized to pick up
.32	Training Child Abuse & Neglect
.31	Pediatric CPR Training Certification
.39	Adult Physical Exam
.26	Parent Sign Enrollment Form
.31	Release Medical
.49	Child Participation Activities
.43	Immunizations
.25	Trip Permissions
.32	Discipline Policy to Parents
.52	Hazard Free
.30	Inaccessible Cleaning Supplies
.30	Criminal History
.39	Drug Testing
	.63 .37 .56 .48 .25 .32 .31 .39 .26 .31 .49 .43 .25 .32 .52 .30 .30

Registered Ministry

Rule	Phi	Summary Content
470 IAC 3-4.5-4(1)	.97	Surfaces Clean
470 IAC 3-4.5-4(2)	.62	Bathrooms, Sinks, Toilets
470 IAC 3-4.5-4(4)	.28	Screens in Windows

470 IAC 3-4.5-5(a)	.34	Food Services Clean
470 IAC 3-4.5-5(b)	.27	Food Safety
470 IAC 3-4.5-5(c)	.38	Refrigerator & Freezer
470 IAC 3-4.5-(e)(2)	.42	Cleaning
470 IAC 3-4.5-5(f)	.60	Food Storage
470 IAC 3-4.5-5(g)	.33	Hand Washing Hygiene
470 IAC 3-4.5-6(a)	.31	Cribs
470 IAC 3-4.5-6(b)	.40	Handwashing
470 IAC 3-4.5-6(c)	.34	III Children
470 IAC 3-4.5-6(d)	.50	Diapering
IC12-17.2-6-11(a)(2)	.48	Immunizations
IC12-17.2-6-14(1)	.38	Criminal History Check
IC12-17.2-6-14(2)(c)	.39	Allegation of Child Abuse/Neglect
IC12-17.2-6-7	.31	Enrollment Records

Ministry CCDF

Rule	Phi	Summary Content
IC 12-17.2-3.5-10(b)(1)&(2)	.31	Fire Drills
IC 12-17.2-3.5-6	.62	TB Test
IC 12-17.2-3.5-8	.67	CPR
IC 12-17.2-3.5.5(a)(2)	.34	Running Water
IC 12-17.2-3.5-11(a)	.75	Hazard Free
IC 12-17.2-3.5-4.1	.61	Child Abuse Registry
IC 12-17.2-3.5-12	.58	Fingerprints
IC 12-17.2-3.5-11.1	.64	Immunizations
IC 12-17.2-3.5-12.1	.74	No Smoking/Drugs
IC 12-17.2-3.5-5.5(a)	.50	Supervision
IC 12-17.2-3.5-5.5(b)	.74	Infant/Toddler Training
IC 12-17.2-3.5-7(b)	.52	Discipline

IC 12-17.2-3.5-8(b)(3)	.65	Child Abuse and Neglect
IC 12-17.2-3.5-8(b)(4)	.86	Orientation
IC 12-17.2-3.5-5(c)&(d)	.51	Transportation
IC 12-17.2-3.5-5(c)	.67	Records

LLEP

Rule	Phi	Summary Content
12-17.2-3.5-8	.69	CPR Certification
12-17.2-3.5-4.1	.25	State Registry
12-17.2-3.5-12	.26	Finger prints
12-17.2-3.5-12.1	.44	Drug Test
12-17.2-3.5-5.5(a)	.28	Supervision
12-17.2-3.5-7(b)	.30	Discipline
12-17.2-3.5-8(b)(3)	.31	Child Abuse and Neglect
12-17.2-3.5-8(c)	.32	Records
12-17.2-3.5-5(e)	.35	Daily Activities
12-17.2-3.5-6	.44	TB Test

^{*} All results significant at p < .001.

Conclusion

The above results provide Indiana staff with the Key indicators for their respective licensing rules for Centers (15), Homes (18), LLEP (10), and Ministry (CCDF16/17) facilities. There is a good deal of overlap in the Key Indicators for the various service types (Centers, Homes, LLEP, Ministry Programs). This is usually the case with Key Indicators in that they are very consistent across service types and over time. It appears that non-optimal performing facilities have difficulty complying with these KI Rules. Also, the Indiana KI Rules overlap very nicely with the original 13 Key Indicators of Quality Care published by ASPE in 2002. Again, this is not surprising and has been a consistent result over the years.

I have reported all the Key Indicators that were significant at the p < .001 level of significance. Indiana staff can decide if they want to use all the Key Indicators for each service type or be more selective in only using the most significant Key Indicators. For example, with the Ministry and LLEP Rules, there are many more Key Indicators than usual for the total number of rules.

^{**} See Appendix for detailed content.

Please see the Appendix for the KIS Algorithm used for determining the above indicators.

APPENDIX

Theory of Regulatory Compliance Algorithm (Fiene KIS Algorithm)

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1) \Sigma R = C
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2) Review C history x 3 yrs

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3) NC + C = CI
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4) If CI = 100 -> KI

5) If KI > 0 -> CI or if C < 100 -> CI

6) If RA (NC% > 0) -> CI

7) KI + RA = DM

8) KI = ((A)(D)) - ((B)(E)) / sqrt ((W)(X)(Y)(Z))

9) $RA = \Sigma R1 + \Sigma R2 + \Sigma R3 + \Sigma Rn / N$

10) (TRC = 99%) + $(\phi = 100\%)$

11) (CI < 100) + (CIPQ = 100) -> KI (10% CI) + RA (10-20% CI) + KIQP (5-10% of CIPQ) -> 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 >= .26+ Include; KI <= .25 Null, do not include

RA = Risk Assessment

ΣR1 = 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...Rn).

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

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

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

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

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

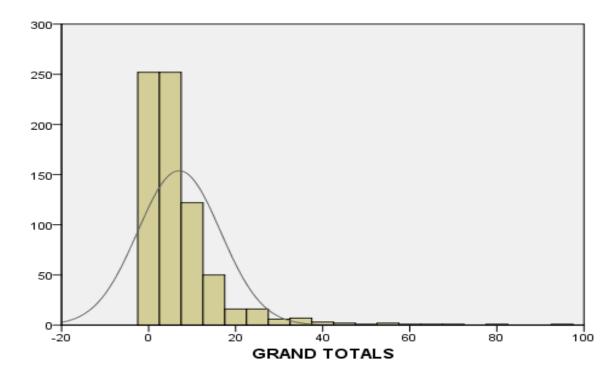
Y = Total Number of Programs in High Group ($\Sigma R = 98+$).

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

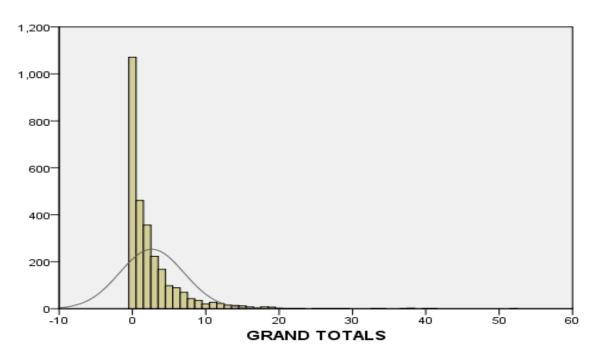
High Group = Top 25% of Programs in Compliance with all Compliance Measures (ΣR).

Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures (ΣR).

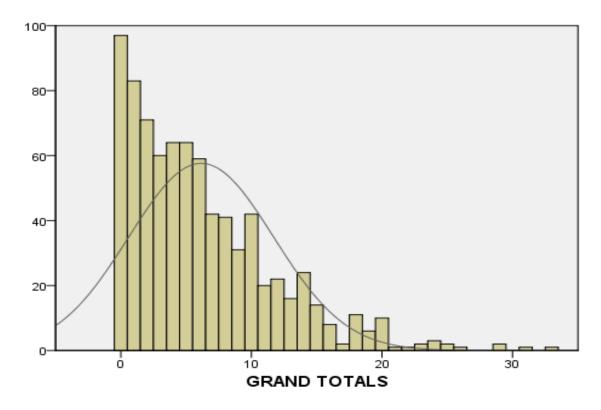
Centers Total Number of Violations



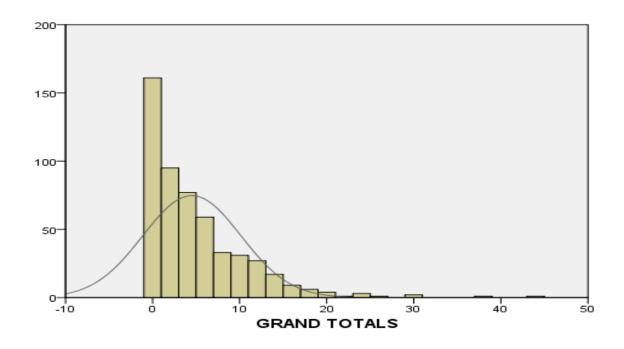
Homes Total Number of Violations



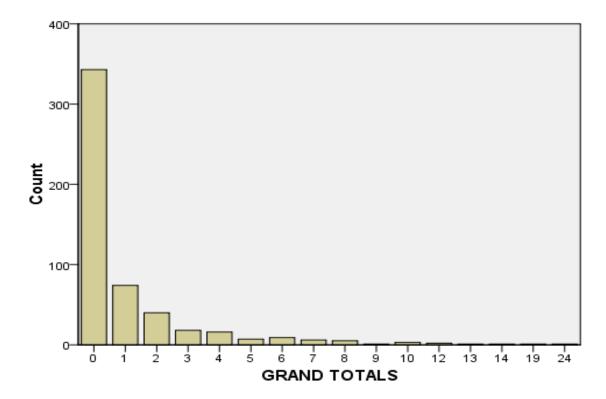
Registered Ministry Total Number of Violations



Ministry CCDF Total Number of Violations



LLEP Total Number of Violations



The above graphical displays clearly demonstrate the skewness in the licensing data. This is typical of licensing data throughout the USA and Canada.

The following graphic on the next page displays the Logic Model and Algorithm for designing and implementing the differential monitoring approach.

DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2012): A 4th 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)

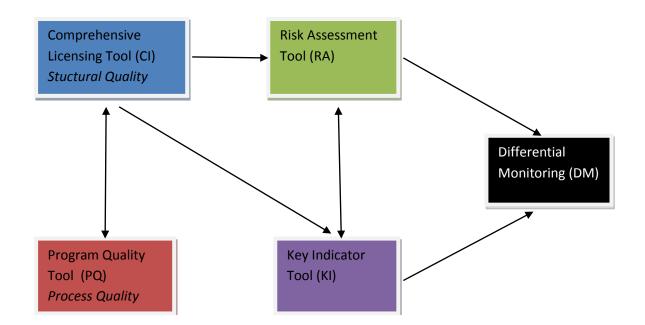
RA = Risk Assessment, (High Risk Rules)(Stepping Stones)

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 (Complaints, Injuries, Developmental Measures)



Key Indicator Rule Details for Each Set of Rules

Center Key Indicator Rules:

470 IAC 3-4.7-100 Poisons, chemicals, and hazardous items

470 IAC 3-4.7-101 Electrical safety

470 IAC 3-4.7-113 Bathrooms

470 IAC 3-4.7-114 Water Supply and Plumbing

470 IAC 3-4.7-116 Kitchen and Food Preparation Areas

470 IAC 3-4.7-13 Reporting Child Abuse & Neglect

470 IAC 3-4.7-135 Infant Food Preparation & Storage

470 IAC 3-4.7-32 Staff Orientation

470 IAC 3-4.7-36 Children's Admission Records

470 IAC 3-4.7-41 Staff, Substitutes & Volunteer Records

470 IAC 3-4.7-48 Staff Child Ratios and Supervision

470 IAC 3-4.7-60 Written Program Plans

470 IAC 3-4.7-63 Education Equipment & Materials

470 IAC 3-4.7-66 Playground & Outdoor Safety

470 IAC 3-4.7-99 Building Maintenance

Homes Key Indicator Rules:

470 IAC 3-1.1-28.5(c)(1) TB Test - The caregiver shall maintain and make available verification of the following: Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age.

470 IAC 3-1.1-32(a)(3) Criminal History - The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age.

470 IAC 3-1.1-32(a)(5) CPR/First Aid - The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of certification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers.

- 470 IAC 3-1.1-32(a)(6)(a) Enrollment Enrollment form for each child receiving services which shall include the following: Childs name and date of birth.
- 470 IAC 3-1.1-32(a)(6)(d) Adults authorized to pick up Enrollment form for each child receiving services which shall include the following: The names of adults authorized to pick the child up from the home.
- 470 IAC 3-1.1-33.5(b)(3) Training Child Abuse & Neglect Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: Procedures for preventing, detecting, and reporting suspected child abuse and neglect.
- 470 IAC 3-1.1-33.5(d) Pediatric CPR Training Certification At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.
- 470 IAC 3-1.1-34(a) Adult Physical Exam Direct child care providers who work in the home more than three (3) times a month and all members of the household having direct contact with children receiving care shall have an initial physical examination by a physician or certified nurse practitioner indicating that they are free from communicable disease, have no physical or other condition which would endanger the health or welfare of children in care, and have an annual Mantoux tuberculin test or chest x-ray.
- 470 IAC 3-1.1-37(a)(1) Parent Sign Enrollment Form Prior to acceptance of children, the caregiver shall have the parent or legal guardian: complete and sign an enrollment form for the child.
- 470 IAC 3-1.1-37(a)(2) Release Medical Prior to acceptance of children, the caregiver shall have the parent or legal guardian: complete and sign a release for emergency medical care for the child.
- 470 IAC 3-1.1-37(b)(1) Child Participation Activities Within thirty (30) days of a childs admission, the licensee shall receive a written statement from the childs parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child can participate in the child care homes activities.
- 470 IAC 3-1.1-37(b)(2) Immunizations Within thirty (30) days of a childs admission, the licensee shall receive a written statement from the childs parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child has had immunizations which are up-to-date for the childs age.
- 470 IAC 3-1.1-40(a) Trip Permissions Caregiver shall obtain written parental permission before taking a child away from the child care home for field trips or any other activities.
- 470 IAC 3-1.1-41(a) Discipline Policy to Parents The licensee shall provide the parent or legal guardian with a written copy of the discipline policy of the child care home.
- 470 IAC 3-1.1-45(a) Hazard Free The licensee shall ensure that no conditions exist in the home or on the grounds where child care services are provided that would endanger the health, safety, or welfare of the children.
- 470 IAC 3-1.1-48(c)(1) Inaccessible Cleaning Supplies Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: cleaning supplies.

IC 12-17.2-5-3(d)(2)&(e) Criminal History - An applicant must submit the necessary information, forms, or consents for the division to: obtain a national criminal history background check on the applicant through the state police department under IC 10-13-3-39.

IC 12-17.2-5-3.5(a)(1) Drug Testing - A child care home shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for: the provider.

Registered Ministry Key Indicator Rules:

470 IAC 3-4.5-4(1) Surfaces Clean - All interior surfaces, equipment, materials, furnishings, and objects with which children will come in contact shall be well maintained, in a clean and sanitary condition, and of nontoxic durable construction.

470 IAC 3-4.5-4(2) Bathrooms, Sinks, Toilets - All restrooms shall be equipped with flush toilets and handwashing sinks and shall be ventilated to the outside. An adequate supply of water, under pressure, shall be provided at all handwashing sinks, as well as soap and disposable paper towels in dispensers. Toilet paper in dispensers shall be located at each toilet.

470 IAC 3-4.5-4(4) Screens in Windows - All open windows, doors which are kept open for other than entering and leaving, ventilators, and other outside openings shall be protected against insects by securely fastened 16 mesh screening. Cracks shall be sealed and sealing shall be in place around pipes, plumbing, and ducts.

470 IAC 3-4.5-5(a) Food Services Clean - Food Service. The kitchen and any other food preparation area shall be maintained in a clean and sanitary condition, separate from areas used for any other purpose, and shall be so located that it is not used as a throughway to other rooms or areas. The kitchen shall not be used for children's activities or naps, a dining or recreational area for adults, or as an office.

470 IAC 3-4.5-5(b) Food Safety - Food Safety. All foods provided by the facility, for children enrolled in the day care ministry, shall be from a food establishment, inspected and approved by a governmental agency. Food items shall be received at the facility in the original, unopened, undamaged packaging and shall be properly protected from damage and potential contamination. Food shall be free from spoilage, filth, or other contamination and shall be safe for human consumption. The temperature of all potentially hazardous food shall be 45 F. or below or 140 F. or above at all times. Frozen food shall be kept frozen and should be stored at a temperature of 0 F. or below.

470 IAC 3-4.5-5(c) Refrigerator & Freezer - Refrigerator and Freezers. Enough conveniently located refrigeration facilities shall be provided to assure the maintenance of potentially hazardous food at required temperatures during storage. Refrigerators and freezers shall be in good condition, clean, and shall maintain the proper temperatures. Each compartment of the refrigerator and freezer shall be provided with an accurate thermometer, in good position for daily monitoring.

470 IAC 3-4.5-(e)(2) Cleaning - immersion for at least one (1) minute in clean water which is at a temperature of at least 75 F. and which contains an approved sanitizing agent at an effective concentration. Cleaned and sanitized equipment and utensils shall always be air dried, never towel dried. An alternative to dishwashing is the use of sturdy, all disposable, single-service articles and utensils. Reuse of single-service articles and utensils is prohibited. All permanent ware infant feeding

bottles and reusable nipples provided by the facility shall be washed and sanitized by the facility after each use as follows: Prewash in hot detergent water in a non-handwashing sink; scrub bottles and nipples inside and out with bottle and nipple brush; squeeze water through nipple hole during washing; and rinse well with clean, hot water. Boil in clear water bottles for five (5) minutes; nipples and caps, collars, and tongs for three (3) minutes; and air dry. Store each item separately in clean, covered, labeled container.

470 IAC 3-4.5-5(f) Food Storage - Storage. Containers and packages of food, cleaned and sanitized utensils, equipment, and single-service articles shall be stored at least six (6) inches above the floor in a clean, dry location in such a way that protects them from contamination, cleaning compounds, and toxic or hazardous materials. This does not apply to cased food packaged in waterproof containers.

470 IAC 3-4.5-5(g) Hand Washing Hygiene - Hygiene. A sink used exclusively for handwashing shall be located in the kitchen and supplied with soap and disposable towels from a dispenser. Persons who prepare, handle, and serve food shall thoroughly wash their hands with soap and water and use disposable towels for drying. Handwashing shall be done before starting work and as often as necessary to keep them clean. Persons who prepare and handle food shall wear clean, washable garments (aprons or smocks) and effective hair restraints. All food preparation and eating surfaces shall be sanitized before and after use.

470 IAC 3-4.5-6(a) Cribs - Cots and Cribs. Cots and cribs shall be constructed of sturdy, cleanable material and sanitized after each use; weekly sanitation of a cot or crib is acceptable if the cot or crib is used exclusively by the same child each day. Not more than one (1) child may occupy a crib or cot at any one (1) time. Linens and coverings shall be kept clean.

470 IAC 3-4.5-6(b) Handwashing - Handwashing. Adults and children shall wash their hands after using the toilet and before eating.

470 IAC 3-4.5-6(c) Ill Children - Ill Children. Ill children shall be kept separate from others and all surfaces and items with which a sick child has come in contact with shall be cleaned and sanitized after each use. Individual belongings shall be kept separate.

470 IAC 3-4.5-6(d) Diapering - Diapers. The diapering process shall be done on a table, in a clean and sanitary manner. The diaper changing surface shall be sanitized after each use and materials used for skin cleansing shall be discarded after each use into a tightly covered, easily sanitized container. Individuals responsible for diaper changing shall wash their hands after each diaper change.

IC12-17.2-6-11(a)(2) Immunizations - The parent or guardian of a child shall, when the child is enrolled in a child care ministry, provide the child care ministry with proof that the child has received the required immunizations against the following: Whooping cough.

IC12-17.2-6-14(1) Criminal History Check - The child care ministry must do the following: Conduct a criminal history check of the child care ministries employees and volunteers.

IC12-17.2-6-14(2)(c) Allegation of Child Abuse/Neglect - The child care ministry must do the following: is a person against whom an allegation of child abuse or neglect has been substantiated under IC 31-33.

IC12-17.2-6-7 Enrollment Records - The operator of a child care ministry registered under section 2 of this chapter shall provide a notice to the parent or guardian of a child enrolled in the child care ministry.

The notice must be signed by the parent or guardian when the child is enrolled in the child care ministry and must be kept on file at the child care ministry until two (2) years after the last day the child attends the child care ministry. This notice must be maintained by the child care ministry and made available to the division upon request.

Ministry CCDF Key Indicator Rules

IC 12-17.2-3.5-10(b)(1) and (2) Fire Drills - Each provider shall have monthly documented fire drills including date/time/weather condition/name of person conducting drill/full evacuation time and maintained for previous 12 months.

IC 12-17.2-3.5-6 TB Test - A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB Symptoms".

IC 12-17.2-3.5-8 CPR - Each childcare provider shall have annual certification in Child and Infant CPR. Each childcare provider shall have current certification in First Aid.

IC 12-17.2-3.5-5(a)(2) Running Water - The childcare facility shall have an approved source of running water from a sink that is in an area where childcare is provided.

IC 12-17.2-3.5-11(a) Hazard Free - A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where a provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to children in the providers care: Fire arms, ammunition and other weapons Location. Poisons, chemicals, bleach cleaning materials and Medications Location.

IC 12-17.2-3.5-4.1 Child Abuse Registry - Each childcare provider has provided evidence that they have not been named in the State Central Registry IC31-33-18.

IC 12-17.2-3.5-12 Fingerprints - Each childcare provider, household member, employee, volunteer caregiver shall submit fingerprints for a national criminal history background check by the FBI or each childcare provider has local criminal check with documentation that national check is applied for.

IC 12-17.2-3.5-11.1 Immunizations - Each child has age appropriate immunizations including Varicella and Pneumococcal vaccines. Documentation includes: -Attendance records of all children in attendance. -Immunization records for each child (includes month, day and year given for each immunization and childs birth date. or A medical exempt statement from a physician OR a religious belief exemption statement from the parent.

IC 12-17.2-3.5-12.1 No Smoking/Drugs - A childcare provider shall have a written policy prohibiting: -use of tobacco, unintended use of toxic substances, use (homes) of alcohol; use or possession (centers & ministries) of alcohol; and use or possession of illegal substances in the facility where child care is operated when childcare is being provided.

IC 12-17.2-3.5-5.5(a) Supervision - All children in care are continually supervised by a caregiver (must be within sight and sound at all times).

IC 12-17.2-3.5-5.5(b) Infant/Toddler Training - A provider who cares for children who are less than 12 months of age shall complete a training course in safe sleep practices, approved by the Divison. Ensure that all caregivers of children who are less than 12 months of age follow safe sleep practices.

IC 12-17.2-3.5-7(b) Discipline.

IC 12-17.2-3.5-8(b)(3) Child Abuse and Neglect.

IC 12-17.2-3.5-8(b)(4) Orientation.

IC 12-17.2-3.5-5(c)&(d) Transportation.

IC 12-17.2-3.5-5(c) Records.

LLEP Key Indicator Rules

IC 12-17.2-3.5-8 CPR Certification - ach childcare provider shall have annual certification in Child and Infant CPR. Each childcare provider shall have current certification in First Aid.

IC 12-17.2-3.5-4.1 State Registry - Each childcare provider has provided evidence that they have not been named in the State Central Registry IC31-33-18.

IC 12-17.2-3.5-12 Finger Prints - Each childcare provider, household member, employee, volunteer caregiver shall submit fingerprints for a national criminal history background check by the FBI or each childcare provider has local criminal check with documentation that national check is applied for.

IC 12-17.2-3.5-12.1 Drug Test - Each childcare provider shall have documentation of a Drug test and result does not show presence of illegal controlled substance(s).(Standard 5 or 8 panel urine test).

IC 12-17.2-3.5-5.5(a) Supervision - All children in care are continually supervised by a caregiver (must be within sight and sound at all times).

IC 12-17.2-3.5-7(b) Discipline.

IC 12-17.2-3.5-8(b)(3) Child Abuse and Neglect.

IC 12-17.2-3.5-8(c) Records.

IC 12-17.2-3.5-5(e) Daily Activities - Daily activities appropriate to the age, development needs, interests and number of children in the care of the provider.

IC 12-17.2-3.5-6 TB Test - A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB Symptoms".



Michigan Department of Education

Child Care Licensing Key Indicator Report

July 20, 2016

Key Indicator Systems (KIS) are a kind of targeted measurement tool used in differential monitoring, in which the scope and frequency of inspections is determined by licensees' historical regulatory compliance. KIS identify a subset of licensing regulations that statistically predict compliance with the entire set of regulations; their use allows regulators to spend less time and fewer resources on high-performing licensees, and to devote more time and resources to low-performing licensees.

KIS have been successfully applied for over 30 yearsⁱ. Initially used in child care licensing exclusively, KIS use has since expanded to many other service types, including Head Start performance standards, national accreditation programs, child welfare licensing, and adult residential programs. The Key Indicator methodology developed and refined by the National Association for Regulatory Administration (NARA) is timetested and has consistently maximized regulators' performance without sacrificing the health and safety of persons in care.

Using data from 3,826 inspections of licensed child care settings in Michigan, NARA has identified the regulations that best predict the settings' overall regulatory compliance. This report presents the methodology used to identify the Key Indicators and lists the indicator regulations by type of setting.

Method

Inspection data were obtained from the Michigan Department of Education. The data showed the number and type of regulatory violations found during full inspections¹ of Family Child Care Homes (Michigan Administrative Code Rule 400.1901 - 400.1963), Group Child Care Homes (Michigan Administrative Code Rule 400.1901 - 400.1963), and Child Care Centers (Michigan Administrative Code Rule 400.8101 – 400.8840) for the period January 2014 – December 2015.

Data were obtained for 3,826 inspections in total. Of these...

- 630 inspections were conducted in Family child care homes;
- 960 inspections were conducted in group child care homes; and
- 2,236 inspections were conducted in child care centers

¹ Full inspections are those where compliance with all regulations is measured. Not all inspections are full inspections. Partial inspections are conducted when it is not necessary or possible to measure compliance with all regulations; for example, if a regulator is conducting an inspection to investigate allegations of failure to obtain criminal background checks, she will likely limit her inspection to regulations relating to hiring practices and will not measure unrelated regulations (e.g. physical site requirements). Only data from full inspections may be used in KIS development, as compliance and noncompliance are equally important to indicator identification.

Next, "high compliance" and "low compliance" inspections were identified within each set of regulations. Standard practice is to use the 20-25% of inspections with the fewest violations as the high compliance group, and the 20-25% of inspections with the most violations as the low compliance group. In Michigan's data, the distribution of inspections for each set of regulations was heavily skewed towards full compliance, meaning that more inspections occurred where no violations were found than would normally be expected. As a result, it was necessary to expand the scope to 26-28% of inspections with the fewest and the most violations in order to properly perform tests of association, and to select a random sample of inspections with no (or, in the case of Family Child Care Homes, few) violations to equal the percentage of inspections where many violations were found.

- 26.9% of Family Child Care Home inspections found 6 or more violations. These were used as the low compliance group for this set of regulations. 25.2% of inspections had no violations; these, along with the addition of a random sample of 19 inspections where one violation was found (brining the percentage to 26.9%) were used as the high compliance group for this set of regulations.
- 27.6% of Group Child Care Home inspections found 4 or more violations. These were used as the low compliance group for this set of regulations. 37.6% of inspections found no violations; a random sample of all inspections where no violations were found was drawn to equal 27.6%, which was used as the high compliance group for this set of regulations.
- 27.9% of Child Care Center inspections found 6 or more violations. These were used as the low compliance group for this set of regulations. 30.6% of inspections found no violations; a random sample of all inspections where no violations were found was drawn to equal 27.9%, which was used as the high compliance group for this set of regulations.

Following identification of the high and low compliance inspections, the relationship between each regulation and a state of high or low compliance was obtained. The strength of the relationship was determined by calculating the phi coefficient for each regulation for each type of setting. To do this, the data were sorted into the following matrix:

	Settings Compliant with Regulation	Settings Not Compliant with Regulation	Total
High Compliance Inspections	А	В	Y
Low Compliance Inspections	С	D	Z
Total	W	X	

where

- A = Number of cases where the inspection found compliance with the regulation during high compliance inspections
- B = Number of cases where the inspection found noncompliance with the regulation during high compliance inspections
- C = Number of cases where the inspection found compliance with the regulation during low compliance inspections
- D = Number of cases where the inspection found noncompliance with the regulation during low compliance inspections
- W = Number of cases where inspection found compliance
- X = Number of cases where inspection found noncompliance
- Y = Number of high compliance inspections
- Z = Number of low compliance inspections

Once the data were sorted into the matrix, the formula

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

was used to calculate each respective phi coefficient.

The regulations with the strongest associations are the key indicators. All phi coefficients fall between -1.0 and +1.0.

Any regulation with a phi coefficient between +.25 and +1.0 is a strong indicator of overall compliance.

Regulations with phi coefficients between -.24 and +.24 are not reliable predictors of compliance.

Regulations with phi coefficients between -1.0 and -.23 are terrible predictors of compliance.

The key indicator regulations for Family Child Care Homes, Group Child Care Homes, and Child Care Centers are presented at Appendices A, B, and C, respectively.

Notable Findings

As noted above, many of the inspections at each type of setting found no violations. This sometimes occurs when there is weak inter-rater reliability between regulators, that is, when different regulators are measuring compliance with the same regulations in different ways, resulting in inconsistent inspection findings, which in turn can lead to misidentified indicators. NARA used alternative methods to ensure the validity of the

identified indicators, but recommends that Michigan take steps to strengthen regulators' inter-rater reliability.

Additionally, some inconsistencies between the regulations, the compliance record used to record inspection findings, and the inspection data were found. Each section of each set of regulations is broken into subsections, which in turn are broken into paragraphs, subparagraphs, etc. KIS development involves analyzing the relationship between each part of a regulation and an overall state of compliance or noncompliance.

For example, Rule 400.1945 in its entirety reads

- (1) A written plan for the care of children shall be established and posted for each of the following emergencies:
 - (a) Fire evacuation.
 - (b) Tornado watches and warnings.
 - (c) Serious accident or injury.
 - (d) Water emergencies, if applicable.
- (2) A caregiver shall inform each assistant caregiver and emergency person of the overall evacuation plan and of his or her individual duties and responsibilities in the event of an emergency specified in subrule (1) of this rule.
- (3) Fire drills shall be practiced at least once a month and a written record that includes the date and time it takes to evacuate shall be maintained.
- (4) Tornado drills shall be practiced once a month, April to October, and a written record that includes the date shall be maintained.
- (5) Smoke detectors shall be used as the alarm for fire drills.
- (6) The records required in this rule shall be retained for a minimum of 4 years.

but analysis found that, of all the requirements specified by 400.1945, only subrules (3) and (4) were key indicators of overall compliance. The data collected and analyzed must be as detailed as possible to identify key indicators with specificity.

In light of the above, NARA notes that in six cases, key indicator regulations that are separated in the text of the rules and on the compliance record were collapsed in the data provided. In four cases, key indicator regulations that are separated in the text of the rules and on the compliance record are collapsed in some of the data. In two cases, key indicator regulations that are separated in the text of the rules and in the data provided were. As a result of these discrepancies, we were unable to determine which elements of these regulations are the indicators, and compliance with the rule in its entirety must be measured. These regulations are marked with an *asterisk in the appendices. NARA recommends that Michigan compare its regulatory requirements, compliance record instruments, and electronic data storage methods to ensure that information is captured in the most detailed and consistent manner possible.

Association versus Causality
It is important to remember that key indicators do not cause compliance. Key indicators are associated with compliance – they "indicate" that overall compliance exists.
We do not know why certain regulations are associated with compliance – that would require more sophisticated tests – but we do not need to know the cause of the association to apply key indicators to the licensing process.
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Appendix A: Key indicators for Family Child Care Homes

Regulation	Phi Coefficient
R 400.1945(3) Fire drills shall be practiced at least once a month and a written record that includes the date and time it takes to evacuate shall be maintained.	0.59
R 400.1945(4) Tornado drills shall be practiced once a month, April to October, and a written record that includes the date shall be maintained.	0.58
R 400.1907(1)(a) Prior to initial attendance, the caregiver shall obtain the following documents: (a) A completed child information card on a form provided by the department or a comparable substitute approved by the department.	0.50
R 400.1907(3) Dated daily attendance records of children in care shall be maintained and shall include the child's first and last name and the time of arrival and departure.	0.47
R 400.1944(1) Operable smoke detectors approved by a nationally recognized testing laboratory shall be in- stalled and maintained on each floor of the home, including the basement, and in all sleeping areas and bed- rooms used by children in care.	0.46
R 400.1932(2) All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.	0.45
R 400.1903(1)(f) A caregiver shall be responsible for all of the following provisions: (f) Have a written and signed agreement with a responsible person who is 18 years of age or older to provide care and supervision for children during an emergency situation.	0.43
R 400.1907(1)(b)(i)-(vii)* (1) Prior to initial attendance, the caregiver shall obtain the following documents: (b) A child in care statement/receipt using a form provided by the department and signed by the parent certifying the following: (i) Receipt of a written discipline policy. (ii) Condition of the child's health. (iii) Receipt of a copy of the family and group child care home rules. (iv) Agreement as to who will provide food for the child. (v) Acknowledgment that the assistant caregiver is 14 to 17 years of age, if applicable. (vi) Acknowledgment that firearms are on the premises, if applicable. (vii) If the child care home was built prior to 1978, then the caregiver shall inform the parents of each child in care and all assistant caregivers of the potential presence of lead-based paint or lead dust hazards, unless the caregiver maintains documentation from a lead testing professional that the home is lead safe.	0.41
R 400.1907(2) Records in subrule (1) of this rule shall be reviewed and updated annually or when information changes	0.38

Regulation	Phi Coefficient
R 400.1941(2) Combustible materials and equipment shall not be stored within 4 feet of furnaces, other flame or heat- producing equipment, or fuel-fired water heaters.	0.37
R 400.1905(1) The caregiver shall complete not less than 10 clock hours of training each year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid, and blood-borne pathogen training.	0.37
R 400.1944(3) A home shall have at least 1 functioning multipurpose fire extinguisher, with a rating of 2A-10BC or larger, properly mounted not higher than 5 feet from the floor to the top of the fire extinguisher, on each floor level approved for child use.	0.34
R 400.1933(4) Hot water temperature shall not exceed 120 degrees Fahrenheit at water faucets accessible to children.	0.34
R 400.1915(4) The caregiver shall not use any equipment, materials, and furnishings recalled or identified by the U.S. Consumer Product Safety Commission (http://www.cpsc.gov/) as being hazardous. As required by 2000 PA 219, MCL 722.1065, the caregiver shall conspicuously post in the child care home an updated copy of the list of unsafe children's products that is provided by the department.	0.33
R 400.1905(7)(a) Infant, child, and adult CPR and first aid training shall be maintained in the following manner: (a) Each year for CPR.	0.33
R 400.1920(5)(a) When swings, climbers, slides, and other similar play equipment with a designated play surface above 30 inches are used, they shall: (a) Not be placed over concrete, asphalt, or a similar surface, such as hard-packed dirt or grass.	0.30
R 400.1945(1)(a)-(d)* A written plan for the care of children shall be established and posted for each of the following emergencies: (a) Fire evacuation. (b) Tornado watches and warnings. (c) Serious accident or injury. (d) Water emergencies, if applicable	0.29
R 400.1903(8)(b)* The caregiver shall do both of the following: (b) Conspicuously post on the premises a notice stating that smoking is prohibited on the premises during child care hours.	0.28
R 400.1942(2) All electrical outlets, including outlets on multiple outlet devices, accessible to children shall have safety covers.	0.27

Regulation	Phi Coefficient
R 400.1923(2)(d) The designated changing area shall comply with all of the following: (d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface.	0.27
R 400.1905(7)(b) Infant, child, and adult CPR and first aid training shall be maintained in the following manner: (b) Every 36 months for first aid.	0.25
MCL 722.113g(1)-(3)* (1) The operator of a child care center, group child care home, or family child care home shall maintain a licensing notebook on its premises. The licensing notebook shall be made available for review to parents or guardians of children under the care of, and parents or guardians considering placing their children in the care of, the child care center, group child care home, or family child care home. (2) The licensing notebook described in subsection (1) shall include the reports from all licensing or registration inspections, renewal inspections, special investigations, and corrective action plans. The licensing notebook shall also include a summary sheet outlining the reports described in this subsection. The information in the licensing notebook shall be updated as provided by the department and must be made available to parents, guardians, and prospective parents or guardians at all times during the child care center's, group child care home's, or family child care home's normal hours of operation. (3) The department shall include on its "Child in Care/Receipt" form or any successor form used instead of that form a check box allowing the parent or guardian to acknowledge that he or she is aware of the information available in the licensing notebook available for his or her review on the premises of the child care center, group child care home, or family child care home and that the information is available on the department's website. The "Child in Care/Receipt" form or successor form shall contain in bold print the department's website address where the information may be located.	0.25
R 400.1934(3) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory), shall be placed on all levels approved for child care.	0.25
R 400.1906(1)(b)(i)-(ii)* The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following: (b) A statement signed by a licensed physician or his or her designee and which attests to the individual's mental and physical health. (i) For the caregiver, within 1 year before issuance of the certificate of registration or initial license and at the time of subsequent renewals. (ii) For the assistant caregivers, within 1 year prior to caring for children and at the time of subsequent renewals.	0.25
R 400.1932(1) The structure, premises, and furnishings of a child care home shall be in good repair and maintained in a clean, safe, and comfortable condition.	0.25
R 400.1906(2) Child care home family members 14 years of age or older shall have written evidence of freedom from communicable TB.	0.25

Appendix B: Key indicators for Group Child Care Homes

Regulation	Phi Coefficient
R 400.1907(1)(a) Prior to initial attendance, the caregiver shall obtain the following documents: (a) A completed child information card on a form provided by the department or a comparable substitute approved by the department.	0.48
R 400.1906(1)(b)(i)-(ii)* The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following: (b) A statement signed by a licensed physician or his or her designee and which attests to the individual's mental and physical health. (i) For the caregiver, within 1 year before issuance of the certificate of registration or initial license and at the time of subsequent renewals. (ii) For the assistant caregivers, within 1 year prior to caring for children and at the time of subsequent renewals.	0.44
R 400.1906(1)(f) The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following: (f) Documentation from the department of human services that the assistant caregiver has not been involved in substantiated child abuse or neglect.	0.38
R 400.1905(1) The caregiver shall complete not less than 10 clock hours of training each year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid, and blood-borne pathogen training.	0.37
R 400.1907(2) Records in subrule (1) of this rule shall be reviewed and updated annually or when information changes	0.37
R 400.1905(3) The caregiver shall assure that assistant caregivers have training that includes information regarding safe sleep practices (sudden infant death syndrome) and shaken baby syndrome prior to caring for children.	0.35
R 400.1905(7)(a) Infant, child, and adult CPR and first aid training shall be maintained in the following manner: (a) Each year for CPR.	0.34

Regulation	Phi Coefficient
R 400.1907(1)(b)(i)-(vii)* Prior to initial attendance, the caregiver shall obtain the following documents: (b) A child in care statement/receipt using a form provided by the department and signed by the parent certifying the following: (i) Receipt of a written discipline policy. (ii) Condition of the child's health. (iii) Receipt of a copy of the family and group child care home rules. (iv) Agreement as to who will provide food for the child. (v) Acknowledgment that the assistant caregiver is 14 to 17 years of age, if applicable. (vi) Acknowledgment that firearms are on the premises, if applicable. (vii) If the child care home was built prior to 1978, then the caregiver shall inform the parents of each child in care and all assistant caregivers of the potential presence of lead-based paint or lead dust hazards, unless the caregiver maintains documentation from a lead testing professional that the home is lead safe.	0.32
R 400.1905(2) Each assistant caregiver shall complete not less than 5 clock hours of training each year related to child development and caring for children, not including CPR, first aid, and blood-borne pathogen training.	0.32
R 400.1945(3) Fire drills shall be practiced at least once a month and a written record that includes the date and time it takes to evacuate shall be maintained.	0.32
R 400.1907(3) Dated daily attendance records of children in care shall be maintained and shall include the child's first and last name and the time of arrival and departure.	0.31
R 400.1906(1)(c)(i)-(ii)* The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following: (c) Written evidence of freedom from communicable tuberculosis (TB): (i) For the caregiver, before issuance of the certificate of registration or initial license. (ii) For the assistant caregivers, prior to caring for children.	0.31
R 400.1904(1)(c) An assistant caregiver shall meet all of the following requirements: (c) Have proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training within 90 days of hire.	0.30
R 400.1945(4) Tornado drills shall be practiced once a month, April to October, and a written record that includes the date shall be maintained.	0.30
R 400.1932(2) All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.	0.29

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	Regulation	Phi Coefficient
	R 400.1906(1)(g)(i)-(iii)* The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following: (g) A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information: (i) The individual is aware that abuse and neglect of children is unlawful. (ii) The individual knows that he or she is mandated by law to report child abuse and neglect. (iii) The individual has received a copy of the discipline policy.	0.26
	R 400.1944(1) Operable smoke detectors approved by a nationally recognized testing laboratory shall be in- stalled and maintained on each floor of the home, including the basement, and in all sleeping areas and bed- rooms used by children in care.	0.25

Appendix C: Key indicators for Child Care Centers

Regulation	Phi Coefficient
R 400.8143(1) At the time of the child's initial attendance, the center shall obtain a child information card, using a form provided by the department or a comparable substitute, completed and signed by the parent, and the center shall keep it on file and accessible in the center.	0.51
R 400.8125(10) The documentation required by subrule (4), (6), (7) and (8) of this rule shall be updated every 2 years at renewal and upon request by the department and shall be kept on file at the center.	0.43
R 400.8128 Evidence that all staff members and each volunteer who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis, verified within 1 year before employment or volunteering, shall be kept on file at the center.	0.40
R 400.8125(7) A staff member shall not be present in the center until there is documentation from the department of human services on file at the center that he or she has not been named in a central registry case as a perpetrator of child abuse or child neglect.	0.37
R 400.8161(1)(c) (1) Written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented: (c) Other natural or man-made disasters.	0.35
R 400.8155(5) A policy detailing when children, staff, and volunteers will be excluded from child care due to illness shall be developed and implemented.	0.35
R 400.8131(7) All program directors, lead caregivers, and at least 1 caregiver on duty in the center at all times in programs serving preschool age children and younger shall have current first aid and infant, child, and adult CPR training.	0.35
R 400.8125(4) A criminal history check using the Michigan department of state police internet criminal history access tool (ICHAT), or equivalent, for a person's state of official residence, shall be completed before making an offer of employment to that person. A copy of the ICHAT shall be kept on file at the center.	0.34
R 400.8125(12)(a)-(c)* A written statement shall be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: (a) The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.	0.34

Regulation	Phi Coefficient
R 400.8131(4) All program directors, site supervisors, and caregivers shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities, including, but not limited to, child development and learning; health, safety and nutrition; family and community collaboration; program management; teaching and learning; observation, documentation, and assessment; interactions and guidance; professionalism; and the child care center administrative rules. The center may count CPR and first aid training for up to 2 hours of the annual professional development hours in the year taken.	0.33
R 400.8131(3) Before unsupervised contact with children, each caregiver, site supervisor, and program director shall complete blood-borne pathogen training.	0.33
R 400.8161(5) A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented.	0.33
R 400.8161(2)(a)-(c)* The written procedures shall include all of the following: (a) A plan for evacuating and safely moving children to a relocation site. (b) A method for contacting parents and reuniting families. (c) A plan for how each child with special needs will be accommodated during each type of emergency.	0.32
R 400.8131(5) An on-going professional development plan shall be developed and implemented to include all the training and professional development required by the child care center administrative rules.	0.32
R 400.8143(6)(c) Within 30 days of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:(c) For preschoolers: A physical evaluation performed within the preceding year signed by a licensed health care provider. Any restrictions shall be noted.	0.31
R 400.8143(3)(a) At the time of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center for children under school-age: (a) A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the department of community health.	0.30
R 400.8143(10) The center shall maintain an accurate record of daily attendance at the center that includes each child's first and last name and each child's arrival and departure time.	0.30
R 400.8146(2) Written documentation that the parent received the written information packet as required by subrule (1) of this rule shall be kept on file at the center.	0.29
R 400.8110(4) There shall be a licensing notebook on the premises which includes all licensing inspection and special investigation reports and related corrective action plans since May 28, 2010 and a summary sheet outlining the documents contained in the notebook. The notebook shall be made available to parents and prospective parents at all times during the center's normal hours of operation.	0.29
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Regulation	Phi Coefficient
R 400.8164(3) Emergency telephone numbers, including 911, fire, police, and the poison control center, and the facility's physical address and 2 main cross streets, shall be conspicuously posted immediately adjacent to all center telephones.	0.29
R 400.8161(6) A tornado drill program consisting of at least 2 tornado drills between the months of April through October shall be established and implemented.	0.27
R 400.8155(1) A plan for when and how parents will be notified when the center observes changes in the child's health, a child experiences accidents, injuries, or incidents, or when a child is too ill to remain in the group shall be developed and implemented.	0.27
R 400.8325(1) All tableware, utensils, food contact surfaces, and food service equipment shall be thoroughly washed, rinsed, and sanitized after each use. Multi-purpose tables shall be thoroughly washed, rinsed, and sanitized before and after they are used for meals or snacks.	0.27
R 400.8125(3)(a) (3) Both of the following shall be developed and implemented: (a) A written screening policy for all staff and volunteers, including parents. The written screening policy shall include when a staff member cannot be present at the center as indicated in subrule (5) and (7) of this rule.	0.26
R 400.8340(3) Breast milk, formula, milk, other beverages, and food furnished in a same-day supply shall be covered and labeled with the child's first and last name and the date.	0.26
R 400.8173(2) The current list of unsafe children's products that is provided by the department shall be conspicuously posted in the center, as required by section 15 of the children's product safety act, 2000 PA 219, MCL 722.1065.	0.25

Regulation	Phi Coefficient
R 400.8146(1)(a)-(j)* (1) A center shall provide a written information packet to each parent enrolling a child that includes at least all of the following: (a) Criteria for admission and withdrawal. (b) Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided. (c) Fee policy. (d) Discipline policy. (e) Food service policy. (f) Program philosophy. (g) Typical daily routine. (h) Parent notification plan for accidents, injuries, incidents, illnesses. (i) Exclusion policy for child illnesses. (j) Notice of the availability of the center's licensing notebook. The notice shall include all of the following: (i) The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010. (ii) The licensing notebook is available to parents during regular business hours. (iii) Licensing inspection and special investigation reports from at least the past 2 years are available on the child care licensing website at www.michigan.gov/michildcare. The website address must be in bold print.	0.25

¹ Key Indicator Methodology, Weighting/Risk Assessment Methodology, and Inferential Inspections/Differential/Target Monitoring are the property of the Research Institute for Key Indicators (RIKI) and/or the National Association for Regulatory Administration (NARA) and may not be used without
their consent.
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Montana Department of Public Health & Human Services Child Care Licensing Key Indicator Report

August 12, 2016

Differential monitoring has been successfully applied for over 30 yearsⁱ. Initially used in child care licensing exclusively, the use of key indicator systems has since expanded to many other service types, including Head Start performance standards, national accreditation programs, child welfare licensing, and adult residential programs. The Key Indicator Methodology developed and refined by the National Association for Regulatory Administration (NARA) is time-tested and has consistently maximized regulators' performance without sacrificing the health and safety of persons in care.

Key indicator systems are targeted measurement tools used in differential monitoring, in which the scope and frequency of inspections is determined by licensees' historical regulatory compliance. These systems identify a subset of licensing regulations that statistically predict compliance with the entire set of regulations. Their use allows regulators to spend less time and fewer resources on high-performing licensees, and to devote more time and resources to low-performing licensees.

Using data from 2,885 inspections of licensed child care settings in Montana, NARA has identified the regulations that best predict the settings' overall regulatory compliance. This report presents the methodology used to identify the key indicators and lists the indicator regulations by type of setting.

Method

Inspection data from January 2013 through December 2015 was obtained from the Montana Department of Public Health & Human Services. NARA then analyzed the data to identify the number and type of regulatory violations found during full inspections¹ of Family Child Care Facilities, Group Child Care Facilities, and Child Day Care Centers.

Of the inspections that were provided by Montana, 1,012 met the criteria for inclusion in this analysis. Of these inspections,

- 307 inspections were conducted in Family Child Care Facilities;
- 348 inspections were conducted in Group Child Care Facilities; and
- 357 inspections were conducted in Child Day Care Centers.

Next, "high compliance" and "low compliance" inspections were identified within each set of regulations. Standard practice is to use the 20-25% of inspections with the fewest

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¹ Full inspections are those where compliance with all regulations is measured. Not all inspections are full inspections. Partial inspections are conducted when it is not necessary or possible to measure compliance with all regulations; for example, if a regulator is conducting an inspection to investigate allegations of failure to obtain criminal background checks, s/he will likely limit the inspection to regulations relating to hiring practices and will not measure unrelated regulations (e.g. physical site requirements). Only data from full inspections may be used in key indicator development, as compliance and noncompliance are equally important to indicator identification.

violations as the high compliance group, and the 20-25% of inspections with the most violations as the low compliance group.

- 25.4% of Family Child Care Facility inspections found 10 or more violations. These were used as the low compliance group for this set of regulations. In addition to those inspections that had no violations (8.7%), all inspections that had two or fewer violations and a random sample of inspections where three or less violations were found were drawn to equal 25.4% and used as the high compliance group for this set of regulations.
- 25.9% of Group Child Care Facility inspections found 10 or more violations. These were used as the low compliance group for this set of regulations. In addition to those inspections that had no violations (6.0%), all inspections that had two or fewer violations and a random sample of inspections where three or less violations were found were drawn to equal 25.9% and used as the high compliance group for this set of regulations.
- 24.6% of Child Day Care Center inspections found three or more violations.
 These were used as the low compliance group for this set of regulations. As 41.7% of inspections found no violations, a random sample of all inspections where no violations were found was drawn to equal 24.6% and was used as the high compliance group for this set of regulations.

Following identification of the high and low compliance inspections, the relationship between each regulation and a state of high or low compliance was obtained. The strength of the relationship was determined by calculating the phi coefficient for each regulation for each type of setting. To do this, the data were sorted into the following matrix:

	Settings Compliant with Regulation	Settings Not Compliant with Regulation	Total
High Compliance Inspections	А	В	Y
Low Compliance Inspections	С	D	Z
Total	W	х	

- A = Number of cases where the inspection found compliance with the regulation during high compliance inspections
- B = Number of cases where the inspection found noncompliance with the regulation during high compliance inspections
- C = Number of cases where the inspection found compliance with the regulation during low compliance inspections
- D = Number of cases where the inspection found noncompliance with the regulation during low compliance inspections
- W = Number of cases where inspection found compliance
- X = Number of cases where inspection found noncompliance
- Y = Number of high compliance inspections
- Z = Number of low compliance inspections

Once the data were sorted into the matrix, the formula below was used to calculate each respective phi coefficient to determine if the standard is a key indicator.

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

All phi coefficients fall between -1.0 and +1.0. Any regulation with a phi coefficient between +.25 and +1.0 has a strong positive association and is a good indicator of overall compliance. The regulations within this range are identified as key indicators.

Regulations with phi coefficients between -.24 and +.24 are unpredictable/not reliable predictors of compliance and are not included as key indicators.

Regulations with phi coefficients between -1.0 and -.25 have a strong negative association and are poor predictors of compliance. These regulations are not included as key indicators.

Those regulations which have been identified as key indicators for Family Child Care Facilities, Group Child Care Facilities, and Child Day Care Centers are presented in Appendices A, B, and C, respectively.

Association versus Causality

It is important to remember that key indicators do not equate 100% compliance. Key indicators are associated with compliance – they "indicate" that overall compliance exists. This report has not studied why the identified regulations are associated with compliance, but we do not need to know the cause of the association to apply key indicators to the licensing process.

Notable Findings

In Montana's data, the distribution of inspections for child day care centers were heavily skewed towards full compliance, meaning that more inspections occurred where no violations were found than would normally be expected. This sometimes occurs when there is weak inter-rater reliability between regulators; that is, when different regulators are measuring compliance with the same regulations in different ways, resulting in inconsistent inspection findings, which in turn can lead to misidentified indicators. To ensure the validity of the identified indicators NARA conducted additional tests of the selected inspection data. Although the validity of these key indicators was confirmed, NARA recommends that Montana take steps to review and/or strengthen regulators' inter-rater reliability.

Additionally, some inconsistencies between the regulations, the compliance record used to record inspection findings, and the inspection data were found. Each section of each set of regulations is broken into subsections, which in turn are broken into paragraphs, subparagraphs, etc. Key indicator development involves analyzing the relationship between each part of a regulation and an overall state of compliance or noncompliance.

For example, Rule 37.95.181(4) in its entirety reads

- (4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:
 - (a) A medication record which includes:
 - (i) the written authorization of the parents for the care-giver to administer medication;
 - (ii) the prescription by a health care provider if required; and
 - (iii) a medication administration log.
 - (b) A written medication administration policy which includes at a minimum:
 - (i) types of medication which may be administered; and
 - (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered; and
 - (c) A health care and medication plan for children who may have special health care needs or those requiring medication for chronic health conditions which has been approved by a health care provider licensed in Montana.

Key indicator analysis determined that of all the requirements specified by 37.95.181(4), only subrule (4)(b) was a key indicator of overall compliance. This example highlights the importance of how data is collected so that it may be properly analyzed to identify key indicators with specificity.

In light of the above, NARA notes that in ten cases, key indicator regulations are separated in the text of the rules but are collapsed within inspection data. As a result, NARA is unable to determine which specific elements of these regulations are the indicators and compliance with the rule in its entirety must be measured. These regulations are marked with an *asterisk in the appendices. NARA recommends that Montana compare its regulatory requirements, compliance record instruments, and electronic data storage methods to ensure that information is captured in the most detailed and consistent manner possible.

Appendix A: Key Indicators for Family Child Care Facilities

Regulation	Phi Coefficient
37.95.115(1)* (1) The following written information shall be made available to all parents: (a) a typical daily schedule of activities; (b) admission requirements, enrollment procedures, hours of operation; (c) frequency and type of meals and snacks served; (d) fees and payment plan; (e) regulations concerning sick children; (f) transportation and trip arrangements; (g) discipline policies; and (h) department day care licensing requirements.	0.65
37.95.141(2) (2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.	0.63
37.95.128(1)a-d* (1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by: (a) a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) a naturopathic physician licensed under Title 37, chapter 26, MCA.	0.61
37.95.708(3) (3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Poison Control Center (1 (800) 222-1222) must be posted by each telephone.	0.60
37.95.183(2)a-g* (2) A first aid kit must be kept on site at all times and must at a minimum contain: (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician); (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves.	0.54

	Phi
Regulation	Coefficient
37.95.140(1)-(4)* (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9): [chart] (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry. (3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination. (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]	0.54
37.95.706(2) (2) A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.	0.53
37.95.121(3) (3) Any pet or animal, present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.	0.45
37.95.141(5)a-d* (5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file: (a) written information on each child explaining any special needs of the child, including allergies; (b) a release or authorization of persons allowed to pick up the child; (c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records, and the names of emergency contact persons; (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities.	0.43
37.95.121(6) (6) Any outdoor play area must be maintained free from hazards such as wells, machinery, and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least four feet high without any holes or spaces greater than four inches in diameter or natural barriers to restrict children from these areas.	0.42
37.95.121(1) (1) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.	0.41
37.95.708(1) (1) Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.	0.41

Regulation	Phi Coefficient
37.95.705(10) (10) Protective receptacle covers must be installed on electrical outlets in all areas occupied by children under five years of age.	0.40
37.95.183(1)* (1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to: (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.	0.39
37.95.1003(1) (1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.	0.38
37.95.141(1) (1) The facility shall keep a daily attendance record of the children for whom care is provided.	0.35
37.95.706(3) (3) All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep.	0.33
37.95.1001(3) (3) Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.	0.33
37.95.1005(11) (11) Providers must develop a written policy that describes the practices to be used to promote a safe sleep environment when children under age two are napping or sleeping.	0.33
37.95.182(3)* (3) All medications, refrigerated or unrefrigerated, shall: (a) have child-protective caps; (b) be kept in an orderly fashion; (c) be stored away from food at the proper temperatures; and (d) kept in a location inaccessible to children or kept in a locked box.	0.31
37.95.115(2) (2) Day care facility shall post a copy of the facility registration or license and the phone number of state and local quality assurance division offices in a conspicuous place. Parents should be encouraged to contact the division if they have questions regarding the license or the day care regulations.	0.31
37.95.141(6) (6) The information supplied in (5) (a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.	0.29
37.95.181(4)b (4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site: (b) A written medication administration policy which includes at a minimum: (i) types of medication which may be administered; and (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered.	0.28

Regulation	Phi Coefficient
37.95.183(4) (4) A portable first aid kit containing at least the items listed in (2) must accompany staff and children on trips away from the facility.	0.28
37.95.1001(8) (8) Diapering and toileting areas shall contain a wash basin that is separate from that used for food preparation.	0.25
37.95.708(5) (5) When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.	0.25

Appendix B: Key Indicators for Group Child Care Facilities

Regulation	Phi
	Coefficient
37.95.128(1)a-d* (1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by: (a) a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) a naturopathic physician licensed under Title 37, chapter 26, MCA.	0.63
37.95.140(1)-(4)* (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9): [chart] (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry. (3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination. (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]	0.61
37.95.115(1)* (1) The following written information shall be made available to all parents: (a) a typical daily schedule of activities; (b) admission requirements, enrollment procedures, hours of operation; (c) frequency and type of meals and snacks served; (d) fees and payment plan; (e) regulations concerning sick children; (f) transportation and trip arrangements; (g) discipline policies; and (h) department day care licensing requirements.	0.59
37.95.141(2) (2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.	0.58

	Phi
Regulation	Coefficient
37.95.183(2)a-g* (2) A first aid kit must be kept on site at all times and must at a minimum contain: (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician);	
 (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves. 	0.51
37.95.708(3) (3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Poison Control Center (1 (800) 222-1222) must be posted by each telephone.	0.51
37.95.183(1)* (1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to: (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.	0.49
37.95.1005(12) (12) All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).	0.47
37.95.706(2) (2) A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.	0.46
37.95.1003(1) (1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.	0.45
37.95.1005(11) (11) Providers must develop a written policy that describes the practices to be used to promote a safe sleep environment when children under age two are napping or sleeping.	0.42
37.95.706(3) (3) All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep.	0.41
37.95.139(1) (1) The parents of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.	0.41

Regulation	Phi Coefficient
37.95.141(5)a-d*	Coefficient
(5) Prior to a child being enrolled or entered into a day care facility, the following	
information must be on file:	
(a) written information on each child explaining any special needs of the child,	
including allergies;	
(b) a release or authorization of persons allowed to pick up the child;	0.37
(c) necessary medical forms, including all medication authorization and	
administration logs, signed and updated immunization records, and the names of	
emergency contact persons;	
(d) an emergency consent form. This form must accompany staff when children	
are away from the day care site for activities.	
37.95.141(6)	
(6) The information supplied in (5) (a) through (d) must be maintained on forms	0.36
provided by the department and must be signed by the parent or guardian.	
37.95.121(1)	
(1) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous	0.22
and toxic materials must be kept in their original containers and in a place inaccessible to	0.33
children. They must be used in such a way that will not contaminate play surfaces, food,	
food preparation areas, or constitute a hazard to the children. 37.95.160(1)a-d*	
(1) The provider shall maintain records regarding each care-giver which include:	
(a) a record of training and verifiable experience;	
(b) results of a criminal and protective services background check;	0.32
(c) personal statement of health and verification of CPR and first aid; and	
(d) immunization records that establish compliance with ARM 37.95.140.	
37.95.705(10)	
(10) Protective receptacle covers must be installed on electrical outlets in all areas	0.32
occupied by children under five years of age.	
37.95.121(6)	
(6) Any outdoor play area must be maintained free from hazards such as wells,	
machinery, and animal waste. If any part of the play area is adjacent to a busy roadway,	
drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area	0.32
must be enclosed with a fence in good repair that is at least four feet high without any	
holes or spaces greater than four inches in diameter or natural barriers to restrict	
children from these areas.	
37.95.121(3) (3) Any pet or animal, present at the facility, indoors or outdoors, must be in good	
health, show no evidence of carrying disease, and be a friendly companion of the	
children. The provider is responsible for maintaining the animal's vaccinations and	0.31
vaccination records. These records must be made available to the department upon	0.51
request. The provider must make reasonable efforts to keep stray animals off the	
premises.	
37.95.141(1)	
(1) The facility shall keep a daily attendance record of the children for whom care is	0.31
provided.	
37.95.115(2)	
(2) Day care facility shall post a copy of the facility registration or license and the phone	
number of state and local quality assurance division offices in a conspicuous place.	0.30
Parents should be encouraged to contact the division if they have questions regarding the	
license or the day care regulations.	

Regulation	Phi Coefficient
37.95.181(4)b (4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site: (b) A written medication administration policy which includes at a minimum: (i) types of medication which may be administered; and (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered.	0.30
37.95.140(5) (5) Documentation of immunization status for purposes of this rule consists of a completed Montana certificate of immunization form (HPS-101), including the date of birth, the name of each vaccine provided, and the month, day and year of each vaccination.	0.29
37.95.121(5) (5) The indoor and outdoor play areas must be clean, reasonably neat, and free from accumulation of dirt, rubbish, or other health hazards.	0.28
37.95.708(1) (1) Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.	0.28
37.95.705(5) (5) All rooms used for napping by children must have at least two means of escape, at least one of which shall be a door or a stairway providing a means of unobstructed travel to the outside of the building at street or ground level to the public way. The second means of escape may be a window which meets the egress requirements of (2).	0.27
37.95.705(9) (9) Every bathroom door must be designed to permit the opening of the locked door from the outside in an emergency and the opening device must be readily accessible to the provider.	0.27
37.95.141(5)d (5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file: (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities.	0.26
37.95.1001(3) (3) Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.	0.25

Appendix C: Key Indicators for Child Day Care Centers

Regulation	Phi Coefficient
37.95.141(5)a-d*	Cocincicit
(5) Prior to a child being enrolled or entered into a day care facility, the following	
information must be on file:	
(a) written information on each child explaining any special needs of the child,	
including allergies;	
(b) a release or authorization of persons allowed to pick up the child;	0.54
(c) necessary medical forms, including all medication authorization and	
administration logs, signed and updated immunization records, and the names of	
emergency contact persons;	
(d) an emergency consent form. This form must accompany staff when children	
are away from the day care site for activities.	
37.95.128(1)a-d*	
(1) A day care facility must have on file a health record form, provided by the	
department, concerning any special health risks that would affect other children. This	
must be obtained and kept on file by the provider prior to residence or enrollment of any	
child under age two at the day care facility. The health record form must be signed by: (a) a physician licensed to practice medicine in Montana pursuant to Title 37,	
chapter 3, MCA; or	0.47
(b) a physician assistant-certified licensed to practice in Montana and practicing	
under a utilization plan approved by the board of medical examiners; or	
(c) a person licensed in Montana as a professional nurse and recognized by the	
board of nursing as a nurse practitioner or clinical nurse specialist; or	
(d) a naturopathic physician licensed under Title 37, chapter 26, MCA.	
37.95.139(1)	
(1) The parents of each child admitted to the day care facility shall provide the name of	0.40
the physician or health care facility the parent wishes to have called in case of an	0.40
emergency.	
37.95.115(1)*	
(1) The following written information shall be made available to all parents:	
(a) a typical daily schedule of activities;	
(b) admission requirements, enrollment procedures, hours of operation;	
(c) frequency and type of meals and snacks served;	0.38
(d) fees and payment plan;	
(e) regulations concerning sick children;	
(f) transportation and trip arrangements;	
(g) discipline policies; and(h) department day care licensing requirements.	
37.95.141(2)	
(2) The facility shall have a master list of the name, address, and phone number of all	0.38
children in their care and their parents.	0.50
37.95.1005(12)	
(12) All caregivers shall sign an acknowledgement indicating that they have read and	0.37
understood the provider's policy outlined in (11).	3.37
37.95.1003(1)	
(1) An individualized diet and feeding schedule shall be provided according to a written	
plan submitted by the parents or by the infant's physician with the knowledge and	0.33
consent of the parents, guardian, or placement agency. A change of diet and schedule	
shall be noted on each infant's daily diet and feeding schedule.	
37.95.141(6)	
(6) The information supplied in (5) (a) through (d) must be maintained on forms	0.32
provided by the department and must be signed by the parent or guardian.	1

Regulation	Phi Coefficient
37.95.613(6) (6) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Montana Poison Control Center (1 (800) 222-1222) must be posted by each telephone.	0.32
37.95.140(1)-(4)* (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9): [chart] (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry. (3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination. (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]	0.29
37.95.183(2)a-g* (2) A first aid kit must be kept on site at all times and must at a minimum contain: (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician); (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves.	0.29
37.95.155(1) (1) The provider shall maintain all policies, records, and reports that are required by the department. These policies must be reviewed and updated annually by the facility.	0.28
37.95.183(1)* (1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to: (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.	0.28
37.95.623(1)a-d* (1) The child-to-staff ratio for a day care center is: (a) 4:1 for children zero months through 23 months; (b) 8:1 for children two years through three years; (c) 10:1 for children four years through five years; and (d) 14:1 for six years and over.	0.28

Regulation	Phi Coefficient
37.95.622(6)a-c* (6) An aide must be directly supervised by a primary care-giver and shall be at least 16 years of age and must: (a) have sufficient language skills to communicate with children and adults; and (b) have at least one day of on-the-job orientation; and (c) successfully complete a minimum of at least eight hours of verified education or training annually as required in ARM 37.95.162.	0.26

ⁱ Key Indicator Methodology, Weighting/Risk Assessment Methodology, and Inferential Inspections/Differential/Target Monitoring are the property of the Research Institute for Key Indicators (RIKI) and/or the National Association for Regulatory Administration (NARA) and may not be used without their consent.

Saskatchewan Differential Monitoring, Key Indicator and Risk Assessment Pilot Study Richard Fiene, Ph.D.

National Association for Regulatory Administration (NARA) June 2021

This report will provide the results of a pilot study to determine the validity and efficacy of Saskatchewan's Differential Monitoring, Key Indicator, and Risk Assessment Regulatory Compliance/Licensing System. This is the most comprehensive validation study to date which incorporates key indicators and risk assessment in tandem within a differential monitoring approach. Other validation studies have validated key indicators or risk assessment but in separate studies. Also, this validation study incorporates eligibility criteria as well as random rules in order to fully implement Saskatchewan's Differential Monitoring system.

The Province of Saskatchewan's Ministry of Education followed the full development of a differential monitoring approach by instituting a comprehensive review of their rules and standards for child care centres and homes. They then developed and instituted a key indicator tool, followed by a risk assessment set of rules. Once these were developed a series of eligibility criteria were designed to determine which programs were eligible for abbreviated reviews. Focus groups and training occurred to fully explain and obtain feedback related to the new differential monitoring approach. Based upon these criteria, a Policies and Procedures Manual was developed. Both the key indicator and risk assessment methodologies were individually validated. While the pilot study was being planned, the Province developed a Quality Indicator Tool, the Saskatchewan Early Care and Education Program Quality Indicators Tool which can be used in a tandem fashion with the licensing key indicator tool and the risk assessment rules. Now that the pilot study is completed, full implementation of the differential monitoring system should occur. All of the above referenced studies, manuals, etc. are contained within this report after this introduction, methodology, results, and conclusion sections.

Methodology

The pilot study (data were collected basically during the Winter 2020-21 (late 2020 - early 2021)) employed 100 child care centres and 70 child care homes in the study. Independent licensing staff observations were made at sites utilizing the comprehensive checklist/tool in which all rules were evaluated or the key indicator and risk assessment rules were evaluated. The results which follow were compared from the comprehensive review and the abbreviated review. These inspection reviews went through a series of pre-defined eligibility criteria to make certain that the specific program was eligible for an abbreviated inspection. Once that was determined, random rules were added to the key indicator and risk assessment rules.

The eligibility criteria were applied so that the full differential monitoring protocol could be utilized for the pilot study. These criteria were evaluated with the results from the abbreviated and comprehensive inspection reviews.

Results

The results are broken out into Centres and then Homes.

Centres:

There were 100 centres that were evaluated. Out of the 100 centres, 13 were determined to be eligible for an abbreviated review. After the random rule review process, this number was reduced to 8. Usually abbreviated reviews can be done after eligibility criteria are applied to approximately 10 - 20% of the overall programs. Saskatchewan's results were definitely in line with this national/international average. Always keep in mind that abbreviated reviews are only for those programs that provide a high standard of care. They are not intended for all programs or for programs that are struggling.

The average non-compliance or violations for the comprehensive review was 4.93 with a range of 0 - 29 while the average non-compliance or violations for the abbreviated review was 2.82 with a range of 0 - 12. A correlation coefficient was run between the results of the comprehensive reviews and the abbreviated reviews and an r = .91; p < .0001 was determined. This result clearly demonstrates that abbreviated reviews are very effective when compared to comprehensive reviews. This very high correlation is similar to previous studies conducted in Saskatchewan, Ontario, and the states of Washington & Georgia, and the national Head Start program in the USA.

For those programs that were determined to be eligible for an abbreviated review the average non-compliance was zero (0) for both the abbreviated rules as well as the comprehensive set of rules as versus the average non-compliance for those programs that were determined to not be eligible for an abbreviated review. For non-eligible programs, the respective non-compliances for abbreviated rules an the comprehensive set of rules were 3.07 and 5.36 each being statistically significant with an ANOVA: F = 7.47; p < .007 and F = 6.07; p < .02 when compared to the eligible programs.

Homes:

There were 70 homes that were evaluated. Out of the 70 homes, 17 were determined to be eligible for an abbreviated review. After the random review process, this number was reduced to 13. Saskatchewan's results continued to be in line with national/international averages.

The average non-compliance or violations for the comprehensive review was 4.16 with a range of 0 - 27 while the average non-compliance or violations for the abbreviated review was 2.09 with a range of 0 - 11. A correlation coefficient was run between the results of the comprehensive reviews and the abbreviated reviews and an r = .95; p < .0001 was determined. This result clearly demonstrates that abbreviated reviews are very effective when compared to comprehensive reviews for homes as well as for centres.

For those programs that were determined to be eligible for an abbreviated review the average non-compliance was 0.31 for the abbreviated rules and 0.54 for the comprehensive set of rules as versus the average non-compliance for those programs that were determined to not be eligible for an abbreviated review. For non-eligible programs, the respective non-compliances for abbreviated rules and the comprehensive set of rules were 2.49 and 4.98 each being statistically significant with an ANOVA: F = 7.89; p < .006 and F = 7.71; p < .007 when compared to the eligible programs.

Conclusions

It is clear from the pilot study results that for both centres and homes, the Saskatchewan Differential

Monitoring System works very well by the relationship between the abbreviated and comprehensive review inspections. There were statistically significant results when comparing both independently collected data and there were statistically significant differences between the eligible and non-eligible programs. This study clearly demonstrates the efficacy of utilizing abbreviated inspection reviews within a differential monitoring approach (key indicator + risk assessment rules) in that it is as reliable as having completed a comprehensive inspection review.

The next step for the Province of Saskatchewan's Ministry of Education is to see about incorporating the Quality Indicators into the Differential Monitoring approach. By doing this, Saskatchewan would have a fully functional compliance + quality monitoring system providing a balance between regulatory compliance and performance which has always been the goal of differential monitoring.

Please see the following documents and reports which provide additional details for the differential monitoring approach:

- 1) Policies and Procedures Manual;
- 2) Key Indicator Report;
- 3) Risk Assessment Report;
- 4) Validation of Key Indicators and Risk Assessment Rules;
- 5 & 6) Abbreviated Checklists for Centres and Homes; and
- 7) Early Care and Education Quality Indicators.

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Saskatchewan Ministry of Education Early Learning and Child Care Program

Policy and Procedures for Key Indicator System Use Version 8.0 December 17, 2019

I. Purpose

The purpose of this document is to establish policy and procedures for the application and administration of the Saskatchewan Ministry of Education, Early Learning and Child Care's Key Indicator System (KIS).

II. Legal Authority

Chapter C-7.31-20(1),(2)

The minister, or a person appointed by the minister for the purpose, may enter any place or premises and conduct an inspection or inquiry for the purpose of:

- (a) ensuring the safety and well-being of children receiving childcare services; or
- (b) administering this Act and the regulations.

Every licensee shall, at all reasonable times during the hours of operation of the facility:

- (a) cause the facility to be open for inspection by the minister or person appointed by the minister; and
- (b) cause all records relating to the operation of the facility to be available for inspection by the minister or person appointed by the minister.

III. Definitions

For purposes of this document¹, the following words and terms have the following meanings, unless the context clearly indicates otherwise:

Applicant – A corporation, co-operative, municipality, partnership or individual who seeks to obtain a license to operate a child care facility.

Inspection - The process of measuring compliance with requirements for licensure by an applicant or facility.

- a. *Initial Inspection* An inspection conducted for purposes of determining whether to license an applicant.
- Full Inspection An inspection where compliance with all applicable rules are measured.
- c. Partial Inspection An inspection where compliance with a subset of rules are measured.

¹ The definitions used here are for purposes of these policies and procedures only and do not supersede, replace, or modify any statutory or rule definition.

 d. Indicator Inspection – A type of Partial Inspection where compliance with Key Indicators, Weighted-Risk rules and Random Rules are measured that is conducted in lieu of a Full Inspection.

Key Indicators (KI) – A subset of rules that predict compliance with all of the rules.

Key Indicator System (KIS) – A type of targeted measurement where compliance with Key Indicators is measured for purposes of determining total compliance without the need for a Full Inspection².

ELCCP – Early Learning and Child Care Program in the Saskatchewan Ministry of Education.

Licensee or facility - The corporation, co-operative, municipality, partnership or individual responsible for compliance with statutes and rules required for licensure.

Consultant – An agent of the ELCCP authorized to complete inspections.

Regulated Setting – The building and grounds operated by a licensee subject to compliance with applicable rules.

Rules – The requirements for licensure with which Child Care Centres, Group Family Child Care Homes, and Family Child Care Homes must comply.

Sanction – A formal penalty for noncompliance with applicable rules, including but not limited to a provisional license, amendment, suspension, emergency closure, or fined offense for contravention of any provision of the Act or regulations.

IV. Eligibility for Indicator Inspections

In order to be eligible for an Indicator Inspection, a facility must meet all of the following criteria:

- 1. The facility must be operating and licensed for a period of no less than two (2) consecutive years.
- 2. The facility must have received at least one Full Inspection following the Initial Inspection.
- 3. For child care centres, the same Director must have been employed at the facility for a period of no less than two (2) consecutive years.
- 4. A facility that has relocated, must have been in operation for a period of no less than one (1) year in the new location.
- 5. A family child care home that converts to a group family child care home must have been in operation for a period of no less than (1) year under the new licence category.
- 6. The facility may not have been subject to sanctions within the past two (2) years.
- 7. The facility may not have been cited for violating any of the applicable Key Indicators within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s). Key Indicator rules are listed at Appendix B.

² Please see Appendix A for additional information about Key Indicator Systems.

- 8. None of the Weighted-Risk rules listed at Appendix C were cited within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).
- 9. The facility is not currently under investigation by the Early Learning and Child Care Program (ELCCP) or any other oversight agency (Child and Family Services, RCMP, or Police).

V. Procedures for Conducting Indicator Inspections

- Determine if the facility is eligible for an Indicator Inspection based on the criteria in Section IV above.
 - a. The facility will not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.
- 2. Prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules. The additional rules are to be selected randomly using a consistent selection process; consultants shall not select rules based on personal preference, ease of compliance measurement, or similar standard. The process for selecting the three rules is listed at Appendix D.
- 3. Upon arrival at the regulated setting, the consultant will:
 - a. Perform all standard activities for arrival based on the type of regulated setting.
 - b. Conduct a brief walkthrough of the setting to identify any immediate health and safety risk or blatant rule violations.
 - i. If an immediate health and safety risk is identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
 - ii. If one or more blatant rule violations are identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
- 4. If following the walkthrough at Section 3-b above, the facility is eligible for an Indicator Inspection, the consultant will:
 - a. Briefly describe the ELCCP's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
- 5. During the course of the inspection, the consultant will measure compliance with all of the following:
 - a. The KI rules;
 - b. The Weighted-Risk rules; and
 - c. The three (3) rules identified at Section 2 above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations of the above rules are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with ELCCP policy.

VI. Ongoing Activities

- 1. No facility may receive more than two (2) consecutive Indicator Inspections.
- 2. Kls will be recalculated at least every five (5) years.
- 3. Weighted-Risk rules will be recalculated as needed.
- 4. If there are amendments to the regulations and if they are deemed to be significant (KIs or Weighted-Risk Rules are eliminated or altered) by the ELCCP, recalculation of KIs and Weighted-Risk rules may occur.

VII. ELCCP Discretion

- 1. ELCCP is under no obligation to conduct an Indicator Inspection even if the facility meets all of the eligibility criteria at Section IV above.
- 2. Indicator Inspections are a privilege, not an entitlement; the decision not to complete an Indicator Inspection even if the facility meets all of the eligibility criteria at Section IV above is not subject to appeal.
- 3. These policies and procedures shall not be construed to reduce, limit or restrict ELCCP's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind ELCCP in any other action and shall not be construed as evidence of ELCCP practice, policy or interpretation with respect to any dispute or issue not addressed herein.

Appendix A Key Indicator Systems: How they Work, why they Work, and the Benefits of Using Them

Targeted measurement tools are licensing inspection methods that increase the effectiveness and efficiency of a consultant y oversight agency without producing recurring operational costs. In other words, targeted measurement tools maximize performance while minimizing costs.

Consultant y oversight agencies nationwide are moving towards targeted measurement as an effective alternative to traditional licensing methods. Instead of measuring every rule during every inspection in every licensed setting every year, targeted measurement allows agencies to devote more resources to struggling licensees by shifting resources away from high-performing providers while still ensuring that safe, high-quality care is provided in all settings. **Key Indicator Systems**, or KIS, are a kind of targeted measurement tool.

Many people mistakenly believe that KIS identify the most "serious" rules (that is, the rules which, if violated, pose the greatest risk to children in care, e.g. leaving children unattended or water temperatures that are too hot). In actuality, KIS identify a subset of licensing rules that statistically predict compliance with the entire set of rules.

How Key Indicator Systems Work

Research has shown that some violations are usually identified during the licensing inspections, even at the most highly-compliant settings. Highly-compliant settings and settings with low compliance share some consultant y violations, but certain violations tend to appear more frequently in settings with low compliance. KIS development includes establishing what it means for a setting to be "high compliance" (few total violations during inspections) or "low compliance" (many violations during inspections), testing the statistical relationship between individual violations and overall compliance in historical inspection data, and identifying the violations that have the closest relationship between "individual" compliance and total compliance. Consider the following illustration:

Rule	High Compliance Setting	Low Compliance Setting
X	Compliant	Violation
У	Compliant	Violation
Z	Violation	Violation

In this illustration, analysis of rules *x* and *y* found that high compliance settings are usually compliant with the rules, while low-compliance settings are usually not compliant with the rule. Moreover, rule *z* is usually found to be in violation at both high and low compliance settings. This tells us that rule *z* is probably not a good indicator of overall compliance, but rules *x* and *y* may be indicators of overall compliance. Next, we analyze the statistical relationship between the rules and the settings' levels of compliance to determine if rule compliance really is a good predictor of overall compliance. The results of the testing might look like this:

Rule	High Compliance Setting	Low Compliance Setting	Strength of Relationship
X	Compliant	Violation	Close relationship (Good predictor)
У	Compliant	Violation	Moderate relationship (Poor predictor)
Z	Violation	Violation	No relationship (Terrible predictor)

What this means is, if a setting is in compliance with rule x, then we can be very confident that the setting is in compliance with all the other rules as well, whereas compliance with rules y and z tell us nothing about overall compliance. Knowing this, we can conduct an abbreviated inspection where only rule x is measured to determine overall compliance.

The above illustration is a simplified example. KIS usually identify between 20-30 rules that are good predictors of overall compliance, but the principle is the same: if there are, say, 500 rules, we can predict overall compliance by measuring compliance with only 30 of those rules.

Additionally, there are safeguards in place to ensure that KIS do not inadvertently result in harm to children in care. One such safeguard is the development of eligibility criteria for participation in an indicator (i.e. abbreviated) inspection. Not all licensed settings are eligible for KIS inspections. Factors that generally preclude indicator

inspection eligibility include a recent history of licensing enforcement action, the identification of a "serious" violation during the most recent inspection, operation of a setting by an owner for less than 2-3 years, or an open complaint of noncompliance during the scheduled inspection period. Another safeguard is expanding the inspection to include all rules in the event that a key indicator rule is found to be noncompliant during an inspection. Using the example above, if a setting was found to be out of compliance with rule x during an indicator inspection, the surveyor would then measure compliance will all rules to determine the full scope of noncompliance. A third safeguard is the identification of rules that will always be measured during every inspection, even if the rule is not a key indicator. For example, research has found that noncompliance with swimming or water-related rules frequently leads to harm or even death. As a result, it is recommended that such rules be measured during all inspections.

Why we know Key Indicator Systems Work

The National Association for Consultant y Administration (NARA) has been developing and refining qualitative and qualitative targeted measurement tools, especially KIS, for over 30 years. NARA's professional services and educational curricula have been used by dozens of states and provinces for program-specific research, training, and customized technical assistance for child day and residential care settings, care settings for older adults, and care settings for persons with mental illness and intellectual disabilities. NARA's methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care. Additionally, although each state's key indicator rules are different, independent research conducted by Dr. Richard Fiene, an early-child education professional and NARA consultant, has found patterns in key indicators of compliance/quality in childcare programs, suggesting that certain areas of consultant y oversight function as key indicators nationwide (these include: child abuse reporting and clearances, proper immunizations, staff-to-child ratio and group size, director and teacher qualifications, staff training, supervision/discipline, fire drills, administration of medication, emergency contact/plan, outdoor playground safety, inaccessibility of toxic substances, and handwashing/diapering).

The Benefits of Key Indicator Systems

Key Indicator Systems do not just benefit the licensing agency; in fact, their use benefits all stakeholders.

- The consultant y oversight agency is able to spend more time monitoring and providing technical assistance to noncompliant providers by spending less time in compliant programs.
- Providers benefit from shorter inspections by maintaining compliance.
- **Persons in care** enjoy a higher degree of health and safety protection.
- The public is assured that strong licensing continues even if resources are reduced.

Appendix B Key Indicator Rules

Child Care Centre Key Indicator Rules

R24. Nutrition

24(2)(a) Meals and snacks meet nutritional needs

R37. Attendance Records

- 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance
- 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged

R41. Centre Director and Supervisor

• 41(1)(b) Supervisor to act in place of the centre director in the centre director's absence

R42. Child Care Workers

- 42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of an ECE I
- 42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II
- 42(2)(d) A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE IR43.

R43. Exemption

• 43(1) May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements

R44. First Aid and CPR

- 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course
- 44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation

R45. Criminal Record Searches

45(1) Criminal record check for each centre employee

R47. Employee Records

- 47(b) Proof of first aid/CPR training
- 47(c) Results of criminal record check

Family Child Care Home Key Indicator Rules

R28. Hazardous Items

28(b) Poisonous substances locked

R31. First Aid Supplies

31 Appropriate and sufficient first aid supplies and inaccessible to children

R32. Portable Emergency Information

32 Portable record of emergency information for each child attending

R33. Taking Certain Supplies

• 33(b) Appropriate and sufficient first aid supplies

R36. Children's Records

- 36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency
- 36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner
- 36(2)(d) The child's immunization status
- 36(2)(f)(ii) Any authorization by the child's parent for an excursion involving transportation
- 36(2)(h) The agreement for services

R37. Attendance Records

- 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance
- 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged

R38. Insurance

• 38(b) Insurance policy - liability coverage with respect to the transportation of children

Appendix C Weighted Risk Rules

Child Care Centre Weighted Risk Rules

R08. Application for Licence, Renewal

- 8(1)(a) Health Inspection
- 8(1)(b) Fire Inspection

R27. Medication

- 27(1)(a) Authorization is acquired
- 27(1)(b) Written record of each dose of medication administered
- 27(1)(c) All non-emergency medications are stored in a locked enclosure
- 27(2) Oral authorization in exceptional circumstances for administering non-prescription

R28. Hazardous Items

- 28(a) Unsafe items inaccessible
- 28(b) Poisonous substances locked
- 28(c) Cover radiator
- 28(d) Cap electrical outlets

R49. Duty to Supervise

• 49 Children must be adequately supervised at all times

R52. Supervision at Centre

• 52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5)

Family / Group Child Care Home Weighted Risk Rules

R10. Application for Licence, Renewal – Home

• 10(e) Criminal Record Check(s)

R21. Hygiene

- 21(a) Equipment and furnishings sanitary
- 21(b) Hygienic procedures are followed

R27. Medication

- 27(1)(a) Authorization is acquired
- 27(1)(b) Written record of each dose of medication administered
- 27(1)(c) All non-emergency medications are stored in a locked enclosure

• 27(2) Oral authorization in exceptional circumstances for administering non-prescription

R28. Hazardous Items

- 28(a) Unsafe items inaccessible
- 28(c) Cover radiator
- 28(d) Cap electrical outlets

R61. Qualifications Licensees

- 61(1) First aid (Type expiry date of certificate):
- 61(2) CPR (Type expiry date of certificate):

R64. Assistant Records

A licensee of a GFCCH - maintain records for each assistant that includes:

- 64(a) A copy of proof of training in first aid and CPR
- 64(b) The results of a criminal record check
- 64(c) Any emergency medical information
- 64(d) A copy of the proof of participation in continuing education

Appendix D Process to Identify Random Rules

- 1. If it is determined that a facility is eligible for an Indicator Inspection, based on the criteria in Section IV, prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules in accordance with Section V paragraph 2.
- 2. An "easy to use" Excel random number generator will be used to select three unique random rules.
- 3. The Consultant will open the Excel Random Rules Generator and select one of five tabs at the bottom for the facility type of the current Indicator Inspection which include:
 - a. Child Care Centre
 - b. Teen Student Support Child Care Centre
 - c. Family Child Care Home
 - d. Group Family Child Care Home
 - e. Teen Student Support Family Child Care Home.
- 4. The Consultant will follow the instructions in the text box provided to generate the random rules. Clicking the button "Press Here" will generate three (3) random rules.
- 5. The Consultant will only click the random rule generator button once.
- 6. Using the appropriate Checklist for facility type (centre or home), the consultant will place an R in the column provided next to the corresponding number on the checklist to indicate that this rule must be checked during the inspection.
- 7. Additional rules are selected using the Excel Random Rules Generator. Consultants should not select rules based on personal preference, ease of compliance measurement, or similar standard.
- 8. Consultants should contact their respective Program Manager, if any issues arise in the generation of the random rules.

The Saskatchewan Key Indicator System: The First Step in Developing a Differential Monitoring Approach

Richard Fiene, Ph.D.

August 2019

The purpose of this report is to provide the Ministry of Education in the Province of Saskatchewan with the results of their key indicator study as well as trends in regulatory compliance in the Province as compared to the ECPQIM International Data Base Project. This report will provide a brief introduction and overview to licensing key indicators, overview data, licensing key indicator methodology, and the results from the study depicting the statistics as well as the key indicator rules.

The use of Licensing Key Indicator Rules is to help make an overall monitoring system more efficient and effective through a use of predictive rules/regulations. It is a component system within a differential monitoring approach which targets the types of monitoring visits to programs based upon regulatory compliance history. The other component system deals with weighted risk assessment but this system will not be addressed in this report. The following section of definitions will assist in distinguishing amongst the various systems and methodologies.

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 Appendices for the Logic Model and Algorithm.

Overview Regulatory Compliance Data (Please see the Appendices for a graphic display)

There were 152 child care centers (CCC) used in the analyses and 82 family child care (FDC) homes. There were also 137 CCC rules and 112 FDC rules used in the analyses. The cutoff scores for the high group was 0-1 violations and 7 or more violations for the low group (CCC). The cutoff scores for the high group with FDC was no violations and 6 or more violations for the low group.

The range in rule violations for specific licensing key indicators ranged from 10% to 25% for CCC. For FDC is was from 7% to 19%.

Licensing Key Indicators

The cutoff score for the phi coefficient for CCC and FDC was .40 or greater, p < .0001. The reason for using these thresholds is that it increases predictability and decreases the chances of false negatives. Please see the following expanded checklist for additional details and placement within the tool.

CCC Rule	Brief Content	Phi Coefficient:
242a	Meals	.44
37bi	Attendance	.64
37bii	Fees	.63
412b	Supervisor/Director	.45
422b	ECE I	.49
422c	ECE II	.59
422d	ECE III	.51
431	Staff exempt	.62
442ai	First aid	.48
442aii	CPR	.48
451	Criminal Records	.42
47b	First aid/CPR	.44
47c	Criminal Records	.49

FDC Rule	Brief Content	Phi Coefficient:
28b	Poison Substances	.55
31	First aid supplies	.46
32	Emergency information	.50
33b	First Aid supplies	.41
362bii	Emergency contact	.41
362biii	Medical Personnel	.46
362d	Immunizations	.41
362fii	Excursions	.50
362h	Agreement	.41
37bi	Attendance	.50
37bii	Fees	.50
38b	Insurances	.59

CCC detail from Expanded Checklist – Key Indicators Bold Faced and Highlighted. The full Expanded Checklist is not provided since the Licensing Key Indicators were within a truncated portion of the Checklist:

R24. Nutrition□ 24(1) Provide meals and snacks (include menu posted, ch

□24(1) Provide meals and snacks (include menu posted, children are fed every 3 hours)
 Comments:

 □24(2)(a) Meals and snacks meet nutritional needs
 Comments:
 □24(2)(b) Children are fed in appropriate manner for age and development
 Comments:

R25. Food Services

□25(a) Adequate and safe procedures - food handling, preparation, serving and storage Comments:
 □25(b) Adequate and safe procedures - cleansing utensils
 Comments:

R26. Child with Communicable Disease

□26(a) Contact public health officerComments:□26(b) Recommendations or instructions from public health officer are followedComments:

R27. Medication

□27(1)(a) Authorization is acquired Comments:

 \square 27(1)(b) Written record of each dose of medication administered

Comments:	
\square 27(1)(c) All non-emergency medications are stored in a locked enclosure	
Comments:	
\Box 27(2) Oral authorization in exceptional circumstances for administering non-prescription	or
(with written confirmation of authorization after)	
Comments:	
R28. Hazardous Items	
□28(a) Unsafe items inaccessible	
Comments:	
□28(b) Poisonous substances locked	
Comments:	
□28(c) Cover radiator	
Comments:	
□28(d) Cap electrical outlets	
Comments:	
R29. Telephone, Emergency Numbers	
\square 29(a) Telephone in working order	
Comments:	
\square 29(b) Emergency numbers posted	
Comments:	
R30. Emergency Evacuation	
\square 30 Develop an emergency evacuation plan and practice it monthly	
Comments:	
R31. First Aid Supplies	
\Box 31 Appropriate and sufficient first aid supplies and inaccessible to children	
Comments:	
R32. Portable Emergency Information	
☐ 32 Portable record of emergency information for each child attending	
Comments:	
R33. Taking Certain Supplies	
□33(a) Portable record of emergency information	
Comments:	
□33(b) Appropriate and sufficient first aid supplies	
Comments:	

R34. Injuries, Unusual Occurrences (also discuss child abuse protocol and ensure there is a copy and policies, procedures)

\square 34(a) Immediately notify parent	
Comments:	
\square 34(b) Within 24 hours notify consultant	
Comments:	
☐34(c) Within seven days complete/submit report Comments:	rt
R35. Volunteers	
\square 35(1) Child care worker is present at all times w Comments:	hen a volunteer is in attendance
R36. Children's Records	
\square 36(1)(a) Keep a record for each child Comments:	
\square 36(1)(b) Retain the record for a period of six year Comments:	ars.
☐36(2)(a) Child's name and date of birth (Child's Ho Comments:	ealth Resume & Child's Emergency Information)
☐ 36(2)(b)(i) Names, addresses and phone numbe Resume & Child's Emergency Information) Comments:	ers of the child's parents (Child's Health
☐ 36(2)(b)(ii) Names, addresses and phone number (Child's Health Resume & Child's Emergency Information Comments:	_ ·
☐ 36(2)(b)(iii) Names, addresses and phone numb (Child's Health Resume & Child's Emergency Information Comments:	•
☐ 36(2)(c) Any allergy, illness or other medical cor Emergency Information) Comments:	ndition (Child's Health Resume & Child's
\square 36(2)(d) The child's immunization status (Child's Comments:	Health Resume & Child's Emergency Information)
☐ 36(2)(e) Any medication authorization provided (Medication form) Comments:	l/any record of medication administered
☐36(2)(f)(i) Any authorization by the child's parer transportation (Excursion form) Comments:	nt for an excursion not involving
☐ 36(2)(f)(ii) Any authorization by the child's pare transportation (Excursion form) Comments:	nt for an excursion involving
☐36(2)(g) Any report regarding an injury or unusu & Minor Injury Report) Comments:	ual occurrence (Injury/Unusual Occurrence form

☐36(2)(h) The agreement for services Comments:	
R37. Attendance Records (review records for past 12 months □ 37(a) Complete and accurate monthly child attended Comments:	dance records
☑37(b)(i) Obtain signature of the parent monthly tatendance Comments: Comments:	o verify hours/days of the child's
⊠37(b)(ii) Obtain signature of the parent monthly	to verify the fees charged
Comments: \square 37(c) Forward the records to the ministry (Social Social	Service Subsidy) each month
R38. Insurance □38(a) Insurance policy - comprehensive general liacoverage Insurer: Click or tap here to enter text. Policy Number: Click or tap here to enter text. Comments:	ability coverage and personal injury expiry date: Click or tap to enter a date.
□38(b) Insurance policy - liability coverage with res If do not transport children, N/A □ Insurer: Click or tap here to enter text. Policy Number: Click or tap here to enter text. Comments:	pect to the transportation of children Expiry date: Click or tap to enter a date.
R39. Materials to be Made Available 39(a) The Act Comments: 39(b) The regulations Comments: 39(c) Philosophy and program Comments: 39(d) Child management policy Comments: 39(e) Operational policies Comments: 39(f) Fee schedule Comments: 39(g) Any other materials that the Director may religentify any other information requested (If none Comments:	

R40. Confidentiality
\square 40(1)(a)(i) Personal information
Comments:
\Box 40(1)(a)(ii) Any record with respect to a child or a child's parent
Comments:
☐ 40(1)(b)(i) Not disclose without parent permission as required for health or safety of the child Comments:
☐ 40(1)(b)(i) Not disclose without parent permission as required by law Comments:
\Box 40(3)(a) May disclose to a collection agency the name and address of the child's parent
\Box 40(3)(b) May disclose to a collection agency the amount of fees owing by the parent
\Box 40(3)(c) May disclose to a collection agency the nature of the fees owing by the parent
Comments:
Regulations Part IV – Standards for Centres Section
R41. Centre Director and Supervisor
\square 41(1)(a) Centre director is appointed and
Comments:
☑41(1)(b) Supervisor to act in place of the centre director in the centre director's absence
Comments:
\square 41(2)(a) Centre director must be at least 18 years of age
Comments:
\square 41(2)(b) Meets or exceeds the qualifications of an ECE III or 41(4) Comments:
\square 41(3)(a) Supervisor must be at least 18 years of age
Comments:
\square 41(3)(b) Meets or exceeds qualifications of an ECE I
Comments:
R42. Child Care Workers
\square 42(1) Child care worker must be at least 16 years of age
Comments:
△42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of
<mark>an ECE I</mark>
Comments:
△42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or
more meet or exceed the qualifications of ECE II
Comments:
△42(2)(d) A further 20% of persons employed in the centre as child care workers for 65
hours or more meet or exceed the qualifications of ECE III
Comments:

R43. Exemption	
△43(1) May apply for exemption if unable to hire a director or supervisor whose	
qualifications meet requirements or child care workers whose qualifications meet the	ıe
<mark>requirements</mark>	
Comments:	
R44. First Aid and CPR	
\square 44(1) At least one person is on the premises who has first aid/CPR during hours of	
operation	
□44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as	;
centre, director, supervisor or child care worker has completed a first aid course	
Comments:	
□ 44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month a	S
centre, director, supervisor or child care worker has completed a course in	
cardiopulmonary resuscitation	
Comments:	
\Box 44(2)(b) When required to do so by the director, retakes a course in (a)	
Comments:	
R45. Criminal Record Searches	
△45(1) Criminal record check for each centre employee	
Comments:	
\square 45(2)(a) Establish written policies with respect to criminal record checks	
Comments:	
\Box 45(2)(b) Make policies with respect to criminal record checks known to	
employees/potential employees	
Comments:	
R46. Health of Employees	
\square 46(4)(a) If employee may have category I or category II communicable disease, the	
licensee must notify public health	
(b) Ensure recommendations/instructions followed.	
Comments:	
R47. Employee Records	
\square 47(a) Copy of employee's ECE certificates	
Comments:	
☑ 47(b) Proof of first aid/CPR training	
Comments:	
△47(c) Results of criminal record check (Note to File completed)	

Comments:
\square 47(e) Copy of all medical reports for employee
Comments:
FDC Detail from Expanded Checklist - Key Indicators Bold Faced and Highlighted. The full Expanded Checklist is not provided since the Licensing Key Indicators were within a truncated portion of the
Checklist:
R28. Hazardous Items
\square 28(a) Unsafe items inaccessible
Comments:
⊠28(b) Poisonous substances locked
Comments:
□28(c) Cover radiator
Comments:
\square 28(d) Cap electrical outlets
Comments:
R29. Telephone, Emergency Numbers
\square 29(a) Telephone in working order
Comments:
\square 29(b) Emergency numbers posted
Comments:
R30. Emergency Evacuation
□ 30 Develop an emergency evacuation plan and practice it monthly
Comments:
R31. First Aid Supplies
⊠31 Appropriate and sufficient first aid supplies and inaccessible to children
Comments:
R32. Portable Emergency Information
⊠32 Portable record of emergency information for each child attending
Comments:
R33. Taking Certain Supplies
□ 33(a) Portable record of emergency information
Comments:
⊠33(b) Appropriate and sufficient first aid supplies
Comments:

R34. Injuries, Unusual Occurrences (also discuss child abuse protocol and ensure there is a copy and policies, procedures)

□34(a) Immediately notify parent
Comments:
□34(b) Within 24 hours notify consultant
Comments:
\square 34(c) Within seven days complete/submit report Comments:
Comments.
R35. Volunteers
\square 35(2) The licensee, alternate or, assistant (GF) is present when a volunteer is in attendance
Comments:
R36. Children's Records
\square 36(1)(a) Keep a record for each child
Comments:
\square 36(1)(b) Retain the record for a period of six years.
Comments:
\square 36(2)(a) Child's name and date of birth (Child's Health Resume & Child's Emergency Information)
Comments:
\square 36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health
Resume & Child's Emergency Information)
Comments:
☑36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information)
Comments:
⊠36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner
(Child's Health Resume & Child's Emergency Information)
Comments:
\square 36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's
Emergency Information)
Comments: 36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency
Information)
Comments:
\square 36(2)(e) Any medication authorization provided/any record of medication administered
(Medication form)
Comments:
\square 36(2)(f)(i) Any authorization by the child's parent for an excursion not involving
transportation (Excursion form)
Comments:
⊠36(2)(f)(ii) Any authorization by the child's parent for an excursion involving
transportation (Excursion form)
Comments:
☐36(2)(g) Any report regarding an injury or unusual occurrence (Injury/Unusual Occurrence form & Minor Injury Report)

Comments:
☑36(2)(h) The agreement for services
Comments:
R37. Attendance Records (review records for past 12 months)
\square 37(a) Complete and accurate monthly child attendance records
Comments:
☑37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's
<mark>attendance</mark>
Comments:
⊠37(b)(ii) Obtain signature of the parent monthly to verify the fees charged
Comments:
\square 37(c) Forward the records to the ministry (Social Service Subsidy) each month
Comments:
R38. Insurance
\square 38(a) Insurance policy - comprehensive general liability coverage and personal injury
coverage
Insurer: Click or tap here to enter text.
Policy Number: Click or tap here to enter text. Expiry date: Click or tap to enter a date.
Comments:
⊠38(b) Insurance policy - liability coverage with respect to the transportation of children
If do not transport children, N/A 🗆
Insurer: Click or tap here to enter text.
Policy Number: Click or tap here to enter text. Expiry date: Click or tap to enter a date.
Comments:

Conclusion:

The CCC and FDC key indicators represent approximately 10% of all the rules and regulations for their respective service type which is typical of the percentage of rules selected as key indicators. With these particular rules, they are not based upon risk but upon predictability in that these licensing rules statistically predict overall regulatory compliance. There is some overlap with the *Fiene Thirteen Key Indicators* and the *International ECPQIM data base*, such as with Immunizations, First Aid, CPR, Criminal Records Check, and Staff Qualifications.

APPENDICES

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 -> KI

5) If KI > 0 -> CI or if C < 100 -> CI

6) If RA (NC% > 0) -> CI

7) KI + RA = DM

8) KI = ((A)(D)) - ((B)(E)) / sqrt ((W)(X)(Y)(Z))

9) $RA = \Sigma R1 + \Sigma R2 + \Sigma R3 + \Sigma Rn / N$

10) (TRC = 99%) + (ϕ = 100%)

11) (CI < 100) + (CIPQ = 100) -> KI (10% CI) + RA (10-20% CI) + KIQP (5-10% of CIPQ) -> 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 >= .26+ Include; KI <= .25 Null, do not include

RA = Risk Assessment

ΣR1 = 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...Rn).

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

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

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

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

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

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

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

High Group = Top 25% of Programs in Compliance with all Compliance Measures (ΣR).

Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures (ΣR).

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

 $CI \times PQ => RA + KI => DM + PD => CO$

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)

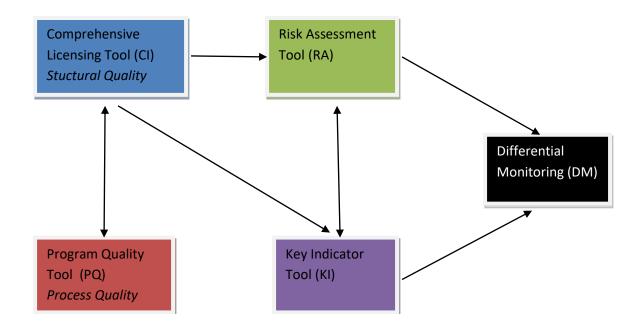
RA = Risk Assessment, (High Risk Rules)(Stepping Stones)

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

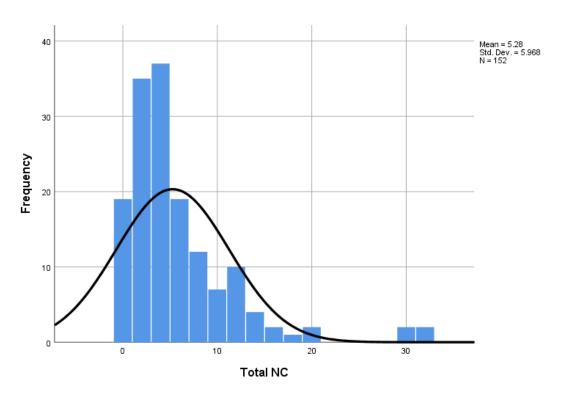
DM = Differential Monitoring, (How often to visit and what to review)

PD = Professional Development/Technical Assistance/Training

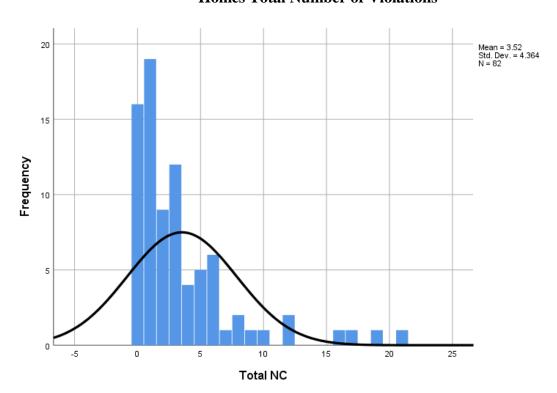
CO = Child Outcomes (See Next Slide for PD and CO Key Elements)



Centers Total Number of Violations



Homes Total Number of Violations



RESEARCH REPORT

Saskatchewan Weighted Risk Assessment Study

Abstract

This report provides the results from the Saskatchewan Licensing Weighted Risk Assessment Study which dealt with over 200 centre and home based stakeholders.

The Saskatchewan Centre and Home Based Weighted Risk Assessment Study Richard Fiene, Ph.D.

National Association for Regulatory Administration Research Institute for Key Indicators and Penn State University October 2019

Abstract

This report will describe the Saskatchewan Centre and Home Based Weighted Risk Assessment Study providing the detailed weights of each service type. The Weighted Risk Assessment Methodology is the other abbreviated inspection approach in Differential Monitoring. When coupled with the Licensing Key Indicator Methodology it provides a cost effective and efficient monitoring and assessment of early care and education programs.

INTRODUCTION

In licensing and regulatory administration, every regulatory requirement is important. However, anyone can recognize that some regulations pose a greater threat to children's health and safety than others. Weighted Risk Systems allow states, provinces, and other jurisdictions to qualitatively rank regulatory requirements to identify regulations that pose the greatest risk of harm to children.

A key component of Weighted Risk System development is to assign numerical "weights" to each regulatory requirement. These weights are then used to identify the most "serious" regulatory violations. This report presents the regulations that pose the most immediate threat to the health, safety, or well-being of children, and/or present the greatest risk of death or serious physical or emotional injury to children if the compliance with regulations is not met in Child Care Homes and Child Care Centres regulated by the Province.

The Province in conjunction with NARA identified a sample of stakeholders in the regulatory oversight process. Stakeholders identified included but were not limited to Provincial staff and licensees. Using an online measurement instrument, stakeholders were asked to assign a numerical "weight" to each regulation for each type of setting regulated by the Province. Numerical weights ranged from 1 ("No threat to the health, safety, or well-being of residents if the regulation is not met; individuals are not at risk in any way due to violation of regulation) to 8 ("Immediate threat to the health, safety, or well-being of residents if the regulation is not met; individuals would be in danger of death or serious physical or emotional injury if the regulation is in violation").

METHOD

The National Association for Regulatory Administration (NARA) in cooperative agreement with the Research Institute for Key Indicators LLC (RIKI) have developed and enhanced Differential Monitoring and the respective abbreviated inspections methodologies of Weighted Risk Assessment and Licensing Key Indicators.

The risk assessment methodology is very different from the key indicator methodology in that compliance history data are not utilized but rather a best practice ranking according to risk is used to determine which rules become core rules which have the greatest likelihood to place children at significant risk of morbidity or mortality. This is done by having a group of experts rank order all the rules on a Likert Scale from low risk to high risk of mortality or morbidity that non-compliance with the rule places children at. This is generally done on a 1-10 scale with 1 = low risk; 5 = medium risk; and 10 = high risk. The experts selected include but are not limited to licensing staff, policy makers, researchers, providers, advocacy groups, parents, and other significant stakeholders who will be impacted by the weighting of the rules.

Once the data are collected from all the experts, it is averaged for each rule to determine its relative rank in comparison to all the other rules. A significantly high threshold or cut off point is determined so that no more than 5-10% of the rules become core rules. These core rules can then be used in a differential monitoring approach (to be described more fully in the next section) and/or with the key indicators to complete abbreviated reviews of child welfare programs. It is recommended that such a practice of using both core rules and key indicators be used together because than the state has the benefits of both methodologies in measuring risk and being able to statistically predict overall compliance with a very short list of rules.

The remainder of this section describes the process for developing a licensing weighting/risk assessment system for use in the implementation of human care licensing rules and discusses the applicability of weighting/risk assessment system for all types of human service licensing.

A licensing weighting/risk assessment system is a regulatory administration tool designed for use in implementing human care licensing rules. A licensing weighting/risk assessment system assigns a numerical score or weight to each individual licensing rule or section of a rule, based upon the relative health, safety and welfare risk to the consumers if a facility is not in compliance with the rule. The type of license issued is based on the sum of the numerical weights for each rule that is not in compliance.

The specific objectives of a licensing weighting/risk assessment system are:

- a) To standardize decision-making about the type of license to be issued
- b) To take into account the relative importance of each individual rule
- c) To ensure that rules are enforced consistently
- d) To improve the protection of consumers through more equitable and efficient application and enforcement of the licensing rules

A licensing weighting/risk assessment system can and should be developed and implemented only if:

- 1) Regular or full licenses are issued with less than 100% compliance with all rules. If a regular license is not issued unless all violations are corrected at the time of license issuance, a weighting/risk assessment system is not necessary. A weighting/risk assessment system in useful if a facility is issued a license with outstanding violations (and a plan to correct the non-compliance areas) at the time of license issuance.
- 2) There is a large number of licensing rules with a variation of degrees of risk associated with various rules. If there are only a few rules with equal or similar risk associated with each rule, a weighting/risk assessment system is not necessary. A weighting/risk assessment system is useful if there are many rules with varying degrees of risk.
- 3) A standardized measurement system or inspection instrument is used to measure compliance with licensing rules. Before developing a weighting/risk assessment system, a standardized measurement instrument or tool should be developed and implemented.

Development of a Weighting/Risk Assessment System

This section will provide a step-by-step process in the development of a weighting/risk assessment system for licensing agency use.

- 1) The first step in developing a licensing weighting/risk assessment system is the development of a survey instrument. A licensing inspection instrument or measurement tool can be adapted into a survey tool. The survey should contain each rule or section of a rule, according to how it is measure in the inspection instrument. Survey instructions should explain the purpose of the survey and instructions for completing the survey instrument. It is suggested that survey participants rate each rule section from 1-8 based on risk to the health, safety and welfare of the clients if the rule is not met (1 = least risk; 8 = most risk).
- 2) Surveys should be disseminated to at least 100 individuals. If a state has more than 3,000 licensed facilities in the type of service being surveyed, consideration for surveying more than 100 individuals should be given. Individuals surveyed should include providers of service; provider, consumer and advocacy associations; health, sanitation, fire safety, medical, nutrition and program area professionals; licensing agency staff including policy/administrative staff and inspectors; consumers of service; parents; and funding agency staff. In order to assure a higher survey return rate, persons selected as survey participants should be contacted prior to the survey to explain the weighting/risk assessment system and request their willingness to complete the survey.
- 3) Survey results from each survey should be collected and entered into a computer data base spreadsheet software package or an online survey software. After all survey data

are recorded, means or average weights for each rule or section of a rule should be calculated. If there is sufficient variation in the means for each rule, the individual rule means can be rounded to the nearest whole number. Generally when comparing mean weights among the various groups surveyed there should be a similarity in rating among the groups, supporting the use of the weights as a reliable measure of risk.

RESULTS

The following contains the Rule, Brief description of the Rule, and its corresponding weight.

<u>Centres (n = 144):</u>

- R49. Children must be adequately supervised at all times. 7.77
- R44. At least one person is on the premises who has first aid/CPR during hours of operation. 7.68
- 15(b). A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management. 7.64
- 36(2)(c). Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information) 7.63
- 28(b). Store any poisonous substances at the facility in a locked enclosure. 7.59
- R55. No person will smoke in a centre (includes outdoor play areas and facility excursions). 7.54
- R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint. 7.51
- R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent; 7.50
- R45. Before an individual is hired as an employee in a centre, the licensee must obtain from the individual the results of a criminal record check with respect to that individual. 7.49
- R28. A licensee must: Store any unsafe items at the facility in a place that is inaccessible to children. 7.48
- R53. The licensee must ensure that there is at least one child care worker present to care for a group of children on a walk in the neighbourhood of the centre. 7.48
- 27(1)(b) ensure that a written record of each dose of medication administered is made. 7.42
- R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the mediation is administered to the child. 7.41
- 25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking. 7.41

- R25. Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food. 7.40
- 21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.38
- 53(2) The licensee must ensure that the number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (3) and (4). 7.37
- 28(c) Cover all radiators and hot pipes with non-combustible materials. 7.36
- R35. Child care worker is present at all times when a volunteer is in attendance. 7.36
- 27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 7.36
- 52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5). 7.33
- 26(b) ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out. 7.31
- 47(c) Results of criminal record check. 7.30
- 54(3)(a) On an excursion, the number of child care workers present meets the staff-to-child ratio set out in subsection (4) or (6); or 54(3)(b) On an excursion the number of child care workers present meets the staff-to-child ratio set out in subsection (5) or (7).

 7.27
- 54(8)(a) Consider the location and activities involved in the excursion and assess risks to the children. 7.25
- 36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information) 7.24
- R47. A licensee must maintain accurate and up-to-date records with respect to each employee that include: Proof of first aid/CPR training. 7.21
- 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course. 7.19
- 33(b) appropriate and sufficient first aid supplies. 7.19
- R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 7.19
- 36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information). 7.19
- R54. If on an excursion away from the centre, at least one child care worker and one adult, or two child care workers are present to care for the children 7.17
- R32. A licensee must maintain a portable record of emergency information for each child attending. 7.17

- R33. If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child.

 7.16
- R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children 7.15
- 44(2)(b) When required to do so by the director, retakes a course in first aid and cardiopulmonary resuscitation. 7.15
- R29. Ensure that the facility is equipped with a telephone in working order. 7.14
- 36(2)(e) Any medication authorization provided/any record of medication administered (Medication form) 7.13
- 28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets. 7.12
- R58. Ensure the centre has access to sufficient kitchen and dining facilities to provide food for children attending the centre. 7.10
- R36. A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information). 7.09
- 29(b) Ensure emergency telephone numbers are posted in a convenient location. 7.08
- 8(1)(b) Fire Inspection A report from the Fire Commissioner's local assistant respecting the fire safety standards of the centre. 7.06
- 8(1)(a) Health Inspection A report from the public health officer respecting the sanitation and general health and safety standards of the centre must be submitted with the application. 7.04
- 24(2)(b) Children are fed in appropriate manner for age and level of development. 7.04
- 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation.

 7.01
- 45(2)(a) A licensee of a centre must establish written policies with respect to criminal record checks. 7.00
- R30. Develop an emergency evacuation plan and practice it monthly. 6.97
- 47(f) Any emergency medical information for employee. 6.97
- 52(2)(b) the licensee has made arrangements for the provision of an additional individual in the event of an emergency. 6.94
- 45(2)(b) A licensee of a centre must make policies with respect to criminal record checks known to employees/potential employees. 6.87
- 24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility 6.81

- R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer. 6.76
- R59. The licensee of a centre must provide a safe outdoor play area of seven square metres per space; or At least half of the outdoor play area must be adjacent to the centre and the remainder must be within walking distance.6.76
- 52(2) If there are less than nine children in attendance and there are not more than three infants/toddlers, there may be only one child care worker present at the centre if: the staff-to-child ratio does not exceed the ratio set out in subsection (5).

 6.74
- R46. If a licensee of a centre has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: notify the public health officer; and ensure recommendations/instructions from the public health office are followed.

 6.72
- 20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe. 6.71
- R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage. 6.70
- R52. The licensee must ensure that there are two persons present at centre at all times including one child care worker and one other person at least 16 years of age while children are in attendance. 6.68
- R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.60
- 34(b) Within 24 hours after the occurrence, the licensee must notify the consultant. 6.56
- 27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.56
- 34(c) Within seven days after the occurrence, complete/submit report to the ministry. 6.45
- 8(1)(c) Heating Inspection A report from a person acceptable to the Director respecting the heating system in the premises in which the centre will be operated. 6.21
- R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities. 6.12
- R48. Any volunteer must be 16 years of age or older. 6.08
- R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.83
- 36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information) 5.47
- R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided. 5.40
- 36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information) 5.35

Homes (n = 76):

- 10(e) The results of a criminal record check with respect to the applicant and each adult who resides in the premises in which the home will be operated.

 7.29
- 36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information) 7.15
- R61. A licensee of a home must have successfully completed a first aid course. 7.14
- 15(b) A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management. 7.10
- R28. Store any unsafe items at the facility in a place that is inaccessible to children. 7.10
- 28(b) Store any poisonous substances at the facility in a locked enclosure. 7.09
- 61(2) A licensee of a home must have successfully completed training in cardiopulmonary resuscitation. 7.09
- R63. Before an individual is hired as an assistant in a group family child care home, the licensee must obtain from the individual the results of a criminal record check with respect to the individual. 7.05
- 21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.04
- R68. Children attending the home are adequately supervised at all times. 7.03
- R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent. 7.01
- R70. Ensure that the social environment promotes the safety and well-being of the children. 6.97
- 64(b) The results of a criminal record check. 6.89
- 63(2) A licensee of a group family child care home must ensure that each person employed as an assistant in the home: (b) successfully completes a first aid course within six months; Comments: (c) successfully completes training in cardiopulmonary resuscitation within six months of commencing employment if not covered under (b). 6.88
- 28(c) Cover all radiators and hot pipes with non-combustible materials. 6.87
- 27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 6.86
- 25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking. 6.83
- R25. Food Services 25(a) Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food. 6.83

- R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 6.78
- 28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets. 6.77
- R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the mediation is administered to the child. 6.74
- 33(b) appropriate and sufficient first aid supplies. 6.71
- R32. A licensee must maintain a portable record of emergency information for each child attending. 6.70
- 27(1)(b) ensure that a written record of each dose of medication administered is made. 6.68
- 26(b) Ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out. 6.68
- 36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information) 6.67
- R29. Telephone, Emergency Numbers Ensure that the facility is equipped with a telephone in working order. 6.65
- 36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information). 6.65
- R64. A licensee of a group family child care home must maintain records for each assistant that includes:
 (a) A copy of proof of training in first aid and CPR.
 6.65
- R33. Taking Certain Supplies If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child. 6.61
- R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint. 6.61
- 24(2)(b) Children are fed in appropriate manner for age and level of development. 6.59
- R35. Child care worker is present at all times when a volunteer is in attendance. 6.55
- R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children 6.51
- 24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility. 6.51
- 65(7) If a licensee has reason to suspect an assistant or alternate has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed. 6.50

- R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.49
- R69. No person shall conduct any business or other activity within or from the home that might: (a) Interfere with supervision of the children; or (b) Pose a threat to the health or safety of a child. 6.47
- 64(d) Any emergency medical information. 6.47
- 36(2)(e) Any medication authorization provided/any record of medication administered (Medication form). 6.47
- 10(b) Fire Inspection A report from the Fire Commissioner's local assistant respecting the fire safety standards of the premises in which the home will be operated. 6.46
- 27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.46
- R67. Provide a safe outdoor play area that is sufficient and that is: (a)Adjacent to the home; or (b) Within walking distance. 6.44
- R30. Develop an emergency evacuation plan and practice it monthly. 6.41
- 20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe. 6.41
- R65. If licensee or person living in the home has a category I or II communicable disease, or suspects he or she has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed.

 6.39
- 29(b) Ensure emergency telephone numbers are posted in a convenient location. 6.37
- R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer.

 6.33
- 34(b) Within 24 hours after the occurrence, the licensee must notify the consultant. 6.25
- R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage. 6.19
- R13. A license for a home must specify the maximum number of child care spaces that the licensee is authorized to provide in the home as licensed child care spaces or a license for a teen student support family child care home must specify the maximum number of licensed child care spaces that may be allocated as teen student support child care spaces.

 6.16
- R36. Children's Records A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information).

 6.10

- 10(c) A report from a person acceptable to the Director respecting the heating system in the premises in which the home will be operated. 6.09
- 34(c) Within seven days after the occurrence, complete/submit report to the ministry. 5.99
- R60. No licensee of a family child care home will provide more than 100 hours of care in one 24-hour period or 60(3) No licensee of a group family child care home shall provide more than 150 hours of care in one 24-hour period or 60(4) No licensee of a teen student support family child care home shall provide more than 75 hours of care in one 24-hour period.

 5.83
- 36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information). 5.78
- R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities. 5.74
- 36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information). 5.72
- R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.47
- R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided. 5.06
- 10(h) The applicant's health services number if requested by the director. 4.07

DISCUSSION

This report provides the results of the weighted risk assessment study in Saskatchewan conducted during 2019. It is recommended that provincial staff select only those rules that place children at greatest risk to be used along with the licensing key indicator rules as identified in a previous report authored by this researcher.

By using both in tandem, it will provide a very cost effective and efficient approach to differential monitoring.



Validation Research Studies of Key Indicator and Risk Assessment Methodologies in the Province of Saskatchewan

Richard Fiene, Ph.D. Research Psychologist & Senior Research Consultant

March 2020

Validation Research Studies of Key Indicator and Risk Assessment Methodologies in the Province of Saskatchewan

Richard Fiene, Ph.D.

National Association for Regulatory Administration

Research Institute for Key Indicators and Penn State University

March 2020

Introduction

The purpose of this report is to document the validation process for the Province of Saskatchewan's Licensing Key Indicator Rules and their Risk Assessment Rules. These studies were completed in 2019-2020 and were completed with a sample of child care centres and homes in the province. The purpose of the evaluation was to determine if the measurement protocol inherent in the key indicator and risk assessment methodologies were consistent and produced the desired results. Presently the province has convened a program quality work group which when they have finished their work, it should provide guidance to undertake the other three validations of licensing systems: standards, outputs, and outcome validations (see Zellman & Fiene (2012), Validation Framework for Quality Rating and Improvement Systems, ACF Office of Planning, Research and Evaluation).

For the purposes of this report, this validation study will only focus on the abbreviated checklist to be utilized in the province of Saskatchewan which consists of the key indicator and risk assessment rules. Saskatchewan is one of the first jurisdictions to engage in a validation study utilizing both the key indicator and risk assessment methodologies. In the past with validation studies they have been done in validating either the key indicator or the risk assessment methodology. This study is unique and is highly recommended as an approach for other jurisdictions in moving the licensing, regulatory science, program monitoring, and evaluation fields forward.

Methodology

In this study, a sample of 38 child care centres (CCC) and 35 child care homes (FCC) were selected during a three-month time frame (Winter 2019-20). It was a convenience sample based upon when facilities were to be monitored. However, since the monitoring of facilities did not show any biases in their selection protocol, this sample can be dealt with as a valid representation of the Provence. Licensing consultants did the reviews and collected the data. Again, licensing consultants who would normally review the programs during this time frame did so. The reviews/inspections were done in tandem independent of each other with two consultants visiting a facility one doing the abbreviated

inspection/review (key indicator and risk assessment rules only), the other consultant doing the comprehensive inspection/review looking at all the rules.

Results

The results clearly validated the key indicator and risk assessment rules and the methodology. All the following results are statistically significant at the p < .0001 level with the exception of a couple of rules which are addressed in the final Discussion section of this report. The correlation between the abbreviated tool and the comprehensive tool for CCC was .86 (see Figure 1 for a graphic depiction of this relationship); while the correlation between the abbreviated tool and the comprehensive tool for FCC was .71 (see Figure 2 for a graphic depiction of this relationship). There was only one false negative in either the CCC or FCC observations in which the abbreviated tool indicated no non-compliances (NC) while 2 non-compliances (NC) were indicated on the comprehensive tool. False negative means that a program gets a perfect score on the abbreviated inspection but violations of regulatory compliance are found on the comprehensive inspection. A false positive is when no violations are found on the comprehensive inspection but violations are found on the abbreviated inspection – two cases were observed to meet this standard. There were no statistically significant differences amongst the licensing consultants scoring. Reliability IRR – Inter-Rater Reliability = .84.

Figure 1: Total CCC Non-Compliance (NC) Abbreviated Tool (Vertical Axis)/Total Non-Compliance (NC)

Comprehensive Tool (Horizontal Axis)

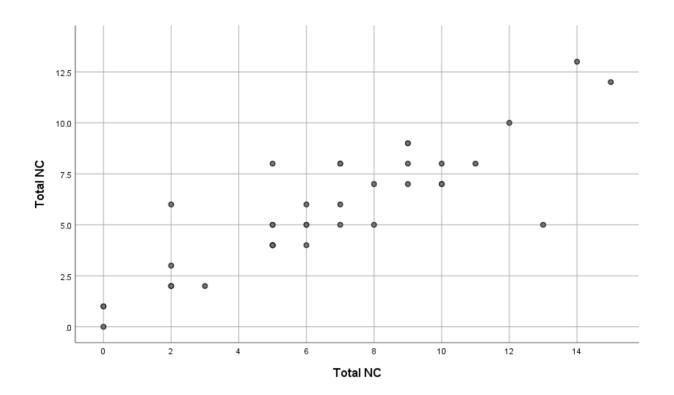
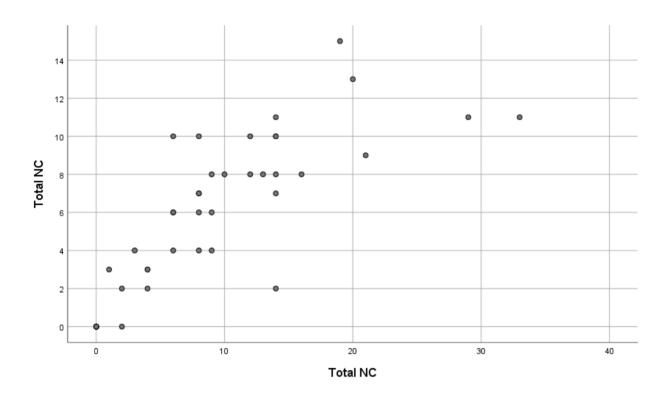


Figure 2: Total FCC NC Abbreviated Tool (Vertical Axis)/Total NC Comprehensive Tool (Horizontal Axis)



r = .71; p < .0001

The following charts (1-4) provide the correlations between the abbreviated tool and the comprehensive tool for each key indicator rule and each risk assessment rule. Chart 1 provides the results for CCC key indicator rules; Chart 2 provides the results for CCC risk assessment rules; Chart 3 provides the results for FCC key indicator rules; & Chart 4 provides the results for FCC risk assessment rules.

Chart 1: CCC Key Indicator Rules

Rule	Content of Rules	r
242a	Meals and snacks meet nutritional needs	.86
37bi	Obtain signature of parent monthly to verify hours/days of attendance	.89
37bii	Obtain signature of parent monthly to verify fee charges	.89
412b	Director and supervisor meets or exceeds the qualifications of ECEIII	.85
422b	Child care workers working for 65hrs or more/mo. meets or exceeds ECEI	.93

422c	30% of persons employed in the centre as child care workers for 65 hours or more	.94
	meet or exceed the qualifications of ECE II	
422d	A further 20% of persons employed in the centre as child care workers for 65 hours	.85
	or more meet or exceed the qualifications of ECE III	
431	May apply for exemption if unable to hire a director or supervisor whose	.82
	qualifications meet requirements or child care workers whose qualifications meet	
	the requirements	
442ai	Each individual employed in the centre for 65 hours or more per month as a centre,	.93
	director, supervisor or child care worker has completed a first aid course	
442aii	Each individual employed in the centre for 65 hours or more per month as a centre,	.93
	director, supervisor or child care worker has completed a course in	
	cardiopulmonary resuscitation	
451	Criminal record check for each centre employee	.80
47b	Proof of first aid/CPR training	.85
47c	Results of criminal record check	.81

Chart 2: CCC Risk Assessment Rules

Rule	Content of Rules	r
81a	Health inspection	.93
81b	Fire inspection	.94
271a	Medication authorization is acquired	.81
271b	Written record of each dose of medication administered	1.00
271c	All non-emergency medications are stored in a locked enclosure	.65
272	Oral authorization in exceptional circumstances for administering non-prescription	1.00
28a	Unsafe items inaccessible	.52
28b	Poisonous substances locked	.76
28c	Cover radiator	1.00
28d	Cap electrical outlets	.70
49	Children must be adequately supervised at all times	1.00
523	Number of child care workers present is not less than the number required by	1.00
	applicable staff-to-child ratio	

It is evident from Charts 1 and 2, the very strong relationship between the abbreviated key indicator and risk assessment rules and when these rules were assessed independently by a different licensing consultant during a comprehensive inspection. In moving on to Charts 3 and 4 for FCC, the results are not as quite robust but still statistically significant in all cases.

Chart 3: FCC Key Indicator Rules

Rule	Content of Rule	r
28b	Poisonous substances locked	.71
31	Appropriate and sufficient first aid supplies and inaccessible to children	.89

32	Portable record of emergency information for each child attending	.94
33b	Appropriate and sufficient first aid supplies	.71
362bii	Names, addresses and phone numbers of person to contact in an emergency	.70
362biii	Names, addresses and phone numbers of the child's medical practitioner	.83
362d	The child's immunization status (Child's Health Resume & Child's Emergency Information)	.74
362fii	Any authorization by the child's parent for an excursion involving transportation	.70
362h	The agreement for services	.48
37bi	Obtain signature of the parent monthly to verify hours/days of the child's	.71
	attendance	
37bii	Obtain signature of the parent monthly to verify the fees charged	.83
38b	Insurance policy - liability coverage with respect to the transportation of children	.68

Chart 4: FCC Risk Assessment Rules

Rule	Content of Rule	r
10e	Criminal Record Check(s)	.85
21a	Equipment and furnishings – sanitary	.80
21b	Hygienic procedures are followed	.88
271a	Medication authorization is acquired	1.00
271b	Written record of each dose of medication administered	1.00
271c	All non-emergency medications are stored in a locked enclosure	.61
272	Oral authorization in exceptional circumstances for administering non-prescription	1.00
28a	Unsafe items inaccessible	.68
28c	Cover radiator	1.00
28d	Cap electrical outlets	.88
611	First aid certificate	1.00
612	CPR certificate	1.00
64a	A licensee of a GFCCH - maintain records for each assistant that includes:	.67
	A copy of proof of training in first aid and CPR	
64b	The results of a criminal record check	.69
64d	Any emergency medical information	.90
64e	A copy of the proof of participation in continuing education	1.00

The FCC results appear to corroborate other findings in other jurisdictions over the years in which FCC scoring is lower than CCC scoring when it comes to reliability and validity. The results are still statistically significant in both cases but there is more consistency in the CCC scoring. This result is fairly typical. Additional research in this area will need to be done in order to ascertain the differences between CCC and FCC related to these results.

This study in Saskatchewan clearly demonstrates the efficacy of both the risk assessment and key indicator methodologies as effective and efficient approaches to utilizing an abbreviated protocol to

doing licensing inspections and determining substantial regulatory compliance. Other observations in interpreting the data analyses: The CCC key indicator rules were consistently higher in their validation scores than the risk assessment rules. The CCC key indicator rules were consistently higher in their validation scores than the FCC key indicator rules. With the FCC facilities, the risk assessment rules had higher validation scores than the key indicator rules. And finally, the risk assessment rules were consistently higher in their validation scores with FCC over the CCC facilities.

Charts 5-8 provide the regulatory compliance data (the number of non-compliances (NC)) with each of the key indicators and risk assessment rules for both CCC and FCC. The differences in NC for the key indicator and risk assessment rules are typical in that the key indicator rules distinguish between the highly compliant programs and those programs that have lower compliance levels. With the risk assessment rules, these are generally very heavily weighted rules where you would not find high levels of non-compliance (NC). So the results in the following charts and figure clearly demonstrate these relationships.

Figure 3 provides the regulatory compliance average number of non-compliances (NC) for both CCC and FCC with key indicator rules and risk assessment rules.

Chart 5: Non-Compliance (NC) with CCC Key Indicator Rules

Rule	Content of Rules	NC
242a	Meals and snacks meet nutritional needs	8
37bi	Obtain signature of parent monthly to verify hours/days of attendance	23
37bii	Obtain signature of parent monthly to verify fee charges	24
412b	Director and supervisor meets or exceeds the qualifications of ECEIII	4
422b	Child care workers working for 65hrs or more/mo. meets or exceeds ECEI	9
422c	30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II	13
422d	A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III	9
431	May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements	13
442ai	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course	10
442aii	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation	10
451	Criminal record check for each centre employee	6
47b	Proof of first aid/CPR training	3
47c	Results of criminal record check	8

Chart 6: Non-Compliance (NC) with CCC Risk Assessment Rules

Rule	Content of Rules	NC
81a	Health inspection	8
81b	Fire inspection	10
271a	Medication authorization is acquired	2
271b	Written record of each dose of medication administered	0
271c	All non-emergency medications are stored in a locked enclosure	5
272	Oral authorization in exceptional circumstances for administering non-prescription	0
28a	Unsafe items inaccessible	8
28b	Poisonous substances locked	13
28c	Cover radiator	0
28d	Cap electrical outlets	5
49	Children must be adequately supervised at all times	0
523	Number of child care workers present is not less than the number required by	0
	applicable staff-to-child ratio	

Chart 7: Non-Compliance (NC) with FCC Key Indicator Rules

Rule	Content of Rule	NC
28b	Poisonous substances locked	15
31	Appropriate and sufficient first aid supplies and inaccessible to children	14
32	Portable record of emergency information for each child attending	12
33b	Appropriate and sufficient first aid supplies	15
362bii	Names, addresses and phone numbers of person to contact in an emergency	13
362biii	Names, addresses and phone numbers of the child's medical practitioner	19
362d	The child's immunization status (Child's Health Resume & Child's Emergency Information)	17
362fii	Any authorization by the child's parent for an excursion involving transportation	14
362h	The agreement for services	12
37bi	Obtain signature of the parent monthly to verify hours/days of the child's	18
	attendance	
37bii	Obtain signature of the parent monthly to verify the fees charged	19
38b	Insurance policy - liability coverage with respect to the transportation of children	1

Chart 8: Non-Compliance (NC) with FCC Risk Assessment Rules

Rule	Content of Rule	NC
10e	Criminal Record Check(s)	3
21a	Equipment and furnishings – sanitary	2
21b	Hygienic procedures are followed	4
271a	Medication authorization is acquired	5
271b	Written record of each dose of medication administered	3

271c	All non-emergency medications are stored in a locked enclosure	8
272	Oral authorization in exceptional circumstances for administering non-prescription	0
28a	Unsafe items inaccessible	9
28c	Cover radiator	0
28d	Cap electrical outlets	4
611	First aid certificate	0
612	CPR certificate	0
64a	A licensee of a GFCCH - maintain records for each assistant that includes:	2
	A copy of proof of training in first aid and CPR	
64b	The results of a criminal record check	1
64d	Any emergency medical information	7
64e	A copy of the proof of participation in continuing education	6

The following figure 3 summarizes the results from the previous 4 charts into one graph showing the average regulatory non-compliance for CCC and FCC for key indicator and risk assessment rules.

Figure 3: Regulatory Compliance (Non-Compliance) in CCC & FCC for KIM – Key Indicator Rules and RAM – Risk Assessment Rules

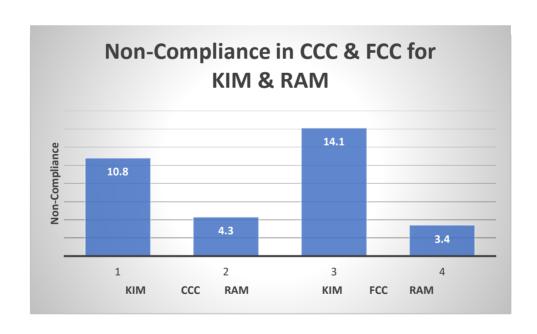


Figure 3 depicts the average differences between key indicator and risk assessment rules for both CCC and FCC facilities as discussed earlier in this report and depicted in Charts 5-8.

Discussion

There are several takeaways from this validation study in demonstrating that both key indicator rules and risk assessment rules, two abbreviated inspection approaches and examples of differential monitoring, as basically reliable and valid methods for assessing regulatory compliance in early care and education programs (child care centres (CCC) and family child care homes (FCC)). There were a couple of rules which did not reach the specific significance threshold (p < .0001) set for these types of validation studies: Rule 442d CCC and rule 362h FCC. But even in these cases the relationship between their presence on the abbreviated inspection tool and the comprehensive inspection tool was still statistically significant (p < .01).

Another interesting trend was that the CCC key indicator rules had higher validation scores and the key indicator rules had higher validation scores than the risk assessment rules. This is a result that needs to be replicated in future studies to determine why this is occurring since risk assessment rules as an approach is used approximately 2-3 times more often than the key indicator rule approach.

And lastly, the fact that there were so few false positives and negatives provides support to the validity and reliability of the two approaches. In doing this type of regulatory compliance research, false negatives are always a real concern and in 99% of the cases it was not an issue. In looking at both false positives and negatives, 96% of the cases were not an issue.

This study provides the first empirically based validation of both the key indicator and risk assessment methodologies as used within a differential monitoring or abbreviated inspection approach. It has clearly demonstrated the efficacy of these approaches when used in conjunction with each other. The study should provide guidance for future research in the regulatory science field.

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CHILD CARE CENTRE – ABBREVIATED CHECKLIST

The Child Care Regulations, 2015

Regulations Part II - Licensing Section
R08. Application for Licence, Renewal – Centre
\square 8(1)(a) <u>Health Inspection</u> (collect documentation) - Click or tap to enter a date.
Comments:
\square 8(1)(b) <u>Fire Inspection</u> (collect documentation) - Click or tap to enter a date.
Comments:
Regulations Part III - Standards for Facilities Section
R24. Nutrition
\square 24(2)(a) Meals and snacks meet nutritional needs* Comments:
R27. Medication
\square 27(1)(a) Authorization is acquired
Comments:
\square 27(1)(b) Written record of each dose of medication administered
Comments:
\square 27(1)(c) All non-emergency medications are stored in a locked enclosure Comments:
\square 27(2) Oral authorization in exceptional circumstances for administering non-prescripti
(with written confirmation of authorization after)
Comments:
R28. Hazardous Items
\square 28(a) Unsafe items inaccessible
Comments:
☐28(b) Poisonous substances locked
Comments:
\square 28(c) Cover radiator
Comments:
\square 28(d) Cap electrical outlets
Comments:
R37. Attendance Records (review records for past 12 months)
\Box 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's
attendance*
Comments:
\square 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged*
Comments:

Regulations Part IV – Standards for Centres Section **R41. Centre Director and Supervisor** \Box 41(2)(b) Meets or exceeds the qualifications of an ECE III or 41(4)* Comments: **R42. Child Care Workers** \Box 42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of an ECE I* Comments: \Box 42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II* Comments: 42(2)(d) A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III* Comments: R43. Exemption \Box 43(1) May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements* Comments: R44. First Aid and CPR \Box 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course* Comments: \Box 44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation* Comments: **R45. Criminal Record Searches** □45(1) Criminal record check for each centre employee* Comments: **R47. Employee Records** □47(b) Proof of first aid/CPR training* Comments: □47(c) Results of criminal record check (Note to File completed)* Comments: R49. Duty to Supervise ☐ 49 Children must be adequately supervised at all times Comments:

Supervision at Centre □52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5) Comments:
ADDITIONAL REQUIREMENTS
1
2
3
4
5
RECOMMENDATIONS/COMMENTS:

Click or tap here to enter text.

Early Learning and Child Care Consultant

CHILD CARE HOME – ABBREVIATED CHECKLIST

The Child Care Regulations, 2015

Regulations Part II - Licensing Section	
R10. Application for Licence, Renewal – Ho	me
□10(e) Criminal Record Check(s) (name of	of household members and date CRC completed for all adults
in the home):	
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	·
Click or tap here to enter text.	Click or tap to enter a date.
Comments:	
Regulations Part III - Standards for Facilitie	s Section
R21. Hygiene	
\square 21(a) Equipment and furnishings – sa	nitary
Comments:	
□21(b) Hygienic procedures are followe Comments:	ed
R27. Medication	
\square 27(1)(a) Authorization is acquired	
Comments:	
\square 27(1)(b) Written record of each dose	of medication administered
Comments:	
\Box 27(1)(c) All non-emergency medication	ns are stored in a locked enclosure
Comments:	
	al circumstances for administering non-prescription
(with written confirmation of authorization after Comments:	")
Comments.	
R28. Hazardous Items	
\square 28(a) Unsafe items inaccessible	
Comments:	
☐28(b) Poisonous substances locked*	
Comments:	
□28(c) Cover radiator	
Comments:	
☐28(d) Cap electrical outlets	
Comments:	

R31. First Aid Supplies

\square 31 Appropriate and sufficient first aid supplies and inaccessible to children* Comments:
R32. Portable Emergency Information ☐ 32 Portable record of emergency information for each child attending* Comments:
R33. Taking Certain Supplies □ 33(b) Appropriate and sufficient first aid supplies* Comments:
R36. Children's Records 36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency* (Child's Health Resume & Child's Emergency Information) Comments: 36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner* (Child's Health Resume & Child's Emergency Information)
Comments: □36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information) Comments: □36(2)(f)(ii) Any authorization by the child's parent for an excursion involving transportation (Excursion form)* Comments: □36(2)(h) The agreement for services* Comments:
R37. Attendance Records (review records for past 12 months) □ 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance* Comments: □ 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged* Comments:
R38. Insurance 38(b) Insurance policy - liability coverage with respect to the transportation of children* If do not transport children, N/A Insurer: Click or tap here to enter text. Policy Number: Click or tap here to enter text. Expiry date: Click or tap to enter a date. Comments:
Regulations PART V – Standard for Homes R61. Qualifications Licensees
\Box 61(1) <u>First aid</u> (Type expiry date of certificate): Click or tap to enter a date.

Comments:
\square 61(2) <u>CPR</u> (Type expiry date of certificate): Click or tap to enter a date.
Comments:
Group Family Child Care Homes
R64. Assistant Records
\Box 64 A licensee of a GFCCH - maintain records for each assistant that includes:
\Box (a) A copy of proof of training in first aid and CPR (Type expiry date of certificate): Click o
tap to enter a date.
Comments:
\Box (b) The results of a criminal record check (Type date of record check and view Note to File):
Click or tap to enter a date.
Comments:
(d) Any emergency medical information
Comments:
\square (e) A copy of the <u>proof of participation in continuing education</u> (Types names of
workshops, dates completed and hours credited):
Comments:
ADDITIONAL DECLUDENTAGENTS
ADDITIONAL REQUIREMENTS
1
1
2
2
3.
3
4
7.
5

RECOMMENDATIONS/COMMENTS:

Click or tap here to enter text.

Early Learning and Child Care Consultant

1 2	Saskatchewan's Early Learning and Child Care Program Quality Key Indicator Instrument for Pilot Study
3	
4	
5	Ten Quality Key Indicators (QKI) make up the Saskatchewan's Early Learning and Child Care Program
6	Quality Key Indicator Instrument. The details about each of the Quality Indicators and data collection
7	instructions in order to obtain the necessary data to determine if a program meets the Key Quality
8	Indicators are delineated below for each quality key indicator. Quality Key Indicators (QKI) $1-5$ will be
9	collected via record or document review, interviewing individuals, or observation. Quality Key Indicators
10	(QKI) $6-10$ will be collected via observations in the classrooms throughout the day.
11	This instrument is to be used as part of a pilot study to determine its efficacy, so it is very important for
12	the data collector/assessor, you, to make ample notes on what works for you and what does not. This is
13	NOT a final instrument but is a pilot tool to be improved upon. Ample areas have been provided for
14	note taking. Please mark up the instrument as need be throughout your data collection. For ease of
15	marking up the tool, there are line numbers to the left. Use these as reference guides in making your
16	edits, comments, etc. & if you send an email with comments, use these line numbers.
17	Dr Rick Fiene who is the NARA Research Consultant and a research psychology/professor of psychology
18	will be tabulating the data you collect. Dr Fiene will be assessing the reliability and validity of the tool
19	and measure its internal consistency. If you have any questions or comments for Dr Fiene, please email
20	him at Fiene@psu.edu.
21	[Initial estimated time to complete the full assessment (3.5 hours]
22	NOTE: QKI 11 is a placeholder for Coaching/Reflective Supervision which is undergoing future review. It
23	is listed as a last indicator on this instrument.

24	INDICATOR 1): Number of ECE II	l Educators (10) minutes)		
25	Assessors will review staff records in	n order to deter	mine the number	of staff who have	e these credentials
26	in early childhood education. Reco	ord the number	of ECEs with the a	appropriate quali	fications and
27	divide by the total number of ECEs i	n order to come	e up with a percer	nt for the center.	
28	How to Measure:				
29	Go to the Staff Information Summa	ıry form to obta	in the data for thi	s item. There are	e two particular
30	columns that will do this. Under Ce	rtification: <i>Certi</i>	fication Date and	Certification Leve	el (Highest ECE
31	Level Certified). The certification da	ate should be ea	rlier than the dat	e of the review a	nd the actual level
32	of the certification. In this case, we	are interested i	n the number of (ECEIII's). Record	the number of
33	ECEIII working at least 65 hours/mo	nth. Then recor	d the number of	total teaching sta	ff working at least
34	65 hours/month below as well. Tea	ching staff is de	fined as staff who	have a responsil	oility for working
35	with the children and the programm	ning. Determine	the percentage b	y dividing the tot	al number of staff
36	into the total number of ECEIII Certi	ified teaching st	aff, ECEIII Certifie	d teaching staff is	the numerator
37	and the total number of teaching st	aff is the denom	ninator (ECEIII/Tot	cal number of tea	ching staff x 100%
38	= Percent).				
39	Scoring:				
40	The total number of ECEIII Certified	teaching staff _			
41	The total number of teaching staff _				
42	Total ECEIII teaching staff divided by	y the total numb	er of teaching sta	aff	(%). Then
43	based on the percentage, you can fi	ind the score of	1-4 as per the cha	art below.	
	Circle the Appropriate Level	1 = 0 to 25%	2= 26 to 50%	3 = 51 to 75%	4 = 76 to 100%

45	INDICA	ATOR 2): Stimulating and Dynamic Environment (10 minutes)
46	The cri	teria for measuring this are drawn from <i>Play and Exploration Guide</i> . The program is child
47	centre	d. Children are viewed as competent learners and they have the freedom to access classroom
48	materi	als independently without adult intervention. The children are provided with meaningful choices
49	throug	h activity/learning centers. There is evidence of the children's interests and their projects in the
50	learnin	g environment.
51	How to	Measure:
52	Below	is the checklist of items that should be present in order to assess if the environment is both
53	stimula	ating and dynamic for the children. You will want to observe that the following items are
54	occurri	ng in the classroom first. If you do not actually observe it occurring, then check the program plan
55	to find	documentation that it normally occurs but you just did not observe today. The checklist items
56	would	be found in <i>Play and Exploration</i> foundational materials.
57	Quality	Early Learning Environments:
58	1.	Co-teaching is evident. Y/N
59	2.	Children are viewed as competent learners & are able to access materials independently.
60		Y/N
61	3.	Authentic and meaningful materials are used with children. Y/N
62	4.	Children are provided with meaningful choices. Y/N
63	5.	Children's work, art and photos are displayed respectfully. Y/N
64	6.	Family photos are displayed in the early learning program. Y/N
65	7.	Documentation of learning is displayed and discusses holistic development. Y/N
66	8.	Environment reflects the culture and beliefs of the children, families and staff. Y/N
67	9.	Variety of books & other print materials are available throughout the learning environment Y/N

68	10. A variety of writing materials are accessible to children the majority of the time. Y/N
69	11. There is evidence of the children's interests and project(s) in the learning environment.
70	Y/N
71	Scoring:
72	Total up the number of items where you recorded a "Y" above that you observed (curriculum or in
73	classrooms), divide by 11 x 100% to come up with a percent and record here%. Then
74	based on the percentage, you can find the score of 1-4 as per the chart below.
	Circle the Appropriate Level 1 = 0 to 25% 2= 26 to 50% 3 = 51 to 75% 4 = 76 to 100%
75	
76	
77	INDICATOR 2). Developmentally Appropriate Consignity Record on Accessments of Each Child
77	INDICATOR 3): Developmentally Appropriate Curriculum Based on Assessments of Each Child
78	(50-60 minutes)
79	The key for this quality key indicator is that the program is following an individualized prescribed
80	planning document when it comes to curriculum. It does not mean it is a canned program, in fact, it
81	shouldn't if it is based upon the individual needs of each child's developmental assessment. The
82	assessor will ask to see what is used to guide the curriculum. There should be a written document that
83	clearly delineates the parameters of the philosophy, activities, guidance, and resources needed for the
84	particular curricular approach. There should also be a developmental assessment which is clearly tied to
85	the curriculum. The developmental assessment can be home-grown or a more standardized off-the-

shelf type of assessment, the key being its ability to inform the various aspects of the curriculum. The

purpose of the assessments is not to compare children but rather to compare the developmental

progress of individual children as they experience the activities of the curriculum.

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89 The following key elements should be present when assessing this quality indicator.

- 1) The program practices emergent curriculum, allowing the interests of the children to determine the learning content. The curriculum is informed by individual developmental assessments of each child in the respective classrooms.
- 2) The children and educators are co-learners in the exploration of projects.
- 3) Learning activities of the children are documented, displayed in the learning environment and used to plan further learning activities. This can be assessed developmentally.

How to Measure:

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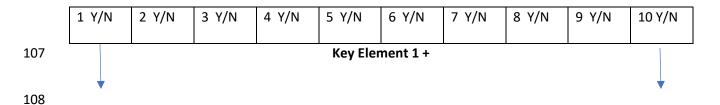
105

106

Take a sample of 10 individual children's records and consider the above three elements for EACH record. You should be asking if there is a clear link between an assessment and the developmentally appropriate curriculum so that an individualized learning approach is being undertaken and each child's developmental needs are taken into consideration. These records could be formal such as portfolios kept for each child or a more informal, anecdotal type of record keeping. The key is that there is a record that can be looked at. It is not adequate if the teacher says they do it from memory – it needs to be written down and documented.

Cross check the child's record to the actual curriculum. Record all the instances (Y's) in which this occurs. All three blocks need to be checked for each record (1-10).

Emergent Curriculum is Practiced



109 **Children and Educators are Co-learners** 1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N Key Element 2 + 110 111 Learning Activities are Documented and Displayed and Used to Plan Future Learning 1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 112 **Key Element 3 +** 113 Add the above three Key Elements 114 All three key elements must have a Y to get an overall score of Y. If all three key elements have a Y for that individual record, then record Y in the corresponding block in the overall score. 115 1 Ys = 2 Ys = 3 Ys = 4 Ys = 5 Ys =6 Ys = 7 Ys = 8 Ys = 9 Ys = 10 Ys = 116 = Total of All Three Key Elements 117 Scoring: The number of positive records (all Ys for all three elements) where there is a crosswalk from 118 119 developmental assessment to curriculum _ 120 Percent of positive records (all Ys) (divide the number of positive records by 10 x 100%) ______%. 121 Then based on the percentage, you can find the score of 1-4 as per the chart below. Circle the Appropriate Level 1 = 0 to 25% 2= 26 to 50% 3 = 51 to 75% 4 = 76 to 100% 122

123

124

125	INDICATOR 4): Opportunities for Staff and Families to Get to Know Each Other (10 minutes)
126	There should be activities both within the center as well as off site where staff and parents have
127	opportunities to meet and greet each other. Communication with family members is documented and
128	enables early childhood providers to assess the need for follow-up. Early childhood providers hold
129	regular office hours when they are available to talk with family members either in person or by phone.
130	Family members are encouraged to lead the conversation and to raise any questions or concerns.
131	How to Measure:
132	Look for the following 3 examples in policies developed by the program and determine if they have been
133	actually carried out with families. It will be necessary to interview staff to complete this indicator if you
134	do not find the three examples in policies:
135	1. The program provides communication, education, and informational materials and
136	opportunities for families that are delivered in a way that meets their diverse needs. Y/N
137	2. The program communicates with families using different modes of communication, and at least
138	one mode promotes two-way communication. Y/N
139	3. The program demonstrates respect and engages in ongoing two-way communication. The
140	program respects each family's strengths, choices, and goals for their children. Y/N
141	Scoring:
142	Record the number of Yes's (Y's): (Range: $0-3$)(Divide by $3 \times 100\% =\%$). Then based on
143	the percentage, you can find the score of 1-4 as per the chart below.
	Circle the Appropriate Level 1 = 0 to 25% 2= 26 to 50% 3 = 51 to 75% 4 = 76 to 100%
144	

INDICATOR 5): Families Receive Information on Their Child's Progress Regularly Using a 146 147 Formal Mechanism (Report or Parent Conference) (10 minutes) 148 Based upon Indicator #3 above, the information gleaned from the developmental assessments should 149 be the focus of the report or parent conference. Parental feedback about the assessment and how it 150 compares to their experiences at home would be an excellent comparison point. All these interactions 151 should be done in a culturally and linguistically appropriate way representing the parents being served. 152 How to Measure: 153 Look for the following four examples in policies developed by the program and determine if they have actually been carried out with families. Record the number of reports completed or parent conferences 154 over the past year. It will be necessary to interview staff to complete this indicator if you cannot 155 determine from records that the conferences or reports were actually completed. 156 157 NOTE: The examples are mutually exclusive and are not additive; the first example is the highest scored, 158 the third example the least scored. After 1-3 are determined, then do the last example. 1) The program does have regularly scheduled (at least 2xs/year) parent conferences in which 159 the children's developmental progress is discussed AND provides the family with a report of 160 their child's developmental progress. Y/N _____ (Score 3 points). If "Yes" then go to Number 4. 161 162 If "No", then go to numbers 2 and 3. 2) The program has regularly scheduled (at least 2xs/year) parent conferences in which the 163 children's developmental progress is discussed, but it does not provide a report to the parents 164 on their child's developmental progress. Y/N _____ (Score 2 points). 165

166	• 3) If the program does not have regularly scheduled (at least 2xs/year) parent conferences does
167	it provide the family with a report of their child's developmental progress. Y/N (Score 1
168	point). Go to Number 4.
169	• 4) All these interactions are done in a culturally and linguistically appropriate way representing
170	the parents being served. Y/N (Score 1 point)
171	Scoring:
172	Add up the total points based on the Ys, this will range from "0" to "4". The only way a program can
173	receive a "4", is if a program has regularly scheduled parent conferences at least 2xs/year and provides
174	the family with a report of their child's progress; and it is done in a culturally and linguistically
175	appropriate way.
176	Record the number of points: (Range: 0 - 4)
177	

OBSERVATIONS:

For quality key indicators 6, 7 and 8, it is recommended that the licensing consultant refer to the appropriate Environmental Rating Scale (ERS) tool as a reference tool because these indicators are taken directly from these tools. It is also recommended that these be assessed/observed throughout the day and not just during key activity times. Please follow the specific instructions and examples as delineated below and in the appropriate ERS tool: ECERS 3 (Items 12 and 13) or ITERS (Item 12). These specific instructions and examples are provided within this tool for ease of administration and data collection. If there are several preschool aged classrooms randomly select one to do your observations.

INDICATOR 6): Educators Encourage Children to Communicate (20 minutes)

Assessors will need to observe this item when they do their classroom observations. Initially you can ask educators or the director how children are encouraged to communicate but in order to gather reliable and valid information regarding this question/standard, it needs to be observed in the various interactions of staff and children. Things to look for would be more back and forth conversations rather than one-way conversations where educators are telling children what to do. Look for opportunities where children can describe what they are doing, how they feel about what they are doing, and why they are doing the particular activities. Educators expand upon children's conversations. These opportunities can occur anywhere in the classroom or outside, such as in dramatic play, table top activities or on the playground. Materials should be present that encourage communication such as toy telephones, puppets, flannel boards, dolls and dramatic play props, small barns, fire stations, or dollhouses. These create a lot of conversation among children as they assume many different roles. Children also talk when there is an interested person who listens to them. The staff in a high-quality

200	early childhood classroom will use both activities and materials to encourage growth in communication
201	skills.
202	How to Measure:
203	Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom
204	falls based on the following scale;
205	Score the classroom a 1 if the following occur:
206	No activities used by staff with children to encourage them to communicate, for example:
207	nontalking about drawings, dictating stories, sharing ideas at circle time, finger plays, singing
208	songs. Y/N
209	Very few materials accessible that encourage children to communicate. Y/N
210	Score the classroom a 2 if the following occur (If the classroom does not have all 3 indicators but has 1-2
211	of the indicators then score this item 1+):
212	Some activities used by staff with children to encourage them to communicate. Y/N
213	Some materials accessible to encourage children to communicate. Y/N
214	Communication activities are generally appropriate for the children in the group. Y/N
215	Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has
216	one of the indicators then score this item 2+):
217	Communication activities take place during both free play and group times, for example: child
218	dictates story about painting; small group discusses trip to store. Y/N
219	Materials that encourage children to communicate are accessible in a variety of interest centers,
220	for example: small figures and animals in block area; puppets and flannel board pieces in book
221	area; toys for dramatic play outdoors or indoors. Y/N

222	Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has
223	one of the indicators then score this item 3+):
224	Staff balance listening and talking appropriately for age and abilities of children during
225	communication activities, for example: leave time for children to respond; verbalize for child
226	with limited communication skills. Y/N
227	Staff link children's spoken communication with written language, for example: write down
228	what children dictate and read it back to them; help them write note to parents. Y/N
229	Scoring:
230	Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a
231	particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit
232	given in order to obtain a "+". If there is a "+" please also mark it in the box.
	Circle the Appropriate Level 1 2 3 4
233234235	INDICATOR 7): Infant Toddler Observation (if applicable) (20 minutes)
236	NOTE: If there is an infant, toddler or combined infant/toddler classroom that needs to be assessed, then
237	use the following ITERS item directly from the ITERS Tool (Item 12), if there is not an infant toddler
238	classroom, then skip to Indicator 8.
239	
240	Conversations and questions should be used with all children, even young infants. Conversations using
241	verbal and nonverbal turn-taking should be considered when scoring. Most conversations and
242	questions initiated by infants will be nonverbal, such as widening of baby's eyes or waving arms and
243	legs. Observe staff response to such nonverbal communication. For infants and toddlers, the
244	responsibility for starting most conversations and asking questions belongs to the staff. As children

245	become more able to initiate communication, staff should modify their approach in order to allow
246	children to take on a greater role in initiating conversations and asking questions. Staff should provide
247	answers to questions used with children if child cannot answer, and as children become more able to
248	respond, questions should start to include those that the child can answer. If there was not an infant
249	classroom, skip this Indicator and please note that here and on the summary score sheet by marking
250	N/A:
251	How to Measure:
252	Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom
253	falls based on the following scale;
254	Score the classroom a 1 if the following occurs:
255	• Staff never initiate turn-taking conversations with children, for example: rarely encourage baby
256	to babble back; simple back and forth exchanges with verbal children never observed.
257	Y/N
258	• Staff questions are often not appropriate for children or no questions are asked, for example:
259	too difficult to answer; carry a negative message. Y/N
260	• Staff respond negatively when children can't answer questions, for example: "You should know
261	this"; "You did not listen". Y/N
262	Score the classroom a 2 if the following occurs (If the classroom does not have all 3 indicators but has 1-
263	2 of the indicators then score this item 1+):
264	Staff sometimes initiate conversations with children, for example: babble back and forth with
265	baby; copy baby's sounds; respond to baby's crying with verbal response; have short back and
266	forth toddler interactions. Y/N

267	• Staff sometimes ask children appropriate questions and wait for child to respond, for example:
268	ask baby if she likes toy and pay attention as baby smiles; ask toddler what he is eating and wait
269	for him to think of word. Y/N
270	• Staff respond neutrally or positively to children who can't answer questions. Questions asked
271	are sometimes meaningful to children, for example: child responds with interest; does not
272	ignore staff questions. Y/N
273	Score the classroom a 3 if the following occurs (If the classroom does not have all 4 indicators but has 1-
274	3 of the indicators then score this item 2+):
275	• Staff initiate engaging conversations with children throughout the observation, for example:
276	show enthusiasm; use tone that attracts child's attention. Y/N
277	• Staff often personalize questions and/or conversations for individual children, for example: talk
278	about children's families, preferences, interests; what they are playing with; what they did over
279	weekend; child's mood; use child's name. Y/N
280	• Staff often pay attention to children's questions, verbal or nonverbal, and answer in a satisfying
281	manner for the child. Y/N
282	Staff ask questions in which children show interest in answering, for example: make the
283	questions funny or mysterious; use attractive tone; meaningful and not too difficult to answer.
284	Y/N
285	Score the classroom a 4 if the following occurs (If the classroom does not have both indicators but has
286	one of the indicators then score this item 3+):
287	Staff frequently have turn taking conversations with children throughout the observations.
288	Many appropriate questions are used throughout the observation, during both play and
289	routines. Y/N

Circle the Appropriate Level	1	2	3	4	
given in order to obtain a "+".					
particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit					
Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a					
Scoring:					
These it is! You found the I	These it is! You found the ball". Y/N				
answer if needed, for exam	answer if needed, for example: "Are you hungry? Yes, you are!"; "Where's the ball?				
Staff ask children appropria	• Staff ask children appropriate questions, wait a reasonable time for child response, and then				

INDICATOR 8): Educators Use Language to Develop Reasoning Skills (20 minutes)

Assessors will need to observe very carefully as this standard can be difficult to determine because it is tying language and cognition together. Again, this opportunity can occur in any setting in or out of the classroom because it is the basis for problem solving through the use of language. Also look for educators redirecting children's conversations when appropriate. Staff should use language to talk about logical relationships using materials that stimulate reasoning. Through the use of materials, staff can demonstrate concepts such as same/different, classifying, sequencing, one-to-one correspondence, spatial relationships, and cause and effect.

How to Measure:

Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom falls based on the following scale;

Score the classroom a 1 if the following occur:

311	Staff do not talk with children about logical relationships, for example: ignore children's
312	questions and curiosity about why things happen, do not call attention to sequence of daily
313	events, differences and similarity in number, size, shape, cause and effect. Y/N
314	• Concepts are introduced inappropriately, for example: concepts too difficult for age and abilities
315	of children, inappropriate teaching methods used such as worksheets without any concrete
316	experiences; teacher gives answers without helping children to figure things out. Y/N
317	Score the classroom a 2 if the following occur (If the classroom does not have both indicators but has
318	one of the indicators then score this item 1+):
319	Staff sometimes talk about logical relationships or concepts, for example: explain that outside
320	time comes after snacks, points out differences in sizes of blocks children use. Y/N
321	Some concepts are introduced appropriately for ages and abilities of children in group, using
322	words and experiences, for example: guide children with questions and words to sort big and
323	little blocks or to figure out why ice melts. Y/N
324	Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has
325	one of the indicators then score this item 2+):
326	Staff talk about logical relationships while children play with materials that stimulate reasoning,
327	for example: sequence cards, same/different games, size and shape toys, sorting games,
328	numbers and math games. Y/N
329	Children are encouraged to talk through or explain their reasoning when solving problems, for
330	example: why they sorted objects into different groups, in what way two pictures are the same
331	or different. Y/N
332	Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has
333	one of the indicators then score this item 3+):

	 Staff encourage children to reason throughout the day, using actual events and experiences as a 			
335	basis for concept development, for example: children learn sequence by talking about their			
336	experiences in the daily routine or recalling the sequence of a cooking project. Y/N			
337	Concepts are introduced based upon children's interests or needs to solve problems, for			
338	example: talk children through balancing a tall block building, help children figure out how many			
339	spoons are needed to set a table. Y/N			
340	Scoring:			
341	Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a			
342	particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit			
	given in order to obtain a "+".			
343	given in order to obtain a "+".			
343	given in order to obtain a "+". Circle the Appropriate Level 1 2 3 4			
343 344				
344	Circle the Appropriate Level 1 2 3 4			
344 345	Circle the Appropriate Level 1 2 3 4 For quality key indicators 9 and 10 it is recommended that these be assessed/observed throughout the			
344 345 346	Circle the Appropriate Level 1 2 3 4 For quality key indicators 9 and 10 it is recommended that these be assessed/observed throughout the day and not just during key activity times. These two quality key indicators should be observed in two-			
344 345 346 347	Circle the Appropriate Level 1 2 3 4 For quality key indicators 9 and 10 it is recommended that these be assessed/observed throughout the day and not just during key activity times. These two quality key indicators should be observed in two-minute blocks over ten sequences for a total of 20 minutes. These two items should also be used with			

INDICATOR 9): Educators Listen Attentively When Children Speak (25 minutes)

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This quality indicator focuses on the early childhood educator(s) looking directly at the children with nods, rephrases their comments, engages in conversations. Children should have the undivided attention of the specific educator they are addressing. Educators should not be looking away or pre-

356 occupied with others. They should be at the child's level making eye contact. The intent is to observe all 357 children and educators in the room. 358 How to Measure: 359 Do this in timed 2-minute observations recording each time you observe this occurring. Record at least 360 10 different observation periods. These do not need to be consecutive in order to fully observe 361 classrooms and educators. Please use the following scale to assess your recordings: Likert Scale (1-4) 362 where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many Instances; 4 = Very 363 Much/Consistently): 364 Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record 365 in each cell below. 366 Scoring: Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total 367 (Range: 10 - 40)(Divide this result by 10) = _____ (1-368 number here: 4)(Round upward or downward to the whole number (3.7 = 4; 2.2 = 2)). 369 Circle the Appropriate Level 1 2 3 4 370 371 **INDICATOR 10): Educators Speak Warmly to Children (25 minutes)** 372 373 This quality indicator focuses on the early childhood educator(s) always engaging in a caring voice and 374 body language with every child. Educators do not use harsh language or commands in speaking to 375 children, but rather again are on the child's level making eye contact. Think of the way Fred Rogers

376	would engage his audience where you always felt you were the most important person in the world			
377	when he talked into the TV.			
378	How to Measure:			
379	Do this in timed 2-minute observations recording each time you observe this occurring. Record at least			
380	10 different observation periods. Please use the following scale to make your recordings: (This item is on			
381	a Likert Scale (1-4) where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many			
382	Instances; 4 = Very Much/Consistently):			
383	Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record			
384	in each cell below.			
385	Scoring:			
386	Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total			
387	number here: (Range: 10 - 40)(Divide this result by 10) = (1-4). (Round			
388	8 upward or downward to the whole number $(3.7 = 4; 2.2 = 2)$).			
	Circle the Appropriate Level 1 2 3 4			
389				
390				
391	INDICATOR 11): Reflective Supervision Placeholder TBD.			
392				
393				

or comments):	

After completing your observations, reviewing all documentation, and interviewing staff when necessary, please transfer all your results to the Summary Table below. If there was not an infant classroom, please note here, NO infant classrooms: _____

Key Q Indicator	Quality Indicator Content	<u>Scale</u>	<u>Potential Score</u>	<u>Actual Score</u>
QKI 1	Professional Development	NAEYC	1-4	
QKI 2	The Environment	Saskatchewan	1-4	
QKI 3	Curriculum and Assessment	NAEYC	1-4	
QKI 4	Family Engagement I	QRIS	1-4	
QKI 5	Family Engagement II	QRIS	1-4	
QKI 6	Communication	ECERS	1-4	
QKI 7	Infant Classroom	ITERS	1-4 or NA	
QKI 8	Reasoning Skills	ECERS	1-4	
QKI 9	Listen Attentively	CIS	1-4	
QKI 10	Speak Warmly	CIS	1-4	

422	Notes:	
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Saskatchewan ECPQI

430	All these 10 quality indicators (SKPQI) have been taken from other sources having been identified in Quality
431	Indicator Studies from 1980 – 2020. Please refer back to the source documents for details on their creation:
432	ECERS, ITERS, QRIS/INQUIRE, CIS/Arnett, NAEYC, SASKATCHEWAN PLAY & EXPLORATION.
433	
434	
435	
436	
437	Members of the Saskatchewan Program Quality Work Group are the following:
438	Kim Taylor, Derek Pardy, Cindy Jeanes, Tanya Mengel, Samantha Ecarnot, Karen Heinrichs, Michelle
439	Vellenoweth, Kristin Jarvis, and Rick Fiene.
140	
441	
142	
143	Additional Information: Derek Pardy, Government of Saskatchewan, Early Years, Ministry of Education, 2-2220
144	College Ave, Regina, SK, Canada S4P 4V9.
4.45	
145	Additional Information regarding the psychometrics of the tool: Richard Fiene, Ph.D., Research Psychologist,
146	Research Institute for Key Indicators & Penn State University. Fiene@psu.edu
147	
448	4/1/2021
149	SKPQ17
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Georgia Child Care Licensing Study: Validating the Core Rule Differential Monitoring System

Executive Summary

Richard Fiene, Ph.D.

The purpose of this study was to validate Georgia's process for determining if a state-regulated child care facility is compliant with basic state health and safety requirements. The process was developed by staff at Bright from the Start: Georgia Department of Early Care and Learning (DECAL). Currently Georgia utilizes a "Core Rule" risk assessment approach in which the health and safety rules deemed most crucial to ensure children's health and safety are used to compute a program's compliance status.

This validation study utilized a unique analytical model that compared licensing data with previous key indicator (for readers not familiar with this term, please see the definitions on page 4 of the report) research and ascertained if the Core Rules accurately indicated a program's overall compliance with the total population of licensing rules.

Additional statistical analyses examined if the mathematical formula used to compute compliance was an appropriate configuration of the data that discerned between those programs that adequately met basic health and safety rules (compliant) and those that did not (non-compliant). Also licensing data were compared to a representative sample of quality data collected as part of a different study to examine the correlation between compliance and quality. A Differential Monitoring Logic Model/Algorithm (*DMLMA*©) (Fiene, 2012) and a previous validation model (Zellman & Fiene, 2012) were used in the research.

One hundred and four child care centers (104 CCC) and 147 family child care (FCC) homes were assessed. Licensing data over a four-year period (2008-2012) and matching program quality data from a two-year period (2007-2008) were used in this study.

The study focused on three research questions:

- 1. Do the Core Rules CCCs and FCC homes serve as overall Key Indicators of compliance?
- 2. Does the Annual Compliance Determination Worksheet (ACDW) appropriately designate programs as compliant or non-compliant related to health and safety?
- 3. Are the Core Rules related to program quality?

The analysis demonstrated that the Core Rules did serve as key indicators, and these key indicators were identified for both center based and home based child care. The second analysis concluded that the ACDW computation did distinguish between compliant and non-compliant programs. Finally, the expected correlation between compliance and quality was found but only for state-funded Pre-K classrooms, not for family child care nor for preschool classrooms that were not part of the state-funded Pre-K.

Georgia Child Care Licensing Study: Validating the Core Rule Differential Monitoring System

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ABSTRACT

The purpose of this study was to validate Georgia's process for determining if a state-regulated child care facility is compliant with basic state health and safety requirements. The process was developed by staff at Bright from the Start: Georgia Department of Early Care and Learning (DECAL). Currently Georgia utilizes a "Core Rule" risk assessment approach in which the health and safety rules deemed most crucial to ensure children's health and safety are used to compute a program's compliance status. This validation study utilized a unique analytical model that compared licensing data with previous key indicator (for readers not familiar with this term, please see the definitions on page 4 of the report) research and ascertained if the Core Rules accurately indicated a program's overall compliance with the total population of licensing rules. Additional statistical analyses examined if the mathematical formula used to compute compliance was an appropriate configuration of the data that discerned between those programs that adequately met basic health and safety rules (compliant) and those that did not (noncompliant). Also licensing data were compared to a representative sample of quality data collected as part of a different study to examine the correlation between compliance and quality. A Differential Monitoring Logic Model/Algorithm (DMLMA©) (Fiene, 2012) and a previous validation model (Zellman & Fiene, 2012) were used in the research. Child care centers (CCC) and family child care (FCC) homes were assessed. The analysis demonstrated that the Core Rules did serve as key indicators, though this list should be reexamined. The second analysis concluded that the computation could be simplified. Finally, the expected correlation between compliance and quality was found but only in state-funded Pre-K classrooms; it was not found in preschool classrooms and could not be validated. Family child care could not be validated either. As a result of the study, recommendations were made to strengthen Georgia's system.

Acknowledgements:

Special thanks are extended to DECAL staff who had the vision to conduct this validation study: Bobby Cagle, Commissioner; Kay Hellwig, Assistant Commissioner for Child Care Services; Kristie Lewis, Director of Child Care Services; and Dr. Bentley Ponder, Director of Research & Evaluation. Also, researchers at the University of North Carolina, Chapel Hill, Frank Porter Graham Child Development Institute, Dr. Donna Bryant and Dr. Kelly Maxwell who made this study so much more significant by sharing program quality data from earlier studies they completed in Georgia.

INTRODUCTION

Background of Georgia's Compliance Determination System

Similar to other states, Georgia has a licensing and monitoring system that oversees a diverse population of early care and learning programs across the state. The licensing and monitoring system of early care and learning programs is charged to Bright from the Start: Georgia Department of Early Care and Learning (DECAL), a state early education department that also oversees and administers Georgia's Pre-K Program, Child Care and Development Block Grant, the Child and Adult Care Food Program, and the Summer Food Service Program. In 2012, DECAL's licensing and monitoring system regulated approximately 6,300 early care and learning programs. The crux of this regulation is determining if the programs meet Georgia's health and safety rules. Programs that meet these rules are determined to be compliant.

In the mid 2000's, Georgia began experimenting with a process that determined whether or not a program was designated as compliant with the state's health and safety regulations by focusing on key Core Rules. These are health and safety rules deemed crucial to minimizing risk related to children's health and safety. Seventy-four rules out of the 456 that programs must follow were classified as Core Rules¹. Core Rules are cited by severity (low, medium, high, extreme). It is important to note that this entails a risk assessment theoretical approach rather than a Key Indicator statistical approach. This means that the Core Rules were determined by content analysis rather than by a statistical procedure.

Though this system has undergone some slight revisions, this basic methodology is still in place:

- 1. All programs receive at least one full licensing study and one monitoring visit. At the licensing study all applicable rules are examined. At the monitoring visit, only Core Rules (or any rule that was not met at the licensing study) are examined.
- 2. If additional visits are conducted, the Core Rules are examined again at that time.
- 3. At the end of the fiscal year (June 30), each program receives a compliance determination. This determination is based on all visits (licensing study, monitoring visit, and other reviews). A standardized worksheet, Annual Compliance Determination Worksheet (ACDW), is used to make the computation that determines the designation.
- 4. The compliance status remains until the next determination one year later. Programs do not have an opportunity to contest the compliance determination, though programs have numerous opportunities to contest any citation.
- 5. At the conclusion of Fiscal Year 2012, approximately 91% of the programs were classified as compliant. A program's eligibility for certain services, acceptance into Quality Rated and Georgia's Pre-K Program, is impacted by the program's compliance determination.

Background of this Study

Since the compliance determination system has been used for several years, key policymakers at DECAL requested an external review to validate if the system was operating as intended. Are the Core Rules a sufficient subsample to measure a program's overall regulation with the state's health and safety regulations? Furthermore, does the compliance determination formula appropriately differentiate compliant programs from non-compliant programs? In other words, is the computation a viable way to make this designation? And finally, does compliance determination serve as a sufficient indicator for other aspects of quality not addressed in Georgia's health and safety rules?

The purpose of this study was to validate the aforementioned compliance determination process. This validation process utilized a unique analytical model that compared licensing data with previous key indicator research and ascertained if the Core Rules are an indication of a program's overall compliance with the total population of licensing rules. Second, additional statistical analyses examined if the mathematical formula used to compute compliance was an appropriate configuration of the data that differentiated between those programs that adequately met basic health and safety rules (compliant) and those that did not (non-compliant). Finally, licensing data were

¹ The number of Core Rules was expanded in 2012 to include increased enforcement and sanctions regarding transportation. The new Core Rules were not part of this analysis.

compared to a representative sample of quality data collected as part of a different study to examine the correlation between compliance and quality (see a further explanation of the sample in the Limitations Section of this report).

Specifically, the study addressed the following research questions:

- 1 Do the Core Rules for child care centers (CCC) and family child care (FCC) homes serve as overall Key Indicators of compliance?
- 2 Does the Annual Compliance Determination Worksheet (ACDW) appropriately designate programs as compliant or non-compliant related to health and safety?
- 3 Are the Core Rules related to program quality?

The following definitions are used in the study:

Core Rules = the rules determined to be of greatest importance and place children at greatest risk if not complied with. This approach is defined in the licensing literature as a risk assessment approach. Core Rules cover 12 regulatory areas and 74 specific rules. The Core Rules were the focal point of this validation study and are addressed in the first approach to validation – Standards and the first research question.

ACDW = Annual Compliance Determination Worksheet, the compliance decision-making system based on the Core Rules that can be used to determine the number of visits made to programs. The ACDW was the secondary focal point of this validation study and is addressed in the second approach to validation – Measures and the second research question.

Key Indicators = a differential monitoring approach that uses only those rules that statistically predict overall compliance with all the rules. 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. 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. In this study, eight Key Indicators rules were identified for CCC and nine Key Indicators rules for FCC (See pages 15-16 for the specific indicators and additional detail about the methodology). These are in addition to the Core Rules.

Rule Violations or Citations = occurs when a program does not meet a specific rule and is cited as being out of compliance with that rule. These individual rule violations/citations are summed to come up with total violation/citation scores on the Core Rules and on the Licensing Studies.

Differential Monitoring = a relatively new approach to determining the number of licensing visits made to programs and to what rules are reviewed during these visits. Two measurement tools drive differential monitoring: one is a Weighted Risk Assessment, and the other is a Key Indicator checklist. Weighted Risk Assessments determine how often a program will be visited while Key Indicator checklists determine what rules will be reviewed in the program. Differential monitoring is a powerful approach when Risk Assessment is combined with Key Indicators because a program is reviewed by the most critical rules and the most predictive rules. See Figure 1 which presents a Logic Model & Algorithm for Differential Monitoring (*DMLMA*©) (Fiene, 2012).

Licensing Study = a comprehensive review of a program where all child care rules are reviewed.

Monitoring Visit = an abbreviated form of a visit and review in which only a select group (Core Rules) of child care rules are reviewed.

Program Quality = for the purposes of this study, quality was measured in child care centers by the *Early Childhood Environment Rating Scale-Revised (ECERS-R)*, *Infant Toddler Environment Rating Scale-Revised (ITERS-R)* and in family child care homes by the *Family Child Care Environment Rating Scale-Revised (FCCERS-R)*. The program quality measures were used as part of the third approach to validation – Outputs and the third research question.

Scoring for Licensing Variables/Data Collection Protocols:

Licensing Study = the total number of rule violations for a specific facility.

Core Rules = the total number of core rule violations.

ACDW/Compliance Designation = the annual compliance determination taken from the Annual Compliance Determination Worksheet. Compliant [C] was coded as "1" in the data base; Non-Compliant [NC] was coded as "0" in the data base.

Key Indicators = these were generated by a statistical methodology based upon the ability of the specific rule to predict full compliance with all the rules. Data from the Licensing Studies were used to make this determination of key indicator rule status.

METHODOLOGY AND ANALYTICAL FRAMEWORK

Licensing data over a four-year period (2008-2012) and matching program quality data from a two-year period (2007-2008) were used in this study. Specifically, data from 104 child care centers and 147 family child care homes were analyzed. Data from licensing studies (all rules) and monitoring visits (selected rules) were utilized. Program quality data were provided by researchers from the FPG Child Development Institute at the University of North Carolina at Chapel Hill (FPG), and the FPG research team matched these data points with the licensing data provided by DECAL (See the following website for the specific reports -

http://decal.ga.gov/BftS/ResearchStudyOfQuality.aspx). All the data were analyzed by the Research Institute for Key Indicators.

Two models were used to frame the analysis: a Validation Framework that uses four approaches (Zellman & Fiene, 2012) to validating quality rating and improvement systems (QRIS) being applied to licensing systems; and a *Differential Monitoring Logic Model and Algorithm (DMLMA©)*(Fiene, 2012) were employed to answer the three research questions for this Validation Study. The validation approaches are described below; the *DMLMA©* is described at the beginning of the Findings Section of this report.

The first validation approach deals with examining the validity of key underlying concepts by assessing if basic components and standards are the right ones by examining levels of empirical and expert support. For this study, this approach used Key Indicators to validate the Core Rules since Risk Assessment and Key Indicators are differential monitoring approaches. This answers the first research question.

The second validation approach deals with examining the measurement strategy and the psychometric properties of the measures used by assessing whether the verification process for each rule is yielding accurate results. Properties of the key rules can be measured through inter-rater reliability on observational measures, scoring of documentation, and inter-item correlations to determine if measures are psychometrically sound. Cut scores can be examined to determine the most appropriate ways to combine measures into summary ratings. For this study, the second validation approach validates the use of the ACDW and Core Rules by comparing compliance decisions with the Licensing Studies. This answers the second research question.

The third validation approach deals with assessing the outputs of the licensing process by examining the variation and patterns of program level ratings within and across program types to ensure that the ratings are functioning as intended. The approach examines the relationship of program level ratings to other more broadly based program quality measures and examines alternate cut points and rules to determine how well the ratings distinguish different levels of quality. For this study, this approach used data from Core Rules and Licensing Studies and data from earlier program quality studies (Maxwell, et al., 2009a,b; 2010) for validation. This answers the third research question.

Out of the four validation approaches (See Table 8), only three were utilized in this study. *The fourth validation approach* deals with how ratings are associated with children's outcomes. This approach examines the relationship

between program level ratings and selected child outcomes to determine whether higher program ratings are associated with better child outcomes. This approach did not have data that could be used in this study.

FINDINGS

The *DMLMA*© (See Figure 1) provides the conceptual model for assessing the overall effectiveness of Georgia's approach using Core Rules. In the model, the two main tools are Risk Assessment and Key Indicator measurements, which are created from a statistical analysis of the comprehensive licensing tool. The comprehensive licensing tool measures compliance with all rules. For the purposes of this study the Licensing Study represents the comprehensive licensing tool while the Core Rules represent a Risk Assessment tool. For the Program Quality tools, the ECERS-R, ITERS-R and FCCERS-R were utilized from an earlier program quality study by FPG Child Development Institute at the University of North Carolina at Chapel Hill (Maxwell, et al., 2009a,b; 2010). Georgia currently does not use a Key Indicator tool (see Table 1). With the DMLMA© analytical methodology, specific correlational thresholds are expected (please refer to Figure 1 on page 14).

TABLE 1

DMLMA © Terminology	Georgia Examples and Data Sources
Comprehensive Tool	Licensing Study
Program Quality Tool	ECERS-R and ITERS-R for CCC; FCCERS-R for FCC
Risk Assessment Tool	Core Rules
Key Indicators Tool	Not Present (Generated as part of this Study-see Tables 9/10)
Differential Monitoring Tool	ACDW Compliance Determination

Before presenting the findings for the validation approaches, some basic descriptive statistics are provided regarding the major variables in this study: Licensing Study, ACDW, Core Rules, and Key Indicators (see Table 2). The data are provided for both child care centers and family child care homes. It is clear from these basic descriptive statistics that the data distributions are very skewed in a positive fashion which means that there is very high compliance with all the major licensing variables for this study. In other words, the majority of programs are in substantial compliance with all the licensing rules and receive a compliant determination.

TABLE 2

Licensing Variable	Mean	Range	SD	Skewness	Kurtosis
Licensing Study (CCC)	5.51	25	5.26	1.47	2.11
ACDW (CCC)	0.75	1	0.44	-1.17	-0.64
Core Rules (CCC)	4.47	22	4.72	1.81	3.60
Key Indicators (CCC)	1.68	6	1.61	0.90	0.073
Licensing Study (FCC)	5.85	33	5.71	1.56	3.37
ACDW (FCC)	0.87	1	0.34	-2.23	3.03
Core Rules (FCC)	1.61	11	1.75	1.99	6.61
Key Indicators (FCC)	2.37	8	2.13	0.63	-0.57

Licensing Study Mean = the average number of total rule violations.

ACDW Mean = the average score for a determination of compliance (1) or non-compliance (0).

Core Rules Mean = the average number of core rule violations.

Key Indicators Mean = the average number of key indicator violations.

The findings are presented by the three validation approaches of Standards, Measures, and Outputs as well as the three research questions related to Key Indicators, Core Rules, and Program Quality.

1) Validation of Standards (First Approach to Validation) for answering the first research question: Do the Core Rules for child care centers (CCC) and family child care (FCC) homes serve as overall key indicators of compliance?

In this first approach to validation which focuses on Standards, Key Indicators were generated from the Licensing Studies because Core Rules (a Risk Assessment tool) and Key Indicators are both Differential Monitoring approaches (see Figure 1). The Core Rules were compared to the Key Indicators generated by the licensing data base and there was a .49 correlation for CCC (n = 104) and .57 correlation for FCC (n = 147) which indicates a

relationship between the Core Rules and Key Indicators at a p < .0001 significance level (Table 3). Also, the Key Indicators were correlated with the Licensing Study data and significant results were determined with r values of .78 (p < .0001) for CCC (n = 104) and .87 (p < .0001) for FCC (n = 147). These results clearly met the expected $DMLMA \odot$ thresholds between the key indicator rules with core rules (.50+) and licensing studies (.70+).

TABLE 3

Key Indicators with Core Rules and Licensing Study	r =	p <	n =
Key Indicators and Core Rules (CCC)	.49	.0001	104
Key Indicators and Licensing Study (CCC)	.78	.0001	104
Key Indicators and Core Rules (FCC)	.57	.0001	147
Key Indicators and Licensing Study (FCC)	.87	.0001	147

Table 3 begins to demonstrate how the Georgia Child Care Licensing system is utilizing the *DMLMA*© terminology from Table 1. With the generation of Key Indicators from this study, all the key elements within a differential monitoring system are present. This crosswalk to the *DMLMA*© will continue in Tables 4 & 5.

2) Validation of Measures (Second Approach to Validation) for answering the second research question: Is the Annual Compliance Determination Worksheet (ACDW) a valid measure in determining the overall health and safety compliance of Georgia's early care and learning programs?

The Core Rules and the ACDW were compared to the Licensing Study data and compliance designation to determine the validation of the ACDW scoring protocol. There was a high correlation between the number of violations on the Core Rules and the total licensing violations on the Licensing Studies (r = .69; p < .0001)(Table 4). This result helps to validate that the ACDW is actually discriminating between high compliant and low compliant providers for CCC. For FCC, there was also a high correlation between the number of violations on the Core Rules and the total licensing violations on the Licensing Studies (r = .74; p < .0001). These results meet the *DMLMA*© thresholds of .50+ for Licensing Studies and Core Rules.

When Core Rules were correlated with the ACDW compliance decisions, there was a significantly high correlation for CCC (r=.76; p<.0001) and for FCC (r=.70; p<.0001). The key element of the ACDW scoring protocol is that the Core Rules distinguish between high and low compliant providers. The CCC/Core Rules and ACDW have been validated, as well as the FCC/Core Rules and ACDW because both the correlations were above the expected $DMLMA \odot$ threshold (.50+).

TABLE 4

Core Rules with Licensing Studies and ACDW	r =	p <	n =
Core Rules and Licensing Studies (CCC)	.69	.0001	104
Core Rules and ACDW (CCC)	.76	.0001	104
Core Rules and Licensing Studies (FCC)	.74	.0001	147
Core Rules and ACDW (FCC)	.70	.0001	147

3) Validation of Outputs (Third Approach to Validation) for answering the third research question: Are the Core Rules correlated with program quality?

For this approach, programs were divided into those that had an ITERS-R score, an ECERS-R score for a preschool class, and an ECERS-R score for a Georgia's Pre-K class; and those that had only an ITERS-R score and an ECERS-R score for preschool. The sample was evenly divided. Since Georgia has placed substantial resources into its Pre-K program, it was thought that this analysis might suggest if there was anything different between programs with a Georgia's Pre-K class and those without.

When the Core Rules for CCC's were compared with program quality data (ECERS-R/PS + ITERS-R), a significant correlation was not found between CCC (r = .27) for programs with only preschool classrooms but was found for programs with Pre-K classrooms (ECERS-R/PK + ITERS-R) (r = .60). When Core Rules for FCC's were compared

to the FCC program quality data (FCCERS-R), the correlations were at a much lower level (r = .17) (See Table 5). However, these results are constrained by the limited range of the data; see the Limitation Section that follows this section.

Upon closer inspection of the correlations in Table 5 for CCC, it would appear that the CCC compliance system is more valid with the state-funded Pre-K programs (.48) than with the preschool programs (.21) because the correlations between the various Environment Rating Scales (ECERS-R + ITERS-R) are significant only when compared to the respective compliance with all rules on the Licensing Studies in the programs that have Pre-K programs. In making these comparisons, programs that had both ECERS-R and ITERS-R were combined and compared to the respective Licensing Study data (these data were reversed scored in which the number of violations were subtracted from a perfect score of 100). The differences are even more significant when you compare the Environment Rating Scales and the Core Rules where the Pre-K programs' correlation between the compliance with Core Rules and Environment Rating Scales is .60 and preschool programs is .27 while the FCC is .17.

Program quality data refer to data collected in earlier studies by researchers from FPG (Maxwell, et al., 2009a,b; 2010) in which FPG collected Environment Rating Scales (ECERS-R; ITERS-R; FCCERS-R) data on a representative sample of CCC and FCC (See (http://decal.ga.gov/BftS/ResearchStudyOfQuality.aspx). In comparing the program compliance and program quality data, the analyses supported the validation of the CCC for Pre-K only programs (DMLMA© threshold = .30+) but it was weaker for the FCC programs and not significant for preschool programs and therefore could not be validated. See Table 13 on page 17 for a further explanation of the CCC data distribution.

TABLE 5

Program Compliance and Quality Comparisons	r =	p <	n=
ECERS-R/PK + ITERS-R and Licensing Studies	.48	.001	45
ECERS-R/PK + ITERS-R and Core Rules	.60	.0001	45
ECERS-R/PS + ITERS-R and Licensing Studies	.21	ns	45
ECERS-R/PS + ITERS-R and Core Rules	.27		45
ECERS-R/FS + ITERS-Raild Cole Rules	.21	ns	43
FCCERS-R and Licensing Studies	.19	.04	146
FCCERS-R and Core Rules	.17	.03	146

LIMITATION

The sampling for this study was based on previous studies (Maxwell, 2009a,b; 2010) completed by FPG in which program quality data were collected and analyzed. This study employed a subset of sites that were a representative sample of Georgia's child care licensing system. Not all of these sites could be used for this study because some had closed or some did not have the necessary data to make comparisons. So the sample at this point is one of convenience; however, 104 of the 173 CCC and 146 of the 155 FCC were used in this study, a significant number of the original representative sample. Also, when the Environment Rating Scales (ECERS-R, ITERS-R, FCCERS-R) scores were compared with the CCC and FCC samples, there were no significant differences (average difference was .01-.03) between the two study samples (See Table 6).

TABLE 6

Environment Rating Scale Scores	FPG	This Study
ECERS-R Pre-K Total Scale Scores	4.16	4.15
ECERS-R Preschool Total Scale Scores	3.39	3.42
ITERS-R Total Scale Scores	2.74	2.72
ECCEDS D Total Scale Scares	2.50	2.40
FCCERS-R Total Scale Scores	2.50	2.49

CONCLUSION

The CCC differential monitoring through the Core Rules/ACDW has been validated on the three approaches (Standards, Measures, and Outputs (Pre-K Program only)) and three research questions (Key Indicators, Core Rules, Program Quality (Programs with Georgia Pre-K only)) (See Table 7). The FCC differential monitoring through the Core Rules/ACDW was validated on the first validation approach (Standards) and first research question (Key Indicators); validated on the second validation approach (Measures) and second research question (Core Rules); but not validated on the third validation approach (Outputs) and third research question (Program Quality).

TABLE 7

Correlations

Validation Approach/Research Question	CCC Actual	(Expected*)	FCC Actual (Expected)
1 STANDARDS/Key Indicators	VALIDATED		VALIDATED
Key Indicators x Core Rules	.49 (.50+)		.57 (.50+)
Key Indicators x Licensing Studies	.78 (.70+)		.87 (.70+)
2 MEASURES/Core Rules/ACDW ²	VALIDATED		VALIDATED
Core Rules x Licensing Studies	.69 (.50+)		.74 (.50+)
Core Rules x ACDW	.76 (.50+)		.70 (.50+)
3 OUTPUTS/Program Quality	VALIDATED		NOT VALIDATED
Licensing Studies x ERS**/PK	.48 (.30+)	FCCERS	.19 (.30+)
Core Rules x ERS/PK	.60 (.30+)	FCCERS	.17 (.30+)
Licensing Studies x ERS/PS			.21 (.30+)
Core Rules x ERS/PS			.27 (.30+)

*DMLMA© Expected r Value Thresholds in Order to be Validated (Also see Figure 1 for additional details):

High correlations (.70+) = Licensing Studies x Key Indicators.

Moderate correlations (.50+) = Licensing Studies x Core Rules; Core Rules x ACDW; Core Rules x Key Indicators; Key Indicators x ACDW. Lower correlations (.30+) = Program Quality Tools x Licensing Studies; Program Quality x Core Rules; Program Quality x Key Indicators.

Program Quality Tools = ECERS-R, ITERS-R, FCCERS-R.

**ERS = ECERS-R + ITERS-R PK = Pre-K program

PS= Preschool program

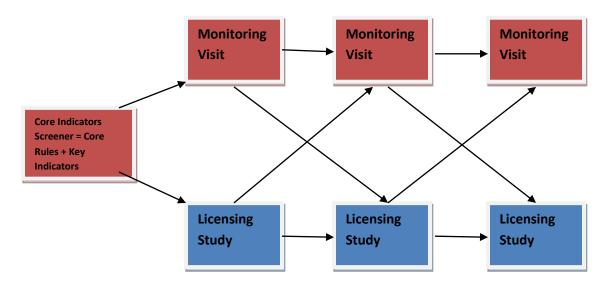
A confounding of data occurred with the first two validation approaches because the Core Rules were influenced a great deal by the National Child Care Key Indicators (NCCKI) (Fiene, 2002) where 10 of the 13 Core Rules overlapped significantly with the NCCKI. This helped to increase the correlation between the Core Rules and the Licensing Studies because the Core Rules represented both risk assessment and key indicator rules. Using both risk assessment and key indicator rules together is an ideal differential monitoring approach (Fiene, 2012). Most states use one or the other but generally not together. By including the newly generated key indicators from this study where there is also overlap with the NCCKI, it should enhance the differential monitoring approach utilized by DECAL.

ACDW decisions were compared with using severity as a factor and not using it as a factor in the scoring system with Core Rules. No significant differences were found between the two scoring systems; therefore, the results in this study represent Core Rule scores without severity included since this is the simpler model.

RECOMMENDATIONS

The following recommendations³ can be made from this Licensing Differential Monitoring Validation Study.

First research question/validation recommendation: Revise the worksheet determination scoring relative to the visiting protocol by combining the Core Rules with a Key Indicator approach so that if any of the Core Rules or Key Indicators are out of compliance, then a full compliance review (Licensing Study) should be used. The present worksheet determination scoring protocol is overly complex. Just moving to a more comprehensive review (Licensing Study) based on non-compliance with the Core Rules will simplify the scoring protocol and make determinations more straightforward. If there is full (100%) compliance with the Core Rules and Key Indicators, then the next scheduled review of the program would be an abbreviated Monitoring Visit. If there is not 100% compliance with the Core Rules and Key Indicators, then the next scheduled review of the program would be a Licensing Study reviewing all child care rules. Based upon the compliance/non-compliance scores of the Licensing Study will determine how often the program will be visited. A revised Georgia Differential Monitoring System could potentially look like the following:



Compliance Decisions:

Core Indicators = Core Rules + Key Indicators - this becomes a screening tool to determine if a program receives a Licensing Study reviewing all child care rules or an abbreviated Monitoring visit continuing to review key indicator and core rules for their next visit. Core Indicators (100%) = the next visit is a Monitoring Visit. Every 3-4 years a full Licensing Study is conducted. Core Indicators (not 100%) = The next visit is a Licensing Study where all rules are reviewed. **Compliance** = 96%+ with all rules and 100% with Core Indicators. The next visit is a Monitoring Visit. Non-compliance = less than 96% with all rules. The next visit is a Licensing Study...

- 2) Second research question/validation recommendation: Follow the development of weighted risk assessment tools as outlined by Fiene & Kroh (2000) in the NARA Licensing Chapter for CCC and FCC. It has been over 20 years since Core Rules were weighted. It is recommended that Core Rules be weighted every 10 years. Doing a weighted risk assessment would help confirm that the present Core Rules are the highest risk rules.
- Third research question/validation recommendation: Confirm the CCC (ERS/PS) and FCC results by conducting a more recent program quality study that reflects all the changes made within the CCC and FCC systems. Although FCC program quality and Licensing Study and Core Rules reached statistical significance, the overall correlation was too low (Licensing Studies = .19; Core Rules = .17). With the CCC system the Pre-K program demonstrated significant correlations between ERS/PK and Licensing Study (.48) & Core Rules (.60) but not the Preschool program (ERS/PS: Licensing Studies = .21; Core Rules = .27).

³ These recommendations are drawn from the data in this study and previous studies conducted by the author in which the empirical evidence led

to similar recommendations.

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TABLE 8 - FOUR APPROACHES TO VALIDATING A QRIS (Zellman & Fiene, 2012)

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
1. Examine the validity of key underlying concepts	Assess whether basic QRIS quality components and standards are the "right" ones by examining levels of	Do the quality components capture the key elements of quality?	Different QRISs may use different decision rules about what standards to include in the system.
	empirical and expert support.	Is there sufficient empirical and expert support for including each standard?	include in the system.
2. Examine the measurement strategy and the psychometric properties of the measures used to assess quality	Examine whether the process used to document and verify each indicator is yielding accurate results. Examine properties of key quality measures, e.g., interrater reliability on observational measures, scoring of documentation, and inter-item correlations to determine if measures are psychometrically sound. Examine the relationships among the component measures to assess whether they are functioning as expected. Examine cut scores and combining rules to determine the most appropriate ways to combine measures of quality standards into summary ratings.	What is the reliability and accuracy of indicators assessed through program administrator self-report or by document review? What is the reliability and accuracy of indicators assessed through observation? Do quality measures perform as expected? (e.g., do subscales emerge as intended by the authors of the measures?) Do measures of similar standards relate more closely to each other than to other measures? Do measures relate to each other in ways consistent with theory? Do different cut scores produce better rating distributions (e.g., programs across all levels rather than programs at only one or two levels) or more meaningful distinctions among programs?	This validation activity is especially important given that some component measures were likely developed in low-stakes settings and have not been examined in the context of QRIS.

TABLE 8 (CONTINUED)

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
3. Assess the outputs of the rating process	Examine variation and patterns of program-level ratings within and across program types to ensure that the ratings are functioning as intended. Examine relationship of program-level ratings to other quality indicators to determine if ratings are assessing quality in expected ways. Examine alternate cut points and rules to determine how well the ratings distinguish different levels of quality.	Do programs with different program-level ratings differ in meaningful ways on alternative quality measures? Do rating distributions vary by program type, e.g., ratings of center-based programs compared to ratings of home-based programs? Are current cut scores and combining rules producing appropriate distributions across rating levels?	These validation activities depend on a reasonable level of confidence about the quality components, standards and indicators as well as the process used to designate ratings.
4. Examine how ratings are associated with children's outcomes.	Examine the relationship between program-level ratings and selected child outcomes to determine whether higher program ratings are associated with better child outcomes.	Do children who attend higher-rated programs have greater gains in skills than children who attend lower- quality programs?	Appropriate demographic and program level control variables must be included in analyses to account for selection factors. Studies could be done on child and program samples to save resources. Findings do not permit attribution of causality about QRIS participation but inferences can be made about how quality influences children's outcomes.

FIGURE 1- DIFFERENTIAL MONITORING LOGIC MODEL AND ALGORITHM (Fiene, 2012) DMLMA© Applied to the Georgia Child Care Licensing System

$$CI + PO \Rightarrow RA + KI \Rightarrow DM$$

Georgia Examples:

CI = Comprehensive Tool = Licensing Study (LS – All Rules)

PQ = Program Quality Tool = Environmental Rating Scales (ERS = ECERS-R, ITERS-R, FCCERS-R)

RA = Risk Assessment Tool = Core Rules (CR)

KI = Key Indicators Tool = presently Georgia does not have a KI

DM = Differential Monitoring Tool = ACDW (Compliance/Non-Compliance Decision)

A very important concept in this validation study is that the system employed by DECAL is a risk assessment approach rather than a key indicator methodology which is based upon predictor rules. The $DMLMA \odot$ is a new methodology assessing the effectiveness and efficiency of Differential Monitoring systems being used by state regulatory agencies and provides the conceptual model for this study.

DMLMA© Thresholds:

High Correlations (.70+) = CI x KI.

Moderate Correlations (.50+) = CI x RA; RA x DM; RA x KI; KI x DM.

Lower Correlations (.30+) = PQ x CI; PQ x RA; PQ x KI.

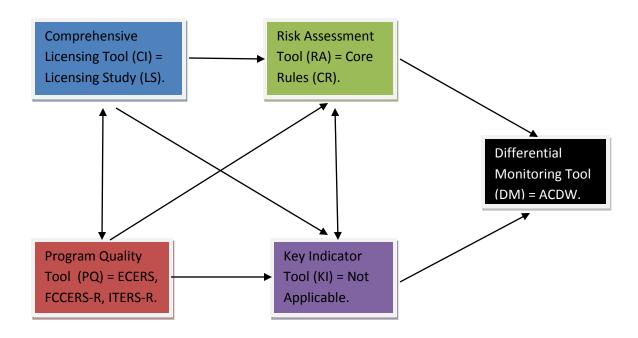


Table 9 - Listing of Key Indicators for Georgia Child Care Centers with Phi Coefficients

- 591-1-1-25 (3) requires that the center and surrounding premises be clean, free of debris and in good repair. (Phi = .49)
- 591-1-1-.25 (13) requires that hazardous equipment, materials and supplies be inaccessible to children. (Phi = .46)
- 591-1-1-.26 (6) requires that outdoor equipment be free of hazards such as lead-based paint, sharp corners, rust and splinters. (Phi = .44)
- 591-1-1-.26 (8) requires the playground to be kept clean, free of litter and hazards. (Phi = .59)
- 591-1-1.26 (7) requires that a resilient surface be provided and maintained beneath the fall zone of climbing and swinging equipment. (Phi = .57)
- 591-1-1-.36 (6)(a-c) requires the center to maintain on the vehicle current information for each child including a) center and passenger information; b) emergency medical information and c) a passenger checklist. (Phi = .49)
- 591-1-1.14 (1) requires that at least 50% of the caregiver staff have current first aid and CPR training. (Phi = .49)
- 591-1-1-.08 (a)-(f) requires the center to maintain a file for each child while such child is in care and for one year after that child is no longer enrolled.... (Phi = .44)

Table 10 - Listing of Key Indicators for Georgia Family Child Care Homes with Phi Coefficients

- 290.2.3-.11(2)(C) requires that fire drills be practiced monthly and shall be documented and kept on file for one year. (Phi = .51)
- 290-2-3-.11 (2)(f) requires that poisons, medicines, cleaning agents and other hazardous materials be in locked areas or inaccessible to children. (Phi = .61)
- 290-2-3-.11 (1)(f) requires the family day care home and any vehicle used to have a first aid kit..... (Phi = .57)
- 290-2-3-.07 (4) requires that the provider obtain ten clock hours of training in child care issues from an approved source within the first year and thereafter on an annual basis. (Phi = .58)
- 290-2-3-.08 (1)(a) requires the family day care home to maintain a file for each child that includes the child's name, birth date, parents or guardian's name, home and business addresses and telephone numbers. (Phi = .63)
- 290-2-3-.08 (1)(b) requires that the record for each child contain the names(s), address(es) and telephone number(s) of person(s) to contact in emergencies when the parent cannot be reached. (Phi = .57)
- 290-2-3-.08 (1)(b) requires the family day care home to maintain a file for each child that includes the name, address and telephone number of the child's physician to contact in emergencies. (Phi = .55)
- 290-2-3-.08 (1)(f) requires the family day care home to maintain a file for each child that includes known allergies, physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the program. (Phi = .51)
- 290-2-3-.08 (1)(c) requires the family day care home to maintain a file for each child that includes evidence of age appropriate immunizations or a signed affidavit against such immunizations; enrollment in the home may not continue for more than 30 days without such evidence. (Phi = .72)

Table 11 - Key Indicator Formula Matrix for Generating Key Indicators*

	Providers In	Programs Out Of	Row Total
	Compliance on Rule	Compliance on Rule	
High Group**	А	В	Y
Low Group***	С	D	Z
Column Total	W	Х	Grand Total

^{(*} This computation occurred for each licensing rule)

Figure 2 - Key Indicator Statistical Methodology (Calculating the Phi Coefficient)

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

Table 12 - Phi Coefficient Decision Table

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

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

^{**}High Group = Top 25% of Programs in Compliance with all Rules.

^{***}Low Group = Bottom 25% of Programs in Compliance with all Rules.

Table 13 - Comparison of the Pre-K and Preschool Programs

Compliance Level*	Pre-K ECERS-R**(N)	Preschool ECERS-R***(N)	
100	4.88 (4)	3.40 (15)	
99	4.13 (6)	4.35 (7)	
98	4.38 (6)	3.89 (13)	
97	3.99 (4)	3.15 (9)	
<mark>96</mark>	4.36 (2)	3.16 (13)	
<mark>95</mark>	4.60 (2)	3.53 (5)	
90	3.43 (2)	2.56 (5)	
80	2.56 (1)	2.38 (2)	

^{*}Compliance Level = the number of child care rule violations subtracted from 100.

100 = Full Compliance with Rules

99-98 = Substantial Compliance with Rules

97-90 = Medium Level of Compliance with Rules

80 = Low Level of Compliance with Rules

**Pre-K ECERS-R = average score of Pre-K Program classrooms as compared to the respective compliance levels. (N) = Sample Size.

***Preschool ECERS-R = average score of Preschool Program classrooms as compared to the respective compliance levels. (N) = Sample Size.

From this comparison there is more of a linear relationship between compliance levels and ECERS-R average scores for Pre-K Program classrooms than with the Preschool Program classrooms where there is more of a curvilinear or plateau effect at the upper end of compliance levels (Full Compliance). In order to attain the necessary correlational thresholds (+.30+) for validation for the third approach to validation, having a linear relationship rather than curvilinear will enhance this occurring. When a curvilinear or plateau effect occurs there is too great a likelihood that programs at a medium level of quality will be introduced into the highest (full) level of compliance. From a public policy standpoint this is an undesirable result.

The other item to note with the data distributions is that the Preschool ECERS-R data are more restricted than the Pre-K Program ECERS-R data. In other words, there is less variance in the Preschool Program ECERS-R data than in the Pre-K Program ECERS-R data.

There is an important limitation in these data that the reader must be aware of in not drawing any conclusions that the presence of a Pre-K Program classroom in any way is causing the change in licensing compliance. There is a relationship between the two but there is no assumption of causality.

Georgia Licensing Validation Technical Elements Appendix

Because of the nature of this report being a state's first attempt at fully validating it's Child Care Licensing Core Rule Differential Monitoring Approach utilizing the Zellman & Fiene (2012) Validation Framework and Fiene's DMLMA (2012) Model, certain questions surfaced regarding the terminology and the methodology being used in this report. This Technical Elements Appendix provides answers to specific questions that have been raised regarding these methodologies.

1. How were the multiple years of data handled?

The Licensing Study data used to make the comparisons are the facility reports that were the earliest facility observations so that these data would be closest to when the program quality data were collected. The other more recent Licensing Studies were not used in this comparison.

2. If the Core Rules, Key Indicator, and Licensing Study values are counts of violations, how was the fact that different sites had different numbers of visits handled?

Because only the earliest Licensing Study data was used, the number of visits were not an issue in the scoring.

3. If the Core Rules, Key Indicator, and Licensing Study values are counts of violations, were all levels of violation risk (low, medium, high, extreme) handled the same?

Yes, there were very few occurrences of high and extreme in the data base and also no significant differences were found when a sample of the rule violations with and without the levels of violation risk were compared. Therefore the simpler formula in which levels of violation risk were not used was selected.

4. How did you determine the minimum correlations (DMLMA thresholds) for each analysis? Was this computed separately for this analysis or are the minimum correlations based on previous work?

The DMLMA thresholds were determined from previous research work conducted by the author of this study on this model over the past 30 years. These were the average correlational thresholds that have been proposed for making validation determinations. The reason for utilizing the DMLMA model and thresholds is that the Zellman & Fiene (2012) Framework provides guidance in how to select specific validation approaches, what are the specific questions answered by the approach and what are the limitations of the particular approach. The DMLMA model builds upon this but provides a suggested scoring protocol by comparing correlational thresholds in a specific state to historical trends.

5. Was Phi calculated for every rule in the licensing study? Can the full list be added to the appendix?

Yes, Phi was calculated for every rule in the licensing study but most of them could not be computed because there was so few rule violations in the majority of the rules. This is typical of state licensing data sets and the full Phi comparisons are not depicted because it does not add any information to the state report.

6. How did you determine which of the Licensing Study rules should be counted as Key Indicators?

The Key Indicator statistical methodology based upon a specific cut off point for the Phi Coefficient in which the p values were .0001 or less. This is a very stringent cut off point but it has been found historically that the p values needed to be lowered as the data distributions became more skewed with programs overall compliance levels increasing over time.

7. How were sites that had no infant/toddler (i.e., no ITERS score) handled for the third validation approach? How were sites that had only a GA Pre-K (no preschool) handled?

For scoring purposes only those facilities that had both the ECERS and ITERS scores were used in making comparisons with the licensing data related to the third approach to validation. The GA Pre-K were scored and compared in the same way.

8. On Table 13, why is the number of violation subtracted from 100 (rather than from the maximum possible)?

Generally this scoring is done because it is more intuitive to think in terms of 100% in compliance as a score of "100" rather than a score of "0". This conversion is used in all state licensing reports that involve the DMLMA, Key Indicators and Risk Assessment Models.

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OFFICE OF HEAD START KEY INDICATOR PROJECT REPORT

Richard Fiene, Ph.D.

The purpose of this report is to present to the Office of Head Start (OHS) Key Indicators of their Head Start Performance Standards (HSPS) that have the ability to statistically predict substantial compliance with all Compliance Measures and ultimately the majority of HSPS's. The analytical and methodological basis of this approach is based upon a *Differential Monitoring Logic Model and Algorithm (DMLMA©)* (Fiene, 2012) (see Appendix 3). The DMLMA© is the 4th generation of an Early Childhood Program Quality Indicator Model (ECPQIM)(Fiene & Nixon, 1985; Griffin & Fiene, 1995; Fiene & Kroh, 2000). Only a portion of the *DMLMA©* model was utilized in this report which focused on key indicators, risk assessment, and program quality.

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 3 which presents a Logic Model & Algorithm for Differential Monitoring (DMLMA©)(Fiene, 2012).

Program Quality (PQ) - for the purposes of this study this was measured via the CLASS – Classroom Assessment Scoring System. The CLASS has three sub-scales (ES = Emotional Support, CO = Classroom Organization, and IS = Instructional Support). The CLASS is a tool that is identified in the research literature as measuring classroom quality similar to the ERS tools.

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 3 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.

The organization of this report is as follows:

- 1) The first section will provide an overall analysis the Head Start (HS), Early Head Start (EHS), and Head Start/Early Head Start (HS/EHS) programs^{1,4};
- 2) The second section will provide analyses of the various content areas (CA) within the HSPS⁴;
- 3) **The third section** will provide analyses of the relationship between the HSPS as measured by compliance with the Compliance Measures (CM) and the program quality scores (CLASS scores)³;
- 4) The fourth and final section will provide the analyses that produced the key indicators (KI) and recommendations in how it could be used.²

The source of data for this report is all the Tri-Annual On-Site Monitoring visits for 2012 which consisted of 422 reviews of programs across the country. There were 191 Head Start (HS) only programs, 33 Early Head Start (EHS) only programs, and 198 Head Start/Early Head Start (HS/EHS) programs reviewed. This is a representative sample of Head Start and Early Head Start programs nationally representing approximately 25% of the total number of Head Start programs.

Before proceeding with the results of this study, a few clarifying and definitional terms need to be highlighted. In the 2012 edition of OHS On-Site Review Protocol and the 2013 OHS Monitoring Protocol, Compliance Indicators (CI) and Key Indicators (KI) are respectively mentioned. In the licensing literature, when the term "Indicators" is used it refers to standards/rules that are predictive of overall compliance with all rules/standards. However, as defined by OHS, indicators (CI/KI) are used within the context of risk assessment which means that these indicators are the standards which are most important/critical

to the OHS in their monitoring reviews. These indicators therefore are not predictive in essence. That is the focus of this report/study which is to determine which of these indicators are predictive of overall compliance with all the compliance/key indicators. This is a common misconception in the human service regulatory field where risk assessment tools and key indicator tools purposes are confused. As we move forward please keep the definitions in mind related to the distinctions and functionality of risk assessment and key indicators.

For the purposes of this study, 131 Compliance Measures (CM), organized into seven (7) Content Areas (CA), were reviewed and analyzed. The seven content areas are the following: Program Governance; Management Systems; Fiscal Integrity; Eligibility, Recruitment, Selection, Enrollment, and Attendance; Child Health and Safety; Family and Community Engagement; Child Development and Education. Ten CM's were from Program Governance (GOV), 10 were from Management Systems (SYS), 22 were from Fiscal Integrity (FIS), 11 were from Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA), 34 were from Child Health and Safety (CHS), 16 were from Family and Community Engagement (FCE), and 28 were from Child Development and Education (CDE)⁴.

Section 1 - Head Start (HS), Early Head Start (EHS), and Head Start/Early Head Start (HS/EHS) programs

In order to determine if analyses needed to be performed separately on Head Start (HS), Early Head Start (EHS), and Head Start/Early Head Start (HS/EHS) combined programs, the first series of analyses were performed to determine if any statistically significant differences existed amongst these three groups. This is a very important first analysis because it will help to determine the stability of the sample selected and of the overall system. In other words, is there a good deal of consistency across all service types: HS, EHS, and HS/EHS.

Based upon Table 1, no statistically significant differences were determined amongst the three groups (HS, EHS, HS/EHS) with Compliance Measures (CM) or CLASS (ES, CO, IS) Scores indicating that using the full 422 sample and not having to do separate analyses for the three groups was the correct analytical framework. However, where it is appropriate, any statistically significant differences amongst the various program types will be highlighted.

Table 1 – Head Start, Early Head Start, & Head Start/Early Head Start With CM and CLASS/ES, CO, IS

Program Type	CM(N)	CLASS/ES(N)	CLASS/CO(N)	CLASS/IS(N)
Head Start (HS)	3.72(191)	5.88(186)	5.43(186)	2.97(186)
Early Head Start (EHS)	2.67(33)	*	*	*
Head Start (HS/EHS)	3.07(198)	5.91(198)	5.47(198)	3.00(198)
<u>Totals</u>	3.33(422)	5.89(384)	5.45(384)	2.98(384)
Statistical Significance	NS	NS	NS	NS

CM = Compliance Measures (Average Number of Violations) CLASS/ES = CLASS Emotional Support Average Score

CLASS/CO = CLASS Classroom Organization Average Score

CLASS/IS = CLASS Instructional Support Average Score

NS = Not Significant

N = Number of Programs

*CLASS data were not collected in EHS.

The average number of violations with the Compliance Measures for Head Start (3.72), Early Head Start (2.67) and Head Start/EHS (3.07) was not significant in utilizing a One-Way ANOVA. There were 191 Head Start (HS) programs, 33 Early Head Start (EHS) programs, and 198 Head Start (HS/EHS) programs.

Comparisons were also made with Head Start and Head Start/EHS on the various CLASS sub-scales (ES = Emotional Support, CO = Classroom Organization, and IS = Instructional Support) and no significant differences were found between these two groups. The EHS (n = 33) was not used because CLASS data were not collected in these programs.

The practical implication of the above results is that the same monitoring tools and the resulting Head Start Key Indicator (HSKI) to be developed as a result of this study can be used in the three main types of programs: Head Start, Early Head Start, and Head Start/EHS. There is no need to have separate tools.

Section 2 - Content Areas

The second series of analyses was to look more closely at the 7 content areas (CA) to measure demographically any differences amongst the various areas. In order to do this a weighted average had to be determined in order to compare the various areas because of the differences in the number of Compliance Measures (CM) used in each content area. Table 2 provides the results of these analyses. For the total sample of 422 sites, Management Systems (SYS) Content Area (CA) had the highest number of violations with the Compliance Measures (CM) with 359. The SYS/CA also had the highest average number of violations with 35.90 because there were only 10 CM. For the total sample of 422 sites, the lowest number of violations was in the Family and Community Engagement (FCE) Content Area (CA) with 48 violations with CM. It also had the lowest average number of violations with 3.00.

For the Head Start only sites (n = 191), a similar distribution as with the total sample (n = 422) is depicted in which Management Systems (SYS) Content Area (CA) had the highest number of violations with the Compliance Measures (CM) with 192. The SYS/CA also had the highest average number of violations with 19.20 because again there were only 10 CM. The lowest number of violations was in the Family and Community Engagement (FCE) Content Area (CA) with 20 violations with CM. It also had the lowest average number of violations with 1.25.

For the Early Head Start only (n = 33) and the Head Start/Early Head Start (n = 198) sites, the ranking of the various Content Areas changed somewhat with the total number of violations and the average number of violations from the Total Sample (n = 422) and the Head Start only (n = 191) sites but not dramatically. For example, the Family and Community Engagement (FCE); Child Development and Education (CDE); and the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Content Areas switched rankings in which it had the fewest total violations and the average number of violations (see Table 2).

Table 2 – Comparing Content Areas and Program Types

Total Violations/(Rank)				Average # of Violations/(Rank) (<u> M</u>	
Content Areas	TOT	HS	EHS	HS/EHS	TOT HS EHS HS/EHS	#
FCE	48(1)	20(1)	2(1)	26(2)	3.00(1) 1.25(1) 0.125(1) 1.63(2) 1	16
ERSEA	62(2)	37(2)	6(3)	19(1)	5.64(3) 3.36(3) 0.545(3) 1.73(3) 1	11
CDE	91(3)	43(3)	5(2)	43(3)	3.25(2) 1.54(2) 0.179(2) 1.54(1) 2	28
GOV	150(4)	94(4)	6(3)	50(4)	15.00(6) 9.40(6) 0.600(4) 5.00(5) 1	10
FIS	255(5)	114(5)	23(7)	118(5)	11.59(5) 5.18(5) 1.045(6) 5.36(6) 2	22
CHS	333(6)	151(6)	22(6)	160(7)	9.79(4) 4.44(4) 0.647(5) 4.71(4) 3	34
SYS	359(7)	192(7)	20(5)	147(6)	35.90(7) 19.20(7) 2.000(7) 14.70(7)	<u> 10</u>

CONTENT AREAS (CA):

FCE = FAMILY and COMMUNITY ENGAGEMENT

ERSEA = ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, and ATTENDANCE

CDE = CHILD DEVELOPMENT AND EDUCATION

GOV = PROGRAM GOVERNANCE

FIS = FISCAL INTEGRITY

CHS =CHILD HEALTH AND SAFETY

SYS = MANAGEMENT SYSTEMS

TOT = TOTAL NUMBER OF SITES, FULL SAMPLE OF 422 SITES

HS = HEAD START ONLY PROGRAMS

EHS = EARLY HEAD START ONLY PROGRAM

HS/EHS = HEAD START AND EARLY HEAD START COMBINED PROGRAMS

CM = NUMBER OF COMPLIANCE MEASURES

TOTAL VIOLATIONS = ALL THE VIOLATIONS FOR A SPECIFIC CONTENT AREA.

AVERAGE # OF VIOLATIONS = THE TOTAL VIOLATIONS FOR A SPECIFIC CA DIVIDED BY THE NUMBER OF COMPLIANCE MEASURES FOR THAT SPECIFIC CONTENT AREA.

RANK = HOW EACH CONTENT AREA COMPARES TO THE OTHER CONTENT AREAS FOR THE RESPECTIVE PROGRAM TYPE.

For the total sample (n = 422), other CA's had different configurations between the total number of violations and the average number of violations as demonstrated by CHS – Child Health and Safety in which there was a total of 333 violations but the average number of violations was 9.79 because there were 34 Compliance Measures (CM). Program Governance (GOV) had 150 total violations and a weighted-average of 15 violations with 10 CM. Child Development and Education (CDE) had 91 total violations and a weighted-average of 3.25 violations. Fiscal Integrity (FIS) had 255 total violations and a weighted-average of 11.59 violations. And lastly, Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) had 62 total violations and a weighted-average of 5.64 violations.

The Head Start only (HS = 191), Early Head Start only (EHS = 33), and the Head Start/Early Head Start (HS/EHS = 198) programs followed a similar pattern as with the total sample (n = 422). This indicates a great deal of consistency in the sample drawn. See Appendix 4 for violation data for all 131 Compliance Measures.

The practical implication of the above findings is that certain Content Areas (SYS, GOV, FIS) may need additional exploration by OHS because of their high rates of non-compliance with the Compliance Measures.

Section 3 - Program Quality

This section provides comparisons between the Compliance Measures (CM) data and the CLASS (ES, CO, IS) data. This is a very important section because there is always the concern that compliance with the HSPS has no relationship to program quality as measured by the CLASS. In Table 3, correlations were run between the CM data and the CLASS scores for Emotional Support (ES), Classroom Organization (CO), and Instruction Support (IS) for the Head Start only and the Head Start/Early Head Start programs. The EHS only programs were not included because CLASS data are not collected on these programs. The results are very positive and statistically significant in most cases. It is also important to note the very positive correlation between the Head Start Key Indicators (HSKI²) and CLASS. This result supports using the HSKI in monitoring Head Start.

Table 3 – Relationship Between Compliance Measures (CM), KI, and CLASS (ES, CO, IS) Scores

Compliance Measures Content Areas						Key Indicators			
CLASS	CM	FCE	ERSEA	CDE	GOV	FIS	CHS	SYS	KI
CLASS/ES	.22**	.13*	.15**	.15**	.11*	.05	.23**	.17**	.27**
CLASS/CO	.19**	.13*	.11*	.16**	.04	.06	.21**	.15**	.25**
CLASS/IS	.20**	.10	.12*	.12*	.13*	.06	.18**	.11*	.17**

CM Violations = Total Compliance Measure Violations

CONTENT AREAS (CA):

FCE = FAMILY and COMMUNITY ENGAGEMENT

ERSEA = ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, and ATTENDANCE

CDE = CHILD DEVELOPMENT AND EDUCATION

GOV = PROGRAM GOVERNANCE

FIS = FISCAL INTEGRITY

COMMUNICATION CASESTY

CHS =CHILD HEALTH AND SAFETY
SYS = MANAGEMENT SYSTEMS

CLASS/IS = Average CLASS IS (Instructional Support) Score CLASS/ES = Average CLASS ES (Emotional Support) Score CLASS/CO = Average CLASS CO (Classroom Organization) Score

KI = Key Indicators Total Score

See Appendix 6 & 6A for the inter-correlations amongst all the Content Areas, HSKI, and Total Compliance with Compliance Measures.

These results are very important but it is equally important to look more specifically at the distribution of the Compliance Measures (CM) scores and their relationship to the CLASS data (see Appendix 5 for detailed graphic distributions and Appendix 6 & 6A for the inter-correlations amongst all the CA). When this is done a very interesting trend appears (see Table 3a) in which a definite plateau occurs as the scores move from more violations or lower compliance with the Compliance Measures (25-20 to 3-8 CM Violations) to fewer violations or substantial compliance with the Compliance Measures (1-2 CM Violations) and full compliance with the Compliance Measures (Zero (0) CM Violations).

^{**} p < .01

^{*} p < .05

Table 3a - Aggregate Scores Comparing CM Violations with CLASS Scores

CM Vi	olations	IS	ES	СО	Number/Percent
0	(Full Compliance)	3.03	5.99	5.59	75/19%
1-2	(Substantial Compliance)	3.15	5.93	5.50	135/35%
3-8	(Mid-Compliance)	2.87	5.85	5.37	143/40%
9-19	(Lower Compliance)	2.65	5.71	5.32	28/6%
20-25	(Lowest Compliance)	2.56	5.52	4.93	3/1%
Significa	nce	F = 4.92; p < .001	F = 4.918; p < .001	F = 4.174; p < .0	003

CM Violations = Compliance Measure Violations (lower score = higher compliance)(higher score = lower compliance)

IS = Average CLASS IS (Instructional Support) Score

ES = Average CLASS ES (Emotional Support) Score

CO = Average CLASS CO (Classroom Organization) Score

#/% = Number of programs and Percent of programs at each level of compliance

When comparing these groupings in Table 3a the results from a One Way ANOVA were significant (F = 4.92; p < .001) for the CLASS/IS Scores. The average CLASS/IS Score when there were no CM Violations was 3.03. The average CLASS/IS Score when there were 1-2 CM Violations was 3.15. The average CLASS/IS Score when there were 9-19 CM Violations was 2.65. And finally, the average CLASS/IS Score when there were 20-25 violations was 2.56. The results were very similar with the CLASS/ES and CLASS/CO scores as well in which the results from a One Way ANOVA were statistically significant for the CLASS/ES (F = 4.918; p < .001) and for the CLASS/CO (F = 4.174; p < .003). These results clearly demonstrate that being in full or substantial compliance with the Compliance Measures correlates with more positive scores on the CLASS. Approximately 55% of the Head Start programs are at the full or substantial compliance level.

The practical implication of the above findings is that placing equal emphasis on full as well as substantial compliance with the Compliance Measures could be an acceptable public policy decision.

Section 4 – Head Start Key Indicators (HSKI)

The fourth and final section of this report is in some ways the most important since this is the focus of the study: developing statistically predictive Key Indicator (KI) Compliance Measures (CM) – the Head Start Key Indicators (HSKI).

These are the statistically predictive Key Indicators based upon the KI methodology, correlations with the CLASS/ES, CO, IS, and correlations with the CM Total Violation scores. Table 4 lists the results while Appendix 1 has the specific KI's content specified. Appendix 2 depicts the KI Formula Matrix. Only those Compliance Measures (CM) that had significant results on three of the five correlations were selected to be Head Start Key Indicator Compliance Measures (HSKI).

The methodology used to generate the Compliance Measure Key Indicators sorted the top 20% of programs in compliance and compared this group to the bottom 27% of programs in compliance. The middle 53% of programs were not used in order to determine the Key Indicators. These cut off points

were determined by the compliance distribution in which 20% of the programs were in 100% compliance while 27% of the programs had compliance scores of 95% or less.

Table 4 – Head Start Key Indicator (HSKI) Compliance Measures (CM) and CLASS and Total Violations

HSKI/CM (2013)	Phi	CLASS/ES	CLASS/CO	CLASS/IS	Total Violations
CDE4.1	.28***	.10*	ns	ns	.30***
CHS1.1	.39***	.15**	.16**	ns	.39***
CHS1.2	.33***	.18**	.15**	.10*	.36***
CHS2.1	.49***	.18**	.15**	ns	.54***
CHS3.10	.39***	.11*	.11*	ns	.24***
GOV2.1	.31***	.11*	ns	ns	.46***
SYS2.1	.47***	.15**	.16**	.14**	.55***
SYS3.4	.58***	.13*	.10*	ns	.36***

Phi = the phi coefficient which statistically predicts compliance with the full set of CM's.

CLASS/ES = correlations between the specific CM and this specific scale of the CLASS. CLASS/CO = correlations between the specific CM and this specific scale of the CLASS. CLASS/IS = correlations between the specific CM and this specific scale of the CLASS.

Total Violations = correlations between the specific CM and the total number of CM violations for each program.

* p < .05 ** p < .01 *** p < .001 ns = not significant

Separate Key Indicators were run for just Head Start only and Head Start/Early Head Start programs but the key indicators were only a subset of the above list, albeit a shorter list in each case. Based upon those phi coefficients, it was determined that using the above list for all Head Start only, Early Head Start, and Head Start/Early Head Start was a more efficient and effective way to monitor all the programs with one list of indicators rather than having separate key indicators for program types. The separate phi coefficients run for Head Start only and Head Start/Early Head Start programs did not show any significant differences because they were sub-samples of the overall sample drawn.

Section 4A - Suggested Use of the HSKI for Head Start Program Monitoring

Now that Key Indicators have been generated, the next question is how to use HSKI in the program monitoring of Head Start. A possible way in which the HSKI could be used would be the following (see Figure 1) in which a differential monitoring approach could be used:

All programs would be administered the HSKI. If there is full (100%) compliance with the Head Start Key Indicators (HSKI) then the next scheduled review of the program would be an Abbreviated Monitoring Visit (AMV). If there is not 100% compliance with the Head Start Key Indicators (HSKI) then the next scheduled review of the program would be a Full Monitoring Visit (FMV) in which all Compliance Measures are reviewed. Based upon the results of the FMV a determination could be made regarding a compliance or non-compliance decision (see Figure 1) and how often the program will be visited.

Abbreviated
Visit (AMV)

Key Indicators
Screener =
(HSKI)

Full Visit
(FMV)

Full Visit
(FMV)

Full Visit
(FMV)

Figure 1 – Head Start Key Indicator (HSKI) Compliance Measures Differential Monitoring Model

Compliance Decisions:

Head Start Key Indicators (HSKI) - this becomes a screening tool to determine if a program receives an AMV OR FMV visit.

HSKI (100%) = For the next visit, an Abbreviated Monitoring Visit (AMV) is conducted. Every 3-4 yrs a full Monitoring is conducted.

HSKI (not 100%) = For the next visit, a Full Monitoring Visit (FMV) is conducted and all CMs are reviewed.

Compliance = 98%+ with all CMs which indicates substantial to full compliance and 100% with HSKI. For the next visit, an Abbreviated Monitoring Visit (AMV) is conducted.

Non-compliance = less than 98% with all CMs which indicates low compliance. For the next visit a Full Monitoring Visit (FMV) is conducted.

Moving to a differential monitoring system could provide a cost effective and efficient model for Head Start program monitoring. This revision to the Head Start program monitoring system would combine a risk assessment and key indicator approach (see Appendix 3) in determining what compliance measures to review, how often, and how comprehensive a review should be utilized. It would continue to focus on the most critical compliance measures that statistically predict overall compliance with the full complement of compliance measures.

See Appendix 7 – Figure 2 for how the above differential monitoring system could impact the present Head Start Tri-Annual Review Monitoring System. In this appendix, a cost neutral monitoring system is proposed based upon the above DMLMA/Key Indicator Model.

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Footnotes

- 1) PIR Dashboard Key Indicators could not be generated because the PIR data demonstrated little statistical predictive ability to be useful for discriminating between high and low compliant programs or program quality with the exception of staff having CDA's.
- 2) The correlation between Compliance Measures (CM) and the statistically predictive Key Indicators (HSKI) was .77 which exceeds the expected correlation threshold.
- 3) The correlations between the CLASS/ES, CO, IS and Key Indicators were the following: .27, .25, .17 respectively. The correlations between KI and ES and CO were higher than the correlations between CM and ES, CO as reported earlier in this report. The correlation between IS and CM was higher .20 than KI and IS (.17).
- 4) Because this study spans the 2012 Review Protocol and 2013 Monitoring Protocol, Compliance Indicators and Compliance Measures are used interchangeably with a preference given to using Compliance Measures (CM) in this report. There are 139 Compliance Indicators; 115 Compliance Measures, but for the purposes of this study 131 Compliance Measures were available in the 2012 Head Start data base drawn for this study.

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Appendix 1 – Head Start Key Indicators (HSKI) Compliance Measures Content

CM Content Regulations/Law

CDE4.1*	The program hires teachers who have the required qualifications, training, and experience.	1304.52(f), 645A(h)(1), 648A(a)(3)(B)(i), 648A(a)(3)(B)(ii), 648A(a)(3)(B)(iii)
CHS1.1	The program engages parents in obtaining from a health care professional a determination of whether each child is up to date on a schedule of primary and preventive health care (including dental) and assists parents in bringing their children up to date when necessary and keeping their children up to date as required.	1304.20(a)(1)(ii), 1304.20(a)(1)(ii)(A), 1304.20(a)(1)(ii)(B)
CHS1.2	The program ensures that each child with a known, observable, or suspected health, oral health, or developmental problem receives follow-up and further testing, examination, and treatment from a licensed or certified health care professional.	1304.20(a)(1)(iii), 1304.20(a)(1)(iv), 1304.20(c)(3)(ii)
CHS2.1	The program, in collaboration with each child's parent, performs or obtains the required linguistically and age-appropriate screenings to identify concerns regarding children within 45 calendar days of entry into the program, obtains guidance on how to use the screening results, and uses multiple sources of information to make appropriate referrals.	1304.20(a)(2), 1304.20(b)(1), 1304.20(b)(2), 1304.20(b)(3)
CHS3.10	Maintenance, repair, safety of facility and equipment	1304.53(a)(7)
GOV2.1*	Members of the governing body and the Policy Council receive appropriate training and technical assistance to ensure that members understand information they receive and can provide effective oversight of, make appropriate decisions for, and participate in programs of the Head Start agency.	642(d)(3)
SYS2.1	The program established and regularly implements a process of ongoing monitoring of its operations and services, including delegate agencies, in order to ensure compliance with Federal regulations, adherence to its own program procedures, and progress towards the goals developed through its Self-Assessment process.	1304.51(i)(2), 641A(g)(3)
SYS3.4	Prior to employing an individual, the program obtains a: Federal, State, or Tribal criminal record check covering all jurisdictions where the program provides Head Start services to children; Federal, State, or Tribal criminal record check as required by the law of the jurisdiction where the program provides Head Start services; Criminal record check as otherwise required by Federal law	648A(g)(3)(A), 648A(g)(3)(B), 648A(g)(3)(C)

^{*} FY 2013 Office of Head Start Monitoring Protocol (October 26, 2013) Compliance Measures

Appendix 2: Key Indicator Formula Matrix for HSKI – Head Start Key Indicators

	Providers In Compliance	Programs Out Of Compliance	Row Total
High Group	Α	В	Υ
Low Group	С	D	Z
Column Total	W	Х	Grand Total

Key Indicator Statistical Methodology (Calculating the Phi Coefficient):

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

A = High Group + Programs in Compliance on Specific Compliance Measure.

B = High Group + Programs out of Compliance on Specific Compliance Measure.

C = Low Group + Programs in Compliance on Specific Compliance Measure.

D = Low Group + Programs out of Compliance on Specific Compliance Measure.

W = Total Number of Programs in Compliance on Specific Compliance Measure.

X = Total Number of Programs out of Compliance on Specific Compliance Measure.

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group.

High Group - Top 20% of Programs in Compliance with all Compliance Magazines

High Group = Top 20% of Programs in Compliance with all Compliance Measures. Low Group = Bottom 27% of Programs in Compliance with all Compliance Measures.

Phi Coefficient Range	Characteristic of Indicator	Decision
(+1.00) - (+.26)	Good Predictor	Include on HSKI
(+.25) – (0)	Too Easy	Do not Include
(0) – (25)	Too Difficult	Do not Include
(26) – (-1.00)	Terrible Predictor	Do not Include

Appendix 3

DIFFERENTIAL MONITORING LOGIC MODEL AND ALGORITHM (Fiene, 2012) *DMLMA©* Applied to the Office of Head Start Program Monitoring Compliance System

$$CI + PQ => RA + KI => DM$$

Head Start Examples:

CI = Head Start Performance Standards (HSPS)

PQ = CLASS ES, IS, CO (CLASS)

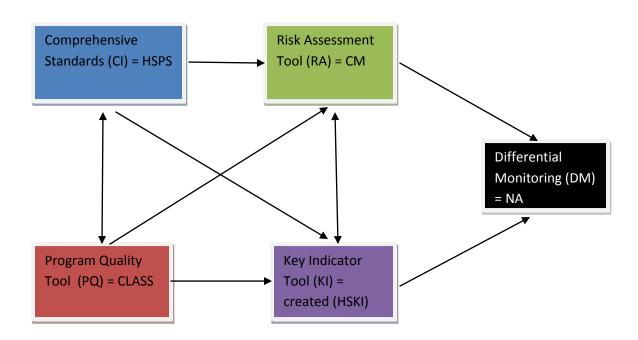
RA = Compliance Measures (CM)

KI = Key Indicators (generated from this study = Head Start Key Indicators (HSKI))

DM = Not Applicable at this time (NA) but see Figure 1 for a proposed model

DMLMA© Thresholds:

High Correlations $(.70+) = CI \times KI$. Moderate Correlations $(.50+) = CI \times RA$; RA $\times DM$; RA $\times KI$; KI $\times DM$. Lower Correlations $(.30+) = PQ \times CI$; PQ $\times RA$; PQ $\times KI$.



Appendix 4: Content Areas and Compliance Measures

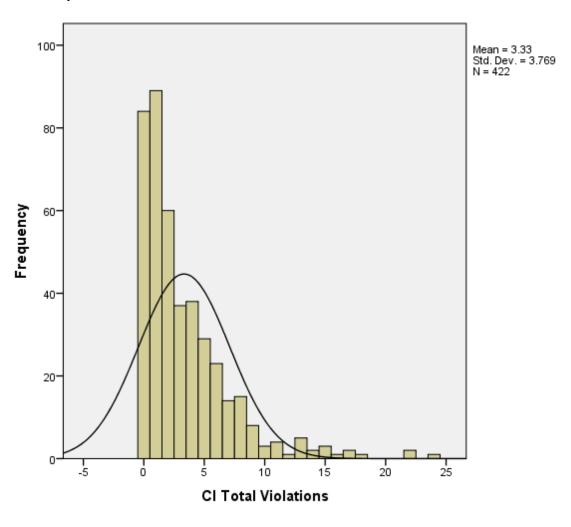
Content Areas and Compliance Measures	Percent (%)
FY 2012 OHS On-Site Review Protocol (FY 2013 OHS Monitoring Protocol)	Compliance
CDE - CHILD DEVELOPMENT AND EDUCATION 1.4/2.3) The program involves the appropriate program of the control of	99%
1.1(2.2) The program implements a curriculum that is aligned with the Head Start Child Development and Early Learning Framework	99%
1.2 The program implements a curriculum that is evidence-based	99%
1.3(2.1) The curriculum is comprehensive	99%
2.1 The program implements an infant toddler curriculum	99%
2.2 The program develops secure relationships in out of home care settings for infants and toddlers	100%
2.3 The program implements an infant/toddler curriculum that encourages trust	100%
2.4 The program encourages the development of self-awareness, autonomy	100%
2.5 The program fosters independence.	100%
2.6 The program enhances each child's strengths by encouraging self control	99%
2.7 The program plans for routines and transitions	99%
2.9 The program encourages respect for others feelings and rights.	99%
2.10 The program provides opportunities for children to engage in child-initiated	100%
2.11 Nutrition services contribute to children's development and socialization	100%
3.1 The program uses information from screenings, ongoing observations	99%
3.3 The programs' nutrition program is designed and implemented to meet the nutritional needs	98%
3.4(CHS4.5) Meal and snack periods are appropriately scheduled	99%
3.5(3.2) Services provided to children with identified disabilities are designed to support	100%
3.6(3.3) The program designates a staff member or consultant to coordinate services for children w/disabilities	100%
3.7(3.4) The program has secured the services of a mental health professional	97%
3.8(3.5) The program's approach to CDE is developmentally and linguistically appropriate	99%
4.1 The program establishes goals for improving school readiness	98%
4.2 The program uses self assessment information on school readiness goals	99%
4.3 The program demonstrates that children who are dual language learners	100%
5.1(4.1) The program hires teachers who have the required qualifications, training, & experience.	92%
5.2 The program ensures that family child care providers have the required qualifications	100%
5.3 The program ensures that all full time Head Start employees who provide direct education	96%
5.4 The program ensures that home visitors have the required qualifications, training	99%
5.5 When the majority of children speak the same language	99%
CHS - CHILD HEALTH AND SAFETY	97%
1.1 The program engages parents in obtaining from a health care professional a determination of whether each child	89%
1.2 The program ensures that each child with a known, observable, or suspected health, oral health	92%
1.3 The program involves parents, consulting with them immediately when child health or developmental problems	100%
1.4 The program informs parents and obtains authorization prior to all health procedures	98%
1.5 The program has established procedures for tracking the provision of health services.	97%
1.6 The EHS program helps pregnant women, immediately after enrollment in the program, access through referrals	100%
1.7 Program health staff conduct a home visit or ensure that a health staff member visits each newborn within 2 weeks of birth	97%
2.1 The program, in collaboration with each child's parent, performs or obtains the required screenings	84%
2.2 A coordinated screening, assessment, and referral process for all children	98%
2.3 The program, in partnership with the LEA or Part C Agency, works to inform and engage parents in all plans for screenings	99%
3.1 Facilities used for center based program options comply with state and local licensing	100%
3.2 The program ensures that sufficient equipment, toys, materials, and furniture are provided	97%
3.3 Precautions are taken to ensure the safety of children.	99%
3.4 The program ensures that medication is properly stored and is not accessible to children.	98%
3.5 The program ensures that no hazards are present around children.	89%
3.6 The program ensures that no nazards are present around children. 3.6 The program ensures that sleeping arrangements for infants do not use soft bedding materials.	99%
3.7 All infant and toddler toys are made of non-toxic materials and sanitized regularly.	99%
3.8 The program has adequate usable indoor and outdoor space.	99%
3.9 Outdoor play areas are arranged to prevent children from getting into unsafe or unsupervised areas	100%
3.10 The program provides for maintenance, repair, safety, and security of all Head Start facilities and equipment.	85%
	100%
	000/
3.11 The program's facilities provide adequately for children with disabilities 4.1 Staff, volunteers, and children wash their hands with soap and running water. 4.2 Spilled bodily fluids are cleaned up and disinfected immediately	98% 100%

	1000/
4.4(4.7) The program ensures that facilities are available for proper refrigerated storage and handling of breast milk and formula.	100%
4.5(4.8) Effective oral hygiene is promoted among children in conjunction with meals.	99%
5.1 The program ensures appropriate class and group sizes based on the predominant age of the children.	99%
5.2 The program ensures that no more than eight children are placed in an infant and toddler space	99%
6.1 The program's vehicles are properly equipped. 6.2 At least one bus monitor is aboard the vehicle at all times.	99%
	99%
6.3 Children are released only to a parent 6.4 Each bus monitor, before duty, has been trained on child boarding and exiting procedures	99%
	99%
6.5 The program ensures that persons employed to drive vehicles receive the required behind the wheel training6.6 Specific types of transportation assistance offered are made clear to all prospective families	100%
ERSEA – ELIGIBILITY, RECRUITMENT, SLECTION, ENROLLMENT, AND ATTENDANCE	98%
1.1 The program developed and implemented a process that is designed to actively recruit families	99%
1.2 The program has a systematic process for establishing selection criteria	99%
1.3 The program has established and implemented outreach and enrollment policies and procedures	99%
2.1 Program staff verified each child's eligibility	94%
2.2 The program enrolls children who are categorically eligible	99%
2.3 The American Indian or Alaskan Native programs ensure that the children who meet the following requirements	100%
3.1 Actual program enrollment is composed of at least 10 percent children with disabilities.	96%
3.2 The program enrolled 100% of its funded enrollment	98%
3.3 The program has documentation to support monthly enrollment data	98%
4.1 When monthly average daily attendance in center based programs falls below 85%, the causes of absenteeism	99%
4.2 The program ensures that no child's enrollment or participation in the Head Start program is contingent on payment of a fee.	99%
FCE – FAMILY AND COMMUNITY ENGAGEMENT	99%
1.1(1.2) Program staff are familiar with the backgrounds of families and children	100%
1.2(1.3) A strength based and family driven collaborative partnership building process is in place	100%
1.3(1.4) The program provides resources and services for families' needs, goals, and interests	99%
2.1 The program provides opportunities for parents to enhance their parenting skills	99%
2.2 Parents and staff share their respective concerns and observations about their individual children	99%
2.3 On site mental health consultation assists the program in providing education to parents	97%
3.1 Program staff plan, schedule, and facilitate no fewer than two staff parent conferences	98%
3.2(1.1) The program is open to parents during all program hours	99%
3.3(3.2) In home based settings, programs encourage parents to be integrally involved in their children's development.	99%
3.4(3.3) Programs provide opportunities for children and families to participate in literacy services	99%
3.5(3.4) The program builds parents' confidence to advocate for their children by informing parents of their rights	99%
4.1 The program has procedures to support successful transitions for enrolled children	99%
4.2 The program initiates transition planning for each EHS enrolled child at least 6 months prior to the child's 3 rd birthday	99%
5.1 The program has established and maintains a health services advisory committee.	97%
5.2 The program has taken steps to establish ongoing collaborative relationships with community organizations	100%
5.3 The program coordinates with and has current interagency agreements in place with LEA's	98%
FIS – FISCAL INTEGRITY	97%
1.1 The program's financial management systems provide for effective control	94%
1.2 The program sought and received prior approval in writing for budget changes	99%
1.3 The program minimized the time elapsing between the advancement of funds from the Payment Management System	100%
1.4 The program used Head Start funds to pay the cost of expenses	99%
1.5 The program has obtained and maintained required insurance coverage for risks and liabilities.	99%
2.1 Financial reports and accounting records are current, accurate, complete	98%
2.2 Monthly financial statements, are provided to program governing bodies and policy groups	97%
3.1(3.1) The program has procurement procedures that provide all requirements specified in the applicable statutes	95%
3.2(3.1) Contracts and delegate agency agreements are current, available, signed, and dated	96%
4.1 Original time records are prepared and properly signed by the individual employee & approved	97%
4.2 Head Start or EHS grant funds are not used as any part of the monetary compensation	99%
4.3 Total compensation for personal services charged to the grant are allowable and reasonable	98%
5.1 The grantee has implemented procedures to determine allowability, allocability, and reasonableness of costs	95%
5.2 Indirect cost charges are supported by a negotiated and approved indirect cost rate.	100%
5.3 If the grantee is required to allocate costs between funding sources, the program utilizes a method for allocating costs	97%
5.4 The financial records of the grantee are sufficient to allow verification that non-Federal participation is necessary	90%
5.5(5.3) The grantee can demonstrate that all contributions of non-Federal share are necessary and reasonable	98%
5.6(5.4) During each funding period reviewed the grantee charged to the award only costs resulting from obligations	98%
6.1(6.1;6.2) For grantees that own facilities purchased or constructed using Head Start grant funds, documentation is available	97%
6.2(6.1;6.2) The grantee meets property management standards for equipment purchased using HS funds	94%
6.3(6.1;6.2) Grantees that entered into a mortgage or other loan agreement using collateral property complied with Federal regs	97%
6.4(6.1;6.2) The amount which the grantee may claim a cost or non-Federal share contribution GOV – PROGRAM GOVERNANCE	96%
	96%

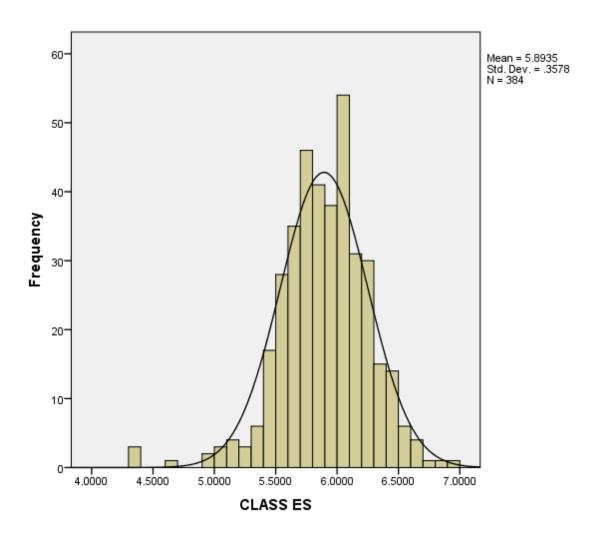
1.1 The program has a governing body	98%
1.2 The program has established a policy council	98%
2.1 Policy council and plicy committee members are supported by the program	99%
2.2 The program has policies and procedures in place to ensure that member of the governing body & PAC are free	97%
3.1(2.1) Members of the governing body and the PAC receive appropriate training and TA	94%
3.2(2.2) The governing body performs required activities and makes decisions pertaining to program administration	95%
3.3 The governing body approves financial management, accounting, and reporting policies	99%
3.4 The governing body reviews and approves all of the program's major policies	95%
3.5(2.4) The PAC approves and submits decisions about identified program activities to the governing body.	98%
4.1(3.1) Governing body and PAC members r3egulatly receive and use information about program planning	88%
SYS – MANAGEMENT SYSTEMS	91%
1.1 The program routinely engages in a process of systematic planning that utilizes the results of the community assessment	97%
1.2(5.1) At least annually, the program conducts a self assessment of program effectiveness	97%
2.1(5.2) The program established and regularly implements a process of ongoing monitoring of its operations and services	86%
2.2 The program established and maintains a record keeping system regarding children, families, and staff	92%
2.3 The program publishes and makes available to the public an annual report	88%
3.1 The program has established an organizational structure that provides for adequate supervision	97%
3.2 The program develops and implements written standards of conduct	97%
3.3 The program ensures that each staff member completes an initial health examination	90%
3.4 Prior to employing an individual, the program obtains: criminal record check	66%
4.1 The program has mechanisms for regular communication among all program staff	98%

Appendix 5 – Histograms of Total Compliance Measure Violations, CLASS (IS, ES, CO) Scores and Head Start Key Indicator (HSKI) Scores

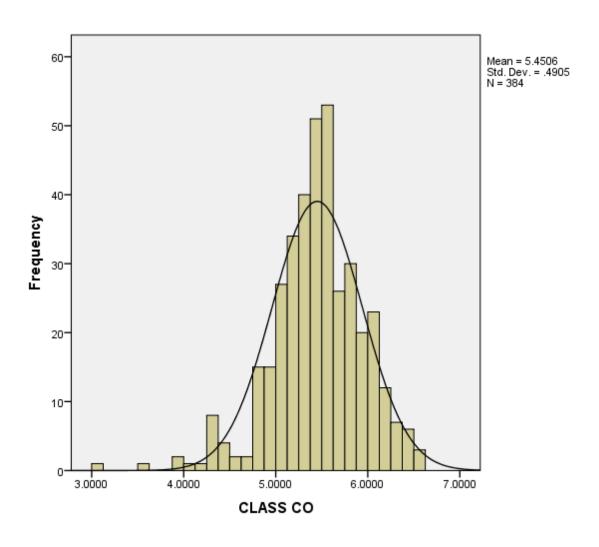
Total Compliance Measure Violations



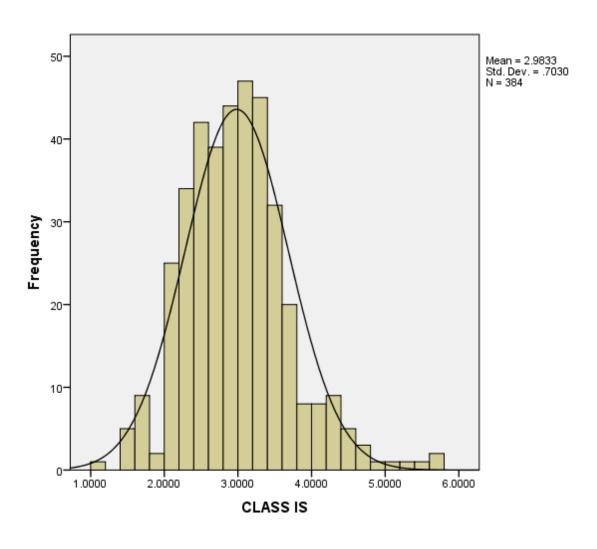
CLASS ES Scores



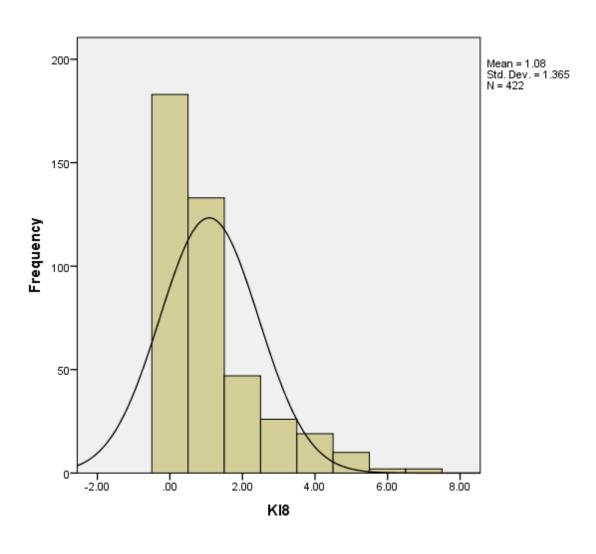
CLASS CO Scores



CLASS IS Scores



Head Start Key Indicators (HSKI) Scores



Appendix 6 -

CONTENT AREA (CA) CORRELATIONS

	<u>CHS</u>	ERSEA	<u>FCE</u>	<u>FIS</u>	<u>GOV</u>	<u>SYS</u>
CDE	.33**	.26**	.06	.14**	.13*	.33**
CHS		.29**	.18**	.09	.25**	.51**
ERSEA			.15**	.10*	.27**	.38**
FCE				.01	.17**	.23**
FIS					.13*	.23**
GOV						.38**

^{*} P < .05

CONTENT AREAS (CA):

FCE = FAMILY and COMMUNITY ENGAGEMENT

ERSEA = ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, and ATTENDANCE

CDE = CHILD DEVELOPMENT AND EDUCATION

 $GOV = PROGRAM \ GOVERNANCE$

FIS = FISCAL INTEGRITY

CHS =CHILD HEALTH AND SAFETY

SYS = MANAGEMENT SYSTEMS

Appendix 6A – Total Compliance with Compliance Measures, HSKI, and Content Area Correlations

	TOT	<u>HSKI</u>
CDE	.51**	.42**
CHS	.70**	.81**
ERSEA	.49**	.33**
FCE	.30**	.22**
FIS	.50**	.14**
GOV	.57**	.37**
SYS	.78**	.72**

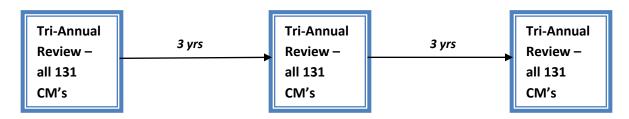
TOT = Total Compliance with all Compliance Measures. HSKI = Total Compliance with the Head Start Key Indicators.

^{**} P < .01

Appendix 7 – Figure 2 – DMLMA Potential Impact on Tri-Annual Head Start Program Reviews

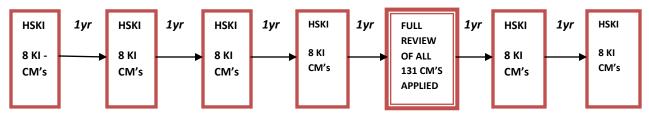
Present Head Start Monitoring System:

All programs receive the same Tri-Annual Reviews regardless of Compliance History:

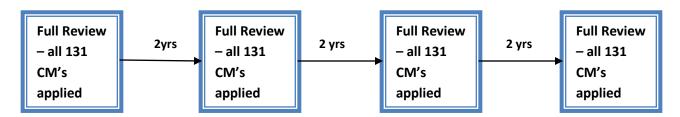


Proposed DMLMA System with Key Indicators (KI):

100% Compliance with the Head Start Key Indicators (HSKI):



If less than 100% with the Head Start Key Indicators (HSKI):



The above proposed change is cost neutral by re-allocating monitoring staff from doing only Tri-Annual Reviews on every program to doing abbreviated monitoring via the HSKI on the highly compliant programs with periodic comprehensive full monitoring less frequently (this would change if a program did not continue to be 100% in-compliance with the HSKI), and only doing more comprehensive full monitoring on those programs with low compliance with the Compliance Measures and/or less than 100% compliance with the HSKI. Once a program was in the high compliance group they would be eligible for the HSKI abbreviated monitoring.

However, the real advantage in this proposed change is the increased frequency of targeted or differential monitoring of all programs.

<u>DMLMA Algorithm with Key Indicators applied to Head Start Tri-Annual Reviews:</u>

Six (6) Years example:

Present Head Start Monitoring System:

(Tri-Annual Visits)(Compliance Measures)(Percent of Programs(%)) = Total Effort (3)(131)(100) = 39300

Total Effort = 39300

Revised Head Start Monitoring DMLMA with Key Indicators System:

100% Compliance with HSKI:

(Number of Monitoring Visits)(Compliance Measures)(Percent of Programs*(%)) = Total Effort Abbreviated Monitoring Visits using Key Indicators: (6)(8)(43*) = 2064 Full, Comprehensive Monitoring Visit using all Compliance Measures: (1)(131)(43*) = 5633

Less than 100% Compliance with HSKI:

(Number of Monitoring Visits)(Compliance Measures)(Percent of Programs**(%)) = Total Effort Full, Comprehensive Monitoring Visits using all Compliance Measures: (4)(131)(57**) = 29868

100% Compliance with HSKI + Less than 100% Compliance with HSKI = Total Effort: Total Effort = 2064 + 5633 + 29868 = 37565

It would be expected that the total population of Head Start programs would have a similar percent as was found in this representative sample (43% = 100% compliance with HSKI and 57% = less than 100% compliance with HSKI). This representative sample for this study constituted approximately 25% of all Head Start programs nationally.

^{*}This was the actual percent of Head Start Programs that met the criteria of 100% compliance with HSKI in this study.

^{**}This was the actual percent of Head Start Programs that did not meet the criteria of 100% compliance with HSKI in this study.

Qualistar Rating Key Indicator Study Richard Fiene, Ph.D. June 17, 2014

ABSTRACT

This report provides an analysis of Colorado's quality rating system, the Qualistar Rating, for generating key indicators. Key indicators have been used a great deal in the licensing literature but this is a first time analysis in utilizing this methodology in a QRS (Quality Rating System) or a QRIS (Quality Rating and Improvement System). The key indicator methodology is described in detail applying it to QRS/QRIS. The results clearly indicate that the strongest key indicators are within the Family Partnerships component of the Qualistar Rating; however there are some major limitations to utilizing this methodology with QRS/QRIS.

INTRODUCTION

The Qualistar Rating, administered by Qualistar Colorado, is one of the longest continuously running QRS in the United States. Presently over 50% of states have QRS/QRIS and the research on these program quality rating & improvement systems has increased over the years. One area of research that has been gaining momentum most recently is ascertaining the most effective and efficient delivery system for a QRS/QRIS as the number of early care and education programs participating in QRS/QRIS continues to increase. This report provides an overview to the topic and introduces an option that has been used in the human services/child care licensing field in identifying key indicators of overall compliance with standards. The purpose of the key indicator methodology is to focus monitoring visits on those standards that have the ability to predict overall compliance with the full set of QRS/QRIS standards. The key indicator methodology is part of a program monitoring approach called Differential Program Monitoring which was developed to help streamline the program monitoring of early care and education programs (please see the Appendix for two graphics which help to depict this relationship (Figures 8/9). It was first applied in child care licensing (Fiene & Nixon, 1985) but has been used in many other service types, such as: Head Start Performance Standards (Fiene,

Qualistar Rating Key Indicator Study - Fiene

2013a), National Accreditation (Fiene, 1996), and child and adult residential programs (Kroh & Melusky, 2010). The methodologies are based upon statistical protocols that have been developed in the tests and measurements literature in which an abbreviated set of items is used to statistically predict as if the full test was applied. This methodology has been used in regulatory analysis and is now being proposed for use in Quality Rating and Improvement Systems (Fiene, 2013b). This study and report is the first demonstration of its use with QRS.

TECHNICAL ASPECTS OF THE KEY INDICATOR METHODOLOGY

This section provides the technical and statistical aspects of the key indicator methodology. It will provide the specific methodology for generating the key indicators for the Qualistar Rating.

One of the first steps is to sort the data into high and low groups, generally the highest and lowest ratings can be used for this sorting. In very large states such as Colorado this is done on a sampling basis. 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 item within the specific assessment tool (see Figure 1). An example from the Qualistar Rating database is provided in Figure 2 (see Figure 2).

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

Because of the differences in the data distribution for the Qualistar Rating, the above cutoff points had to be more stringent with the respective cutoff points for the high and low groups because the majority of the programs were at the Star 2 and 3 levels. In comparing these data to past licensing distributions (see Fiene, 2013d), it would be expected that the majority of programs would be at a Star 1 level, but that was not the case with this sample. Rather than using a 20-25% cut off point, it was changed to 10% to accommodate this difference. Figure 2 depicts that all programs that were in the top 10% were in the highest rating while the bottom 10% were in the lowest rating. The data depicted in Figure 2 are taken from the *Family*

Engagement Standard 5 – The program provides opportunities for staff and families to get to know one another. The reason for selecting this particular standard is that it demonstrates a perfect Phi Coefficient in discriminating between the highest level and the lowest level¹.

Figure 2: Criterion 5 Family Partnerships	Providers In Compliance or Top 10% ¹	Programs Out Of Compliance or Bottom 10%	Row Total
Highest Star level	11	0	11
Lowest Star level	0	10	10
Column Total	11	10	21

Once the data are sorted in the above matrix, the following formula (Figure 3) is used to determine if the standard is a key indicator or not by calculating its respective Phi Coefficient. Please refer back to Figure 1 for the actual placement within the cells and Figure 2 for the data within the cells. The legend (Figure 4) below the formula shows how the cells are defined.

Figure 3 – Formula for Phi Coefficient

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

Figure 4 – Legend for the Cells within the Phi Coefficient

A = High Group + Programs in Compliance on Specific Compliance Measure.

B = High Group + Programs out of Compliance on Specific Compliance Measure.

C = Low Group + Programs in Compliance on Specific Compliance Measure.

D = Low Group + Programs out of Compliance on Specific Compliance Measure.

W = Total Number of Programs in Compliance on Specific Compliance Measure.

X = Total Number of Programs out of Compliance on Specific Compliance Measure.

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 3, the following chart (Figure 5) can be used to make the final determination of including or not including the item as a key indicator. Based

Qualistar Rating Key Indicator Study - Fiene

upon the chart in Figure 5, it is best to have a Phi Coefficient approaching +1.00 since the data are more normally distributed² than is the case with licensing data.

Continuing with the chart in Figure 5, a Phi Coefficient between +.75 and -.25 indicates that the indicator is unpredictable in being able to predict overall compliance with the quality rating assessment tool. 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 compliance³. This can occur with Phi Coefficients above +.75 but it becomes unlikely as they approach +1.00, although there is always the possibility that other standards/rules/regulations could be found to be out of compliance (this was demonstrated in a study conducted by the author (Fiene, 2013c). Another solution is to increase the number of key indicators 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 Phi 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 desired. The indicator 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 undesirable.

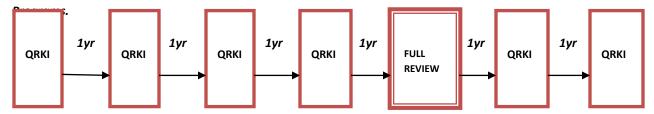
Figure 5 – Thresholds for the Phi Coefficient (Fiene & Nixon, 1983, 1985)(Fiene, 2014)

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

The key indicators should then only be used with those programs that have attained the highest rating. It is not intended for those programs that have attained lower ratings. However, even with those programs that have attained the highest rating, periodically a full, comprehensive review using the full set of standards for Qualistar Colorado should occur (see Figure 6 for a graphical depiction). It is intended that a re-validation of the key indicators occur on a periodic basis to make certain that the key indicators have not changed because of differences in compliance with standards history. This is an important and necessary step for the program to engage in to ascertain the overall validity and reliability of the assessment system. Also there should not have been any major changes in the program while the key indicators are being administered, such as the director leaving or a large percentage of teachers leaving or enrollment increasing significantly, or a change in the licensing or accreditation status of the program.

Figure 6 - Proposed DMLMA System with Key Indicators (KI)

Use of Qualistar Rating Key Indicators (QRKI) for Monitoring with a Full Review every 4th Year for Star 4



This model is taken from the licensing literature and as will be pointed out in the Limitations and Conclusion Sections may not necessarily be appropriate for QRS/QRIS systems depending on a state's QRS/QRIS data distribution. It is provided for illustrative purposes.

RESULTS

The results reported in this section are based upon a sample selected from the overall Qualistar Rating database from its most recent monitoring reviews (N = 117). This was a representative sample of the program's QRS.

There are five components of the Qualistar Rating: Learning Environment, Family Partnerships, Training and Education, Adult to Child Ratios and Group Size, and Accreditation. See Figures 10-14 in the Appendix for the graphical depictions of the data distributions for the five major criteria. The data distributions are provided because a pre-requisite for calculating the key indicator Phi Coefficients is the dichotomization of data with a skewed data distribution. Figures 10-14 display how much the data are skewed.

The Qualistar Rating is a zero-to-4 star system, with 4 stars indicating the highest level of quality⁴. Eleven programs were rated at the Star 1 level, 19 programs were rated at the Star 2 level, 77 programs were rated at the Star 3 level, and 10 programs were rated at the Star 4 level for a total of 117 programs included in these analyses. There were no programs in the sample that earned less than one star.

Based upon the key indicator methodology described in the previous section, the only Qualistar Rating standards that reached key indicator designation⁵ were the following: Family Partnership Standard/Criterion 5 = The program provides opportunities for staff and families to get to know one another; Family Partnership Standard/Criterion 7 = Families receive information on their child's progress on a regular basis, using a formal mechanism such as a report or parent conference and Family Partnership Standard/Criterion 8 = Families are included in planning and decision making for the program.

Figure 7 – Key Indicators with Phi Coefficients

	Phi	Significance
Family Partnership Standard/Criterion 5	1.00	.001
Family Partnership Standard/Criterion 7	0.86	.001
Family Partnership Standard/Criterion 8	0.83	.001

There were many other significant correlations (Family Partnerships and Adult-to-Child Ratios and Group Sizes) obtained but none reached the cutoff threshold of .76+ for the Phi calculations. These other correlations are reported in the Appendix after the descriptive graphical displays in Figures 15, 15a, 15b. The Phi Coefficients for the other Criteria (Learning Environment, Training and Education, and Program Accreditation) were not calculated because the data distributions were not skewed as was the case with Family Partnerships and Adult-to-Child Ratios and Group Sizes (see Figures 10-14).

LIMITATIONS

There are two major limitations to this study, 1) the first deals with the statistics being used to generate the key indicators; 2) the second deals with the key indicator methodology.

The first limitation has to do with dichotomization of data which should only be used with very skewed data. Data skewness always occurs with licensing data because of the nature of the data, health and safety protections (the majority of programs are always in compliance with the respective rules). However, this appears to not always be the case with QRS/QRIS data which deals with more program quality aspects of facilities and shows greater variation in the data. If this is the case then dichotomization of data is not appropriate and should not be utilized in order to generate key indicators.

The second limitation of this study is if the key indicator methodology and differential monitoring approaches are appropriate for QRS/QRIS. In Figure 6 above and in the conclusion to this report below, there is a scenario where it can be used but Qualistar Colorado and each state must determine if this is an appropriate approach for their respective program. For example, key indicators will not work in a block model and with a point-system model may generate very limited time savings if the data distribution is normally distributed and there are very few programs at the highest star level. In licensing data base distributions there is always a large number of programs to select from in the highest compliance levels (usually a minimum of 25%).

CONCLUSION/FUTURE RESEARCH/DISCUSSION/RECOMMENDATIONS

This study is the first of its kind in generating key indicators for a QRS based upon the analyses performed with the Qualistar Rating data base. It potentially demonstrates that the use of the key indicator methodology with QRS/QRIS could be feasible and warranted in order to focus limited program monitoring resources in a most efficient and effective manner keeping the above stated limitations in mind as stated in the previous Limitations Section. In the future, Qualistar Colorado may want to pilot an approach utilizing a small group of programs and could focus resources on the Family Partnership/Engagement standards on an ongoing basis between comprehensive reviews as depicted in Figure 6 above for Star 4 programs. The time saved here could then be redistributed to spending more time with the Star 1 programs.

It will be timely to see other states and programs who are interested in generating key indicators if they have Family Partnership/Engagement standards as part of their respective QRS/QRIS to determine if these standards reach the same threshold for key indicator designation as has occurred in this study. It will also be interesting to see if any other state's criteria/standards data distributions are similar to what has been found in the Qualistar Rating or not.

However, as highlighted in the Limitations Section, states and programs need to consider if the key indicator methodology and the resultant differential monitoring model is really warranted and appropriate for their respective QRS/QRIS's. As has been the case with Colorado's Qualistar Rating, only two of the five major criteria: Family Partnerships and Adult-Child Ratio/Group Size were determined to be good candidates for the key indicator Methodology in which the data were skewed⁶ enough to warrant dichotomization. The other three major criteria: Learning Environment, Training and Education, and Program Accreditation were determined not to be sufficiently skewed to warrant dichotomization. This sets up a decision making system in which only 40% of the criteria are being used and severely limits the overall predictability of the key indicators selected. Could the other criteria be used to generate key indicators? Of course, but dichotomization of data should not be done when data are not highly skewed (MacCallun, etal, 2002). Yes, we were successful in generating Key Indicators for the Qualistar Rating but within a limited scenario in how they should be used. The results are not equivalent to what has been found and utilized in the licensing literature where the licensing data are always highly skewed. If a state or program find that all their standards are skewed in a similar way to licensing data then dichotomization of data and the generation of key indicators is warranted.

A recommendation to Colorado's Qualistar and other programs and states where they find the data from their standards more normally distributed that they not use a key indicator approach. The key indicator approach remains a reliable and valid methodology for licensing but only in very special and limited cases will it be an appropriate monitoring approach for more program quality focused systems, such as QRS/QRIS and accreditation. For those QRS/QRIS systems where the standards are more normally distributed, the recommendation would be to continue to use the full set of QRS/QRIS standards and not use an abbreviated set of standards.

NOTES:

- 1. For analytical purposes, the top 10% of programs received an average score of 8 points or higher on a 10 point scale and the bottom 10% of programs received an average score of 2 points or less on a 10 point scale.
- 2. The reason for pointing out the need to have a higher Phi Coefficient than what has been reported previously (Fiene & Nixon, 1983, 1985) is the fact that the dichotomization of data should only be used with skewed data and not normally distributed data because it will accentuate differences. However, since the purpose of the dichotomization of data is only for sorting into a high and low group, it would appear to be acceptable for this purpose (MacCallun, etal, 2002. On the practice of dichotomization of quantitative variables, *Psychological Methods*, 7, 1, 19-40.).
- 3. These results would show an increase in cells B and C in Figure 1 which is undesirable; it should always be the case where A + D > B + C for key indicators to maintain their predictive validity.
- 4. The following point values equate to the various Star levels in the Qualistar Rating System (for detailed information regarding the QRS system please see the following document: *Qualistar Colorado Qualistar Rating Criteria Chart*, November 2012):

Provisional = 0 - 9 points or Learning Environment score of 0

Star 1 = 10 - 17 points

Star 2 = 18 - 25 points

Star 3 = 26 - 33 points

Star 4 = 34 - 42 points

Qualistar Rating Criteria Chart:

Learning Environment = points are awarded based on average classroom scores on the ERS Scales. (Score of component: 1-10)

Family Partnerships = points are awarded based on how well programs communicate with collaborate with, and involve families. Score of component: 1 - 10)

Training and Education = points are awarded to teachers & center administrators based on their professional development level and amount of experience, with criteria separated by position. Score of component: 1-10

Adult-to-Child Ratios & Group Size = points are awarded based on the average adult-to-child ratio and group size in each classroom. Score of component: 1 – 10

Program Accreditation = points are awarded for receiving and maintaining national program accreditation through an approved organization. Score of component: 0 or 2 points

The reader needs to keep in mind that Qualistar Colorado is not a state agency but rather a private non-profit agency.

- 5. The three Family Partnership Standards were met at the Star 4 level always or most of the time (see Figure 2).
- 6. The respective skewness figures are the following: Family Partnership = -1.425; Adult-Child Ratio/Group Size = -1.506; Learning Environment = -0.946; Training and Education = 0.028; Program Accreditation = 7.548. See Figure 16 for basic descriptive statistics for these Criteria.

For additional information regarding this Report, please contact:

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REFERENCES AND ADDITIONAL RELATED READINGS REGARDING DIFFERENTIAL MONITORING, RISK ASSESSMENT, AND KEY INDICATOR METHODOLOGIES:

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Appendix – Figure 8

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

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

Definitions of Key Elements:

PC = Program Compliance/Licensing (Health and Safety) (*Caring for Our Children*)

PQ = QRIS/Accreditation/Caregiver/Child Interactions/Classroom Environment Quality (ERS/CLASS/PAS/BAS)

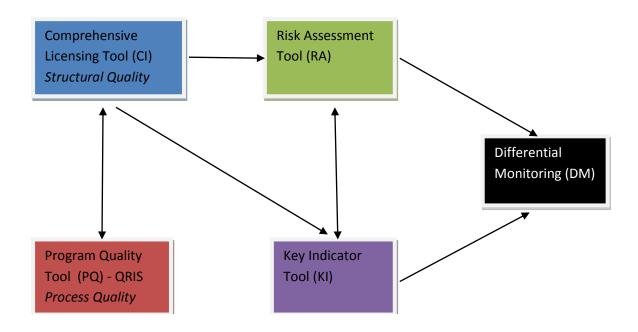
RA = Risk Assessment, (High Risk Rules) (Stepping Stones)

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

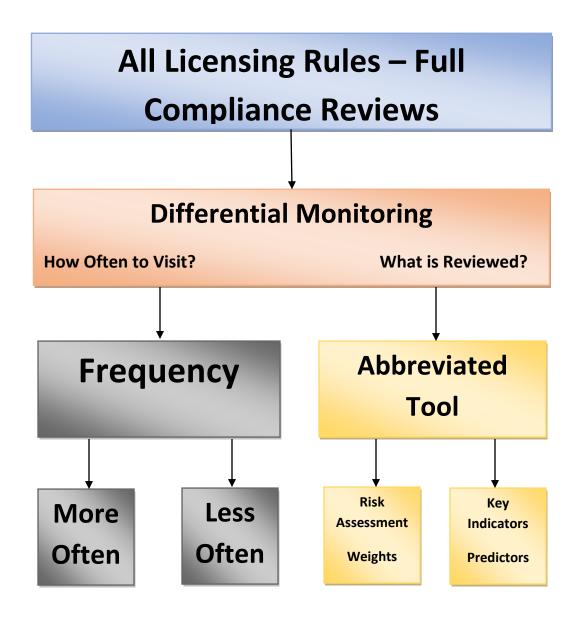
DM = Differential Monitoring (How often to visit and what to review)

PD = Professional Development/Technical Assistance/Training (Not pictured but part of Model)

CO = Child Outcomes (Not pictured but part of Model)

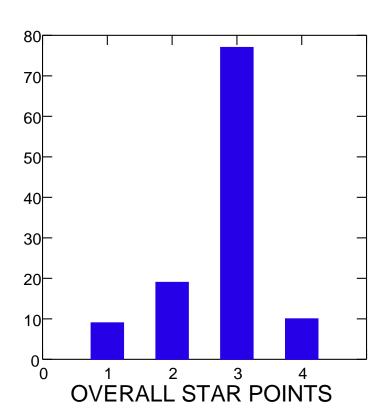


Appendix – Figure 9 - Licensing Rules, Compliance Reviews, Differential Monitoring, Abbreviated Tools, Risk Assessment, and Key Indicators



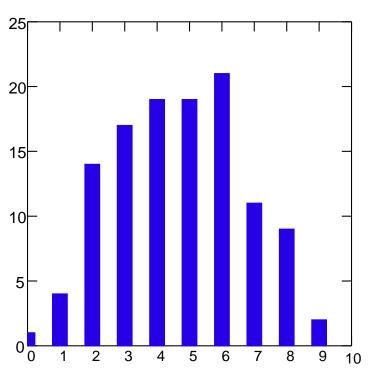
APPENDIX





Figures 10-14 depict the data distributions for overall Star points as well as for the major criteria/standards (Training & Education, Learning Environment, Adult-to-Child Ratios & Group Size, and Family Partnerships). Figures 13-14 clearly demonstrate how these respective criteria/standards are extremely skewed data distributions while Figures 10-12 show a more normally distributed data pattern. This is important for which standards can be dichotomized and phi coefficients generated. Dichotomization of data should only be used with skewed data which is the case in figures 13-14. It is not appropriate with the data distributions in figures 10-12. Also see Figure 16 for additional descriptive statistics for the specific criteria.

Figure 11



TRAINING EDUCATION STAR POINTS

Figure 12

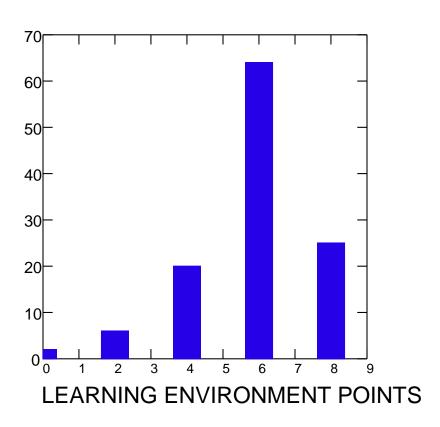


Figure 13

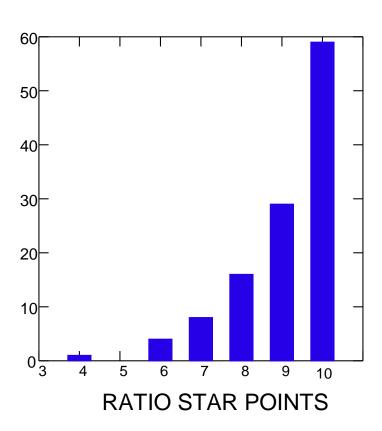


Figure 14

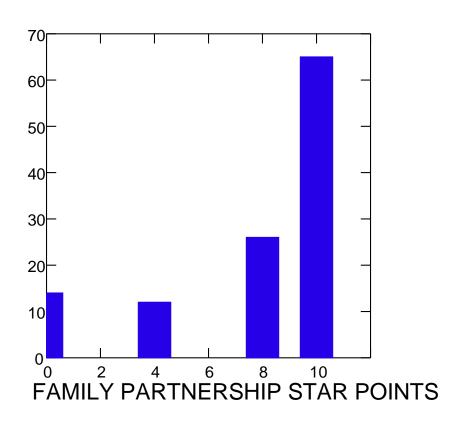


Figure 15
Selected Relationships amongst the Standards/Criteria and Star Level

Standards/Criteria	Correlation (r)
Family Partnerships x Star Level	.80***
Learning Environment x Star Level	.68***
Training/Education x Star Level	.54**
Adult-Child Ratio/Group Size x Star Level	.46*
Program Accreditation x Star Level	.11

^{*} p < .05

Figure 15a

Family Partnership Criteria	Phi	Significance
Criterion 1	.23	ns
Criterion 2	.53	.02
Criterion 3	.46	.04
Criterion 4	.46	.04
Criterion 5	1.00	.001
Criterion 6	.46	.04
Criterion 7	.86	.001
Criterion 8	.83	.001
Criterion 9	.72	.001
Criterion 10	.60	.006
Criterion 11	.46	.04
Criterion 12	.53	.02
Criterion 13	.21	ns
Criterion 14	.46	.04
Criterion 15	.39	ns
Criterion 16	.75	.001
Criterion 17	.60	.006

Legend:

Criteria 1-7 involve the program providing information to families.

Criteria 8 – 15 involve families in planning, communicating and decision making for the program.

Criteria 16 – 17 involve a written plan and evaluating the program's family partnerships.

^{**} p < .01

^{***} p<.001

^{****} p < .0001

Figure 15b

Adult-Child Ratio/Group Size	Phi	<u>Significance</u>
Adult-Child Ratios Group Size	.58 .33	.0001 .02
•		

Family Partnerships and Adult-Child Ratio/Group Size standards/criteria phi coefficients were generated because of the skewed data distributions. Phi coefficients were not generated for Learning Environment, Training and Education or Program Accreditation because the data were not sufficiently skewed or showed no variability at all in their respective distributions.

Figure 16

Basic Descriptive Statistics for Criteria

Mean	Median	Skewness
7.7	10	-1.425
9.1	10	-1.506
5.8	6	-0.946
4.7	5	0.028
0.0	0	7.548
2.7	3	-1.213
	7.7 9.1 5.8 4.7 0.0	7.7 10 9.1 10 5.8 6 4.7 5 0.0 0

Kansas Child Care Licensing Key Indicator Study

Richard Fiene, Ph.D.

INTRODUCTION

The purpose of this report is to provide the Kansas Child Care Office with basic analyses for the development of their key indicator system for both centers and homes. Licensing data from 2012 taken from both centers (CCC) (n=482) and homes (FCC) (n=500) were used in this Licensing Key Indicator study. The centers were further broken down into 52 (11%) Head Start programs and 430 (89%) child care centers. The homes were further broken down into 115 (23%) group homes and 385 (77%) family homes.

Definitions:

Key Indicators (KI) = a differential monitoring approach that employs using only those rules that statistically predict overall compliance with all the rules. 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. 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. In this study, 8 Key Indicator rules were identified for CCC and 6 Key Indicator rules for FCC. The Key Indicators can be found in the Findings Section of this report.

Rule Violations or Citations = this occurs when a program does not meet a specific rule and is cited as being out of compliance with that rule.

METHODOLOGY

A Differential Monitoring Logic Model and Algorithm (DMLMA©)(Fiene, 2012) was employed, in particular, the key indicator methodology to generate the Key Indicators for this project. The DMLMA© is the 4th generation of an Early Childhood Program Quality Indicator Model (ECPQIM)(Fiene & Nixon, 1985; Griffin & Fiene, 1995; Fiene & Kroh, 2000).

The *DMLMA*© (see Figure 1) provides the conceptual model for assessing the overall effectiveness of a differential monitoring system. The two main tools in a Differential Monitoring (DM) system are Risk Assessment (RA) and Key Indicator (KI) measurement tools. Both the Risk Assessment and Key Indicator tools are derived from a comprehensive licensing tool (CI) that measures compliance with all rules. For the purposes of this study the Licensing Data taken from Kansas Monitoring Reviews represents the comprehensive licensing tool (CI). Kansas presently does not use a Risk Assessment or a Program Quality tool (see Table 1).

Table 1

DMLMA © Terminology	Kansas Examples and Data Sources
Comprehensive Tool (CI)	Licensing Data from Kansas Monitoring Visits
Program Quality Tool (PQ)	Not Applicable
Risk Assessment Tool (RA)	Not Applicable
Key Indicators (KI)	Generated from this Study
Differential Monitoring (DM)	Not Applicable

FINDINGS

There are some overall demographic findings presented first that help to put the results in context. As mentioned in the introduction there were 482 centers and 500 homes that were part of these analyses. Eleven percent (11%) of the centers were 100% in compliance with all rules while 25% of the homes were 100% in compliance with all rules. These figures are fairly typical of state averages. The average number of violations for centers was 7.44 violations with all applicable rules and 3.52 violations for homes.

Location of the various facilities seemed to have an impact on average violations recorded. For example, with centers, urban facilities had a significantly higher level of violations (8.42 average violations; n = 279) than facilities located in rural communities (6.09 average violations; n = 203). This result was statistically significant (F = 14.19; p < .0001). However, the differences for homes was not statistically significant, with urban homes (n = 222) having 3.64 average violations versus 3.42 average violations for rural homes (n = 278).

There were statistically significant differences depending on the Region the facilities were located in. For centers, the highest levels of violations with child care rules were in Regions 1 (9.30 average violations; n = 109) and 2 (8.32 average violations; n = 191) while Regions 3 (5.31 average violations; n = 121) and 4 (5.57 average violations; n = 61) had lower averages (see Table 2). This result is statistically significant (F = 9.82; P < 0.001).

Table 2: Violation Data in Centers and Homes by Regional Location

Region	Cente	Centers		es
	Violations*	Number	Violations*	Number
1	9.30	109	2.42	117
2	8.32	191	4.63	120
3	5.31	121	3.94	138
4	5.57	61	3.02	125

^{* =} Average Violations (Mean)

For homes, a slightly different distribution occurs in which Region 2 (4.63 average violations; n = 120) was significantly higher than the other three regions. This result is statistically significant (F = 7.24; p < .0001).

Also the type of licensing inspection saw some variation in the average number of violations although none of the following results were statistically significant (see Table 3).

Table 3: Violation Data in Centers and Homes by Type of Licensing Inspection

License Type	Centers		Homes	
	Violations*	Number	Violations*	Number
Initial	7.44	36	3.35	20
Renewal	7.07	368	3.53	469
Amendment	9.51	55	4.00	2
Correction	6.71	14	3.00	8
Temporary	11.22	9	4.00	1

^{* =} Average Violations (Mean)

The last demographic analysis was to compare the average number of violations between group homes and family homes; and between child care centers and Head Start programs. There was not a significant difference between group homes (3.75 average violations; n=115) and family homes (3.45 average violations; n=385); but a statistically significant difference occurred (F=10.44; p<.001) between child care centers (7.78 average violations; n=430) and Head Start programs (4.60 average violations; n=52) with the Head Start programs having significantly fewer rule violations.

Key Indicator Findings

The following findings will provide the Key Indicators for centers (child care centers and Head Start) and homes (family and group homes). It will provide a listing of the rules and the respective phi coefficients. These Key Indicators were obtained from rank ordering the total compliance scores into quartiles with the 25% highest violation scores for facilities as the low group and the lowest 25% violation scores for facilities as the high group. Each rule was compared to this result by their respective compliance level, either being in or out of compliance with the rule. Once these data were prepared the formula in Table 4 was used to determine if the rule met the predictive level. Separate analyses for generating Key Indicators were not run for Head Start or Group Homes because of the insufficient number of programs in each category.

Centers (Child Care Centers and Head Start)(See Table 5 for a Summary)

All results are reported with the specific rule, p < .0001, and phi coefficient from the formula in Table 4.

K.A.R.28-4-126b1. Each person regularly caring for children shall have a health assessment conducted by a licensed physician or by a nurse trained to perform health assessments. The health assessment shall be conducted no earlier than one year before the date of employment or initial application for a license or certificate of registration, or not later than 30 days after the date of employment or initial application. (phi = .59)

K.A.R.28-4-126c1. Each person living, working or regularly volunteering in the facility shall have a record of a negative tuberculin test or x-ray obtained not more than two years before the employment or initial application, for a license or certificate of registration or not later than 30 days after the date of employment or initial application. (phi = .62)

K.A.R.28-4-423a18. The premises shall be maintained in good condition and shall be clean at all times, free from accumulated dirt and trash, and any evidence of vermin or rodent infestation. Each outdoor trash and garbage container shall be covered, and the contents shall be removed at least weekly. (phi = .59)

K.A.R.28-4-423a23. Medicines, household poisons, and other dangerous substances and instruments shall be in locked storage. (phi = .60)

K.A.R.28-4-428aa3. Each licensee shall ensure that orientation is completed by each staff member who will be counted in the staff-child ratio and by each volunteer who will be counted in the staff-child ratio. Each staff member and volunteer shall complete the orientation within seven calendar days after the date of employment or volunteering and before the staff member or volunteer is given sole responsibility for the care and supervision of children. (phi = .51)

K.A.R.28-4-428ac1. Each staff member counted in the staff-child ratio, each volunteer counted in the staff-child ratio, and each program director shall obtain certification in pediatric first aid and in pediatric CPR as specified in this subsection either before the date of employment or volunteering or not later than 30 calendar days after the date of employment or volunteering. (phi = .53)

K.A.R.28-4-430c3. Each staff member shall be trained to observe symptoms of illness, neglect, and child abuse, and shall observe each child's physical condition daily. (phi = .54)

K.A.R.28-4-437d. The outdoor play space shall be well drained and free of hazards. (phi = .59)

Footnote

Child Care Centers (CCC) – The correlation between the Key Indicators and all the rules was .77. Family Child Care (FCC) – The correlation between the Key Indicators and all the rules was .80. Both these results exceed the DMLMA© Thresholds for KI x CI (.70).

Homes (Family and Group Homes)(See Table 5 for a Summary)

All results are reported with the specific rule, p < .0001, and phi coefficient from the formula in Table 4.

K.A.R.28-4-115g1. All household cleaning supplies and all bodily care products bearing warning labels to keep out of reach of children or containing alcohol shall be in locked storage or stored out of reach of children under six years of age. Soap used for hand washing may be kept unlocked and placed on the back of the counter by a bathroom or kitchen sink. (phi = .47)

K.A.R.28-4-115aa1A. Supervision plan. Each applicant, each applicant with a temporary permit, and each licensee shall develop a supervision plan for children in care that includes all age ranges of children for whom care will be provided. A copy of the plan shall be available for review by the parents or legal guardians of children in care and by the department. The plan shall include the following: A description of the rooms, levels, or areas of the facility including indoor and outdoor areas in which the child will participate in activities, have snacks or meals, nap, or sleep. (phi = .79)

K.A.R.28-4-115aa1B. Supervision plan. Each applicant, each applicant with a temporary permit, and each licensee shall develop a supervision plan for children in care that includes all age ranges of children for whom care will be provided. A copy of the plan shall be available for review by the parents or legal guardians of children in care and by the department. The plan shall include the following: the manner in which supervision will be provided. (phi = .44)

K.A.R.28-4-117a1. A completed medical record on a form supplied by the department shall be on file for each child under 11 years of age enrolled for care and for each child under 16 living in the child care facility. (phi = .44)

K.A.R.28-4-117c. Immunizations for each child, including each child of the provider under 16 years of age shall be current as medically appropriate and shall be maintained current for protection from the diseases specified in K.A.R. 28-1-20(d). A record of each child's immunizations shall be maintained on the child's medical record. (phi = .68)

K.A.R.28-4-127b1A. Emergency medical treatment: Each facility shall have on file at the facility for each child: written permission of the parent, guardian, or legal custodian for emergency medical treatment on a form that meets the requirements of the hospital or clinic where emergency medical care will be given. (phi = .53)

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Fiene & Kroh (2000). Licensing Measurement and Systems, NARA Licensing Curriculum. Washington, D.C.: National Association for Regulatory Administration.

Fiene & Nixon (1985). Instrument based program monitoring and the indicator checklist for child care, Child Care Quarterly, 14(3), 198-214.

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Table 4: Kansas Key Indicator (KSKI) Formula Matrix

	Providers In Compliance	Programs Out Of Compliance	Row Total
High Group	А	В	Υ
Low Group	С	D	Z
Column Total	W	Х	Grand Total

Key Indicator Statistical Methodology (Calculating the Phi Coefficient):

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

A = High Group + Programs in Compliance on Specific Compliance Measure.

B = High Group + Programs out of Compliance on Specific Compliance Measure.

C = Low Group + Programs in Compliance on Specific Compliance Measure.

D = Low Group + Programs out of Compliance on Specific Compliance Measure.

W = Total Number of Programs in Compliance on Specific Compliance Measure.

X = Total Number of Programs out of Compliance on Specific Compliance Measure.

Y = Total Number of Programs in High Group.

Z = Total Number of Programs in Low Group.

High Course Top 250/ of Decourse in Courselings with all Courselings Management

High Group = Top 25% of Programs in Compliance with all Compliance Measures. Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures.

Phi Coefficient Range	Characteristic of Indicator	Decision
(+1.00) – (+.26)	Good Predictor	Include on KSKI
(+.25) – (0)	Too Easy	Do not Include
(0) – (25)	Too Difficult	Do not Include
(26) – (-1.00)	Terrible Predictor	Do not Include

FIGURE 1- DIFFERENTIAL MONITORING LOGIC MODEL AND ALGORITHM (Fiene, 2012) DMLMA© Applied to the Kansas Child Care Licensing System

$$CI + PQ \Rightarrow RA + KI \Rightarrow DM$$

Kansas Examples:

CI = Licensing Reviews (All Rules)

PQ = Not Applicable (NA)

RA = **Not Applicable (NA)**

KI = **Key Indicators** (generated from this study)

DM = Not Applicable (NA)

DMLMA© Thresholds:

High Correlations $(.70+) = CI \times KI$. Moderate Correlations $(.50+) = CI \times RA$; RA $\times DM$; RA $\times KI$; KI $\times DM$. Lower Correlations $(.30+) = PQ \times CI$; PQ $\times RA$; PQ $\times KI$.

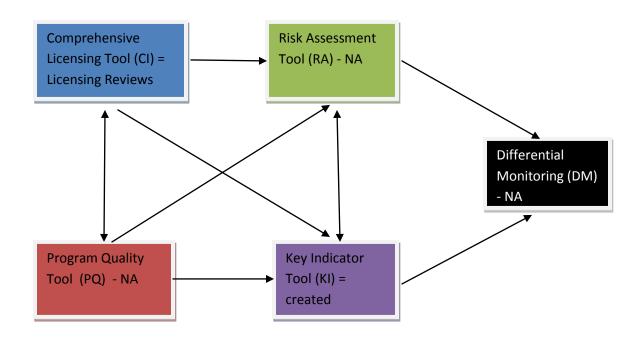


Table 5 - Rule Numbers and Phi Coefficients for Centers and Homes

Centers		Homes	
Rule	Phi	Rule	Phi
K.A.R.28-4-126b1. K.A.R.28-4-126c1. K.A.R.28-4-423a18. K.A.R.28-4-423a23. K.A.R.28-4-428aa3. K.A.R.28-4-428ac1. K.A.R.28-4-430c3. K.A.R.28-4-437d.	.59 .62 .59 .60 .51 .53 .54	K.A.R.28-4-115g1. K.A.R.28-4-115aa1A. K.A.R.28-4-115aa1B. K.A.R.28-4-117a1. K.A.R.28-4-117c. K.A.R.28-4-127b1A.	.47 .79 .44 .44 .68 .53

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NARA Illinois Key Indicator Report for Centers, Group Homes, and Family Homes

Richard Fiene, Ph.D.

May 30, 2014

ABSTRACT

This report will provide an analysis of Illinois Rules for child care centers, group homes, and family homes for generating key indicators. There is a brief introduction regarding differential monitoring and key indicators followed by the generated key indicators.

INTRODUCTION

The key indicator methodology is part of a program monitoring approach called Differential Program Monitoring which was developed to help streamline the program monitoring of early care and education programs (please see the appendix for two graphics which help to depict this relationship). It was first applied in child care licensing but has been used in many other service types, such as: Head Start Performance Standards, National Accreditation, and child and adult residential programs. The methodologies are based upon statistical protocols that have been developed in the tests and measurements literature in which an abbreviated set of items is used to statistically predict as if the full test was applied. This methodology has been used in regulatory analysis and is now being proposed for use in Quality Rating and Improvement Systems (QRIS).

TECHNICAL ASPECTS OF THE KEY INDICATOR METHODOLOGY

This section provides the technical and statistical aspects of the key indicator methodology. One of the first steps is to sort the data into high and low groups, generally the highest and lowest ratings can be used for this sorting. In very large states this is done on a sampling basis which

will be described later in the blueprint. 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 item within the specific assessment tool (see Figure 1).

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

Once the data are sorted in the above matrix, the following formula (Figure 2) is used to determine if the standard is a key indicator or not by calculating its respective Phi 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 Phi Coefficient

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

Figure 3 – Legend for the Cells within the Phi Coefficient

A = High Group + Programs in Compliance on Specific Compliance Measure.

B = High Group + Programs out of Compliance on Specific Compliance Measure.

C = Low Group + Programs in Compliance on Specific Compliance Measure.

D = Low Group + Programs out of Compliance on Specific Compliance Measure.

W = Total Number of Programs in Compliance on Specific Compliance Measure.

X = Total Number of Programs out of Compliance on Specific Compliance Measure.

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 item as a key indicator. Based upon the chart in Figure 4, it is best to have a Phi 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 5, if the Phi Coefficient is between +.25 and -.25, this indicates that the indicator is unpredictable in being able to predict overall compliance with the quality rating assessment tool. 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 Phi Coefficients above +.25 but it becomes unlikely as we approach +1.00 although there is always the possibility that other standards/rules/regulations could be found out of compliance (this was demonstrated in a study conducted by the author. Another solution is to increase the number of key indicators 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 Phi 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 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 4 – Thresholds for the Phi Coefficient

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

RESULTS

Key indicators for child care homes (Please see the Appendix - Figure 7 for Phi Coefficients):

Section 406.8 General Requirements for Day Care Homes

- a) The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to children.
- 1) The home shall have a first aid kit consisting of adhesive bandages, scissors, thermometer, non-permeable gloves, Poison Control Center telephone number (1-800-222-1222 or 1-800-942-5969), sterile gauze pads, adhesive tape, tweezers and mild soap.
- 18) There shall be written plans for fire and tornado emergencies. Caregivers and assistants in the home shall be familiar with these plans.
- A) The fire evacuation plan shall identify the exits from each area used for child care and shall specify the evacuation route.
- B) The fire evacuation plan shall identify a safe assembly area outside of the home. It shall also identify a near-by indoor location for post-evacuation holding if needed.
- C) The fire evacuation plan shall require that the home be evacuated before calling the local emergency number 911.
- D) The written tornado plan shall specify what actions will be taken in the event of tornado or other severe weather warning, including designation of those areas of the home to be used as the safe spots.
- 23) The licensee shall inspect the home daily, prior to arrival of children, ensuring that escape routes are clear and that exit doors and exit windows are operable. A log of these daily inspections shall be maintained for at least one year, and shall be available for review. The log shall reflect, at minimum, the date and time of each inspection and the full name of the person who conducted it.
- 24) The licensee shall hold monthly fire inspections of the day care home.

Section 406.9 Characteristics and Qualifications of the Day Care Family

- a) No individual may receive a license from the Department when the applicant, a member of the household age 13 and over, or any individual who has access to the children cared for in a day care home, or any employee of the day care home, has not authorized the background check required by 89 Ill. Adm. Code 385 (Background Checks) and been cleared in accordance with the requirements of Part 385.
- t) The caregivers shall complete 15 clock hours of in-service training per licensing year in accordance with the requirements in Appendix D of the rules.
- 1) Such training may be derived from programs offered by any of the entities identified in Appendix D of the rules.
- 2) Courses or workshops to meet this requirement include, but are not limited to, those listed in Appendix D of the rules.
- 3) The records of the day care home shall document the training in which the caregiver has participated, and these records shall be available for review by the Department.
- 4) Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements.

Section 406.12 Admission and Discharge Procedures

- b) Prior to acceptance of a child for care,
- 3) The caregiver shall require that the parent or guardian provide a certified copy of the child's birth certificate. The caregiver:

- A) Shall provide a written notice to the parent or guardian of a child to be *enrolled for the first time that within 30 days* after enrollment the parent or guardian shall provide a certified copy of the child's birth certificate or other reliable proof of identity and age of the child.
- i) The caregiver shall promptly make a copy of the certified copy and return the original certified copy to the parent or guardian.
- ii) If a certified copy of the birth certificate is not available, the parent or guardian must submit *a passport*, visa or other governmental documentation as proof of the child's identity and age and an affidavit or notarized letter explaining the inability to produce a certified copy of the birth certificate [325 ILCS 50/5].
- iii) The notice to parent or guardian shall also indicate that the caregiver is required by law to notify the Illinois State Police or local law enforcement agency if the parent or guardian fails to submit proof of the child's identity within the 30 day time frame;
- h) All day care homes shall have a written policy that explains the actions the provider will take if a parent or guardian does not retrieve, or arrange to have someone retrieve, his or her child at the designated, agreed upon time. The policy shall consist of the provider's expectations, clearly presented to the parent or guardian, in the form of a written agreement that shall be signed by the parent or guardian, and shall include at least the following elements: The consequences of not picking up the child on time, including:

Amount of late fee, if any, and when those fees begin to accrue;

The degree of diligence the provider will use to reach emergency contacts, e.g., number of attempted phone calls to parents and emergency contacts, requests for police assistance in finding emergency contacts; and Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as

Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as the child abuse hotline or police.

Emphasis on the importance of having up-to-date emergency contact numbers on file.

Acknowledgement of the provider's responsibility for the child's protection and well-being until the parent or outside authorities arrive.

A reminder to the day care provider that the child is not responsible for the situation. All discussions regarding these situations shall be with the parent or guardian, never the child.

Section 406.14 Health, Medical Care and Safety

- c) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.
- 1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27.8-1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.
- 2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when the children in high-risk groups begin elementary and secondary school.
- 3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.
- 4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

Key indicators for Group Child Care Homes (Please see the Appendix - Figure 7 for Phi Coefficients):

Section 408.35 General Requirements for Group Day Care Home Family

f) The caregivers and all members of the household shall provide medical evidence that they are free of communicable disease that may be transmitted while providing child care; and, in the case of caregivers, that they are free of physical or mental conditions that could interfere with child care responsibilities. The medical report for the caregivers shall be valid for 3 years.

Section 408.45 Caregivers

- f) The caregivers shall complete 15 clock hours of in-service training per licensing year in accordance with the requirements in Appendix G of the rules.
- 1) Such training may be derived from programs offered by any of the entities identified in Appendix G of the rules.
- 2) Courses or workshops to meet this requirement include, but are not limited to, those listed in Appendix G of the rules.

Section 408.60 Admission and Discharge Procedures

- j) All group day care homes shall have a written policy that explains the actions the provider will take if a parent or guardian does not retrieve, or arrange to have someone retrieve, his or her child at the designated, agreed upon time. The policy shall consist of the provider's expectations, clearly presented to the parent or guardian in the form of a written agreement that shall be signed by the parent or guardian, and shall include at least the following elements:
- 1) The consequences of not picking up the children on time, including:
- A) Amount of late fee, if any, and when those fees begin to accrue;
- B) The degree of diligence the provider will use to reach emergency contacts, e.g., number of attempted phone calls to parents and emergency contacts, requests for police assistance in finding emergency contacts; and
- C) Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as the child abuse hotline or police.
- 2) Emphasis on the importance of having up-to-date emergency contact numbers on file.
- 3) Acknowledgement of the provider's responsibility for the child's protection and well-being until the parent or outside authorities arrive.
- 4) A reminder to staff that the child is not responsible for the situation. All discussions regarding these situations shall be with the parent or guardian, never with the child.

Section 408.70 Health, Medical Care and Safety

- a) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.
- 1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.
- 2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in high risk groups begin elementary and secondary school.
- 3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.
- 4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

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Section 408.120 Records and Reports

- a) A facility shall maintain a record file on the children enrolled.
- 1) A written application for admission of each child shall be on file with the signature of the parent or guardian.

Key indicators for Child Care Centers (Please see the Appendix-Figure 7 for Phi Coefficients):

Section 407.100 General Requirements for Personnel

f) Staff shall have physical re-examinations every two years and whenever communicable disease or illness is suspected.

Section 407.120 Personnel Records

- a) A confidential file shall be maintained on each staff person and contain at least the following information:
- 1) A copy of a form prescribed by the Department which contains information on persons employed in the day care center;
- 3) Three written character references, verified by the day care center;
- 4) Proof of educational achievement as required for the individual's position. Foreign credentials require additional documentation providing a statement of the equivalency in the U.S. educational system;

Section 407.250 Enrollment and Discharge Procedures

d) The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents or guardian of each child at the time that the child is accepted for care in the facility. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease shall be distributed to the parents or guardian or each child cared for when designated for such distribution by the Department.

Section 407.260 Daily Arrival and Departure of Children

- f) All day care centers shall have a written policy that explains to parents and staff the actions the center will take if a parent or guardian does not pick up, or arrange to have someone pick up, his or her child at the designated, agreed upon time. The policy shall consist of the provider's expectations clearly presented to the parent or guardian in the form of a written agreement that shall be signed by the parent or guardian and shall include at least the following elements:
- 1) The consequences of not picking up children on time shall be precisely communicated to parents, for example:
- A) Amount of late fee, if any, and when those fees begin to accrue.
- B) The degree of diligence the provider will use to reach emergency contacts, e.g., number of attempted phone calls to parents and emergency contacts, requests for police assistance in finding emergency contacts, and so forth.
- C) Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as, the child abuse hotline, police, and so forth.
- 2) Emphasis on the importance of having up-to-date emergency contact numbers on file.
- 3) Acknowledgement of the provider's responsibility for the child's protection and well-being until the parent or outside authorities arrive.
- 4) A policy that staff shall not hold the child responsible for the situation and that discussion of this issue will only be with the parent or guardian and never with the child.

Section 407.270 Guidance and Discipline

- a) The day care center shall develop a guidance and discipline policy for staff use that is also provided to parents. Staff shall sign the guidance and discipline_policy at the time of employment and parents shall sign the policy when their child is enrolled. The policy shall include:
- 1) A statement of the center's philosophy regarding guidance and discipline;
- 2) Information on how discipline will be implemented by staff;
- 3) Information on how parents will be involved in the guidance and discipline process;
- 4) Information on how children will be involved in the guidance and discipline process; and
- 5) Written procedures for termination of a child's enrollment in the day care center because of disciplinary issues.

Section 407.310 Health Requirements for Children

- a) A medical report on forms prescribed by the Department shall be on file for each child.
- 1) The initial medical report shall be dated less than 6 months prior to enrollment of infants, toddlers and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted

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(even if more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.

Section 407.380 Equipment and Materials

b) Such equipment and materials for infants, toddlers and pre-school children shall be provided in the quantity and variety specified in Appendix A: Equipment for Infants and Toddlers, Appendix B: Equipment for Preschool Children and Appendix C: Equipment for School-Age Children of the Rules.

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Appendix – Figure 5

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

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

Definitions of Key Elements:

PC = Program Compliance/Licensing (Health and Safety) (*Caring for Our Children*)

PQ = QRIS/Accreditation/Caregiver/Child Interactions/Classroom Environment Quality (ERS/CLASS/PAS/BAS)

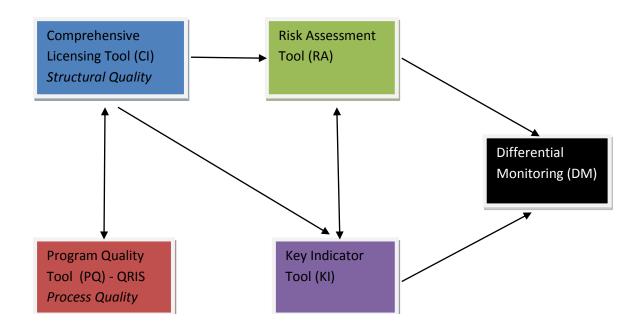
RA = Risk Assessment, (High Risk Rules) (Stepping Stones)

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

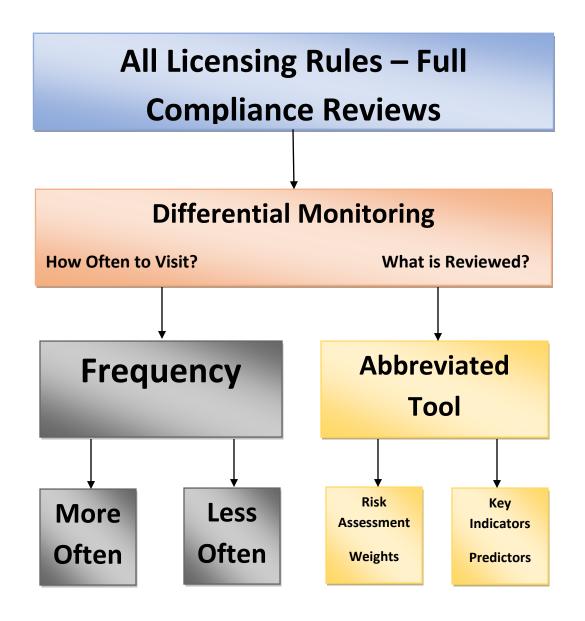
DM = Differential Monitoring (How often to visit and what to review)

PD = Professional Development/Technical Assistance/Training (Not pictured but part of Model)

CO = Child Outcomes (Not pictured but part of Model)



Appendix – Figure 6 - Licensing Rules, Compliance Reviews, Differential Monitoring, Abbreviated Tools, Risk Assessment, and Key Indicators



Appendix -- Figure 7 - Phi Coefficients for the Specific Key Indicators

Family Child Care Homes:

Rule Numbers	Phi	Content Content
406.8a1	.34	First Aid Kit
406.8a18	.38	Emergency Plan
406.8a23	.36	Fire Inspection
406.8a24	.35	Log of Home Inspections
406.9a	.34	Background Checks
406.9t	.38	Caregiver Training
406.12b3	.34	Birth Certificate
40612h	.36	Agreement regarding Pick Up
406.14c2	.41	TB Test
406.14c3	.53	Lead Poisoning Screening
406.14c4	.34	Immunizations

Group Child Care Homes:

Rule Numbers	Phi	Content
408.35f	.28	Communicable Diseases
408.45f	.31	Caregiver Training
408.60j	.33	Agreement Pick Up Policy
408.70a1	.29	Medical Records
408.70a2	.55	TB Test
408.70a3	.51	Lead Poisoning Screening
408.70a4	.35	Immunizations
408.120a1	.37	Written Application Admission for Each Child

Child Care Centers:

Rule Numbers	Phi	<u>Content</u>
407.100f	.35	Staff Physical
407.120a1	.32	CFS-508 Form
407.120a3	.41	Three Written Character References
407.120a4	.34	Proof of Educational Achievement
407.250d	.34	Written Standards Given to Parents
407.260f	.32	Pick Up Policy
407.270a	.32	Discipline Policy
407.310a	.44	Medical Report for Each Child
407.380b	.34	Equipment Meets Standard Requirements

OREGON'S STEPPING STONES¹ RISK FACTORS ANALYSIS

The purpose of this analysis is to provide Oregon OCC with a basic risk factor analysis comparing its child care center rules to *Stepping Stones (SS)* standards. This analysis will delineate, based upon *Stepping Stones'* major content areas (chapters from *Caring for our Children (CFOC)*), where there may be gaps in their child care center rules.

This analysis is a summary look at the comparison between *Stepping Stones* and Oregon's Rules; it is now intended to be an in-depth crosswalk between the two sets of standards and rules. In order to do that type of analysis, *Fiene's Stepping Stones to Validate State Rules Template* (2013) is the suggested source to use.

Table 1 provides the comparisons between *Stepping Stones* and the Oregon Child Care Center Rules in which a search of the rules was done to determine if the specific *SS* standard was present or not. Every time the search contained a match, it was recorded as a "1". When there was no match, it was recorded as a "0".

<u>Table 1 – Comparison of Stepping Stones (SS) Standards and Oregon Child Care Center Rules</u>

<u>SS</u>		RULES	PERCENT	CONTENT AREA/RISK FACTOR
	14	11	79	STAFFING
	9	5	56	PROGRAM ACTIVITIES FOR HEALTHY DEVELOPMENT
	25	16	64	HEALTH PROMOTION/PROTECTION
	13	10	77	NUTRITION AND FOOD SERVICE
	20	12	60	FACILITIES, SUPPLIES, EQUIPMENT, ENVIRON HEALTH
	21	7	33	PLAY AREAS/PLAYGROUNDS AND TRANSPORTATION
	10	1	10	INFECTIOUS DISEASES
	<u>10</u>	<u>7</u>	<u>70</u>	POLICIES
	122	69	56.125	TOTAL

Legend for Table 1:

Nominal scaling to determine if the Oregon CCC Rules have any reference to the specific SS3 Standard.

It is scored 1/0 where 1 = Present and 0 = Absent. Percent is the total number of "1". Higher the percent the better.

SS = STEPPING STONES STANDARDS

RULES = OREGON CHILD CARE CENTER RULES

PERCENT = RULES/SS

CONTENT = RISK FACTOR/SS/CFOC CHAPTER

This comparison was completed on the major chapter headings in *Stepping Stones* and *Caring for our Children* as delineated in the Content/Risk Factor Column in Table 1. The following table (Table 2) provides the detail of the contents of each content area/risk factor.

<u>Table 2 – Major Content/Risk Factor Areas (1-8) and Specific Content for Each Area</u>

1. STAFFING	A. CHILD:STAFF RATIO AND GROUP SIZE
	B. RECRUITMENT AND BACKGROUND
	SCREENING
	C. DIRECTOR'S QUALIFICATIONS
	D. TEACHER'S QUALIFICATIONS
	E. PRE-SERVICE TRAINING
	F. ORIENTATION TRAINING
	G. FIRST AID AND CPR TRAINING
	H. STAFF HEALTH
2. PROGRAM ACTIVITIES FOR HEALTHY	A. PROGRAM ACTIVITIES FOR INFANTS,
DEVELOPMENT	TODDLERS, PRESCHOOLERS, AND
	SCHOOL AGE CHILDREN
	B. SUPERVISION AND DISCIPLINE
	C. HEALTH INFORMATION SHARING
	D. HEALTH EDUCATION FOR CHILDREN
	E. HEALTH EDUCATION FOR STAFF
	F. HEALTH EDUCATION FOR PARENTS
3. HEALTH PROMOTION AND	A. DAILY HEALTH CHECK
PROTECTION	B. ROUTINE HEALTH SUPERVISION
	C. PHYSICAL ACTIVITY AND LIMITING
	SCREEN TIME
	D. SAFE SLEEP
	E. ORAL HEALTH
	F. DIAPERING AND CHANGING SOILED
	CLOTHING
	G. HAND HYGIENE
	H. EXPOSURE TO BODY FLUIDS
	I. EMERGENCY PROCEDURES
	J. CHILD ABUSE AND NEGLECT
	K. INCLUSION/EXCLUSION DUE TO
	ILLNESS
	L. CARING FOR CHILDREN WHO ARE ILL
4 AULTRITION AND FOOD CERVICE	M. MEDICATIONS
4. NUTRITION AND FOOD SERVICE	A. MEAL SERVICE, SEATING, SUPERVISION
	B. FOOD BROUGHT FROM HOME
	C. KITCHEN AND EQUIPMENT
	D. FOOD SAFETY

	E. MEALS FROM OUTSIDE VENDORS OR
	CENTRAL KITCHEN
	F. NUTRITION LEARNING EXPERIENCES
	FOR CHILDREN
	G. NUTRITION EDUCATION FOR PARENTS
5. FACILITIES, SUPPLIES, EQUIPMENT,	A. GENERAL LOCATION, LAYOUT, AND
AND ENVIRONMENTAL HEALTH	CONSTRUCTION OF THE FACILITY
	B. SPACE PER CHILD
	C. EXITS
	D. STEPS AND STAIRS
	E. EXTERIOR AREAS
	F. VENTILATION, HEATING, COOLING,
	AND HOT WATER
	G. LIGHTING
	H. NOISE
	I. ELECTRICAL FIXTURES AND OUTLETS
	J. FIRE WARNING SYSTEMS
	K. WATER SUPPLY AND PLUMBING
	L. SEWAGE AND GARBAGE
	M. INTEGRATED PEST MANAGEMENT
	N. PREVENTION AND MANAGEMENT OF
	TOXIC SUBSTANCES
	O. TOILET AND HANDWASHING AREAS
	P. DIAPER CHANGING AREAS
	Q. SLEEP AND REST AREAS
6. PLAY AREAS/PLAYGROUNDS AND	A. PLAYGROUND SIZE AND LOCATION
TRANSPORTATION	B. USE ZONES AND CLEARANCE
	REQUIREMENTS
	C. PLAY AREA AND PLAYGROUND
	SURFACING
	D. INSPECTION OF PLAY AREAS AND
	EQUIPMENT
	E. ACCESS TO AND SAFETY AROUND
	BODIES OF WATER
	F. POOL EQUIPMENT AND MAINTENANCE
	G. WATER QUALITY OF POOLS
7 INFECTIONS DISEASES	H. TRANSPORTATION SAFETY
7. INFECTIOUS DISEASES	A. HOW INFECTIONS SPREAD B. IMMUNIZATIONS
	C. RESPIRATORY TRACT INFECTIONS
	D. ENTERIC (DIARRHEAL) INFECTIONS
	, ,
	AND HEPATITIS A VIRUS (HAV) E. SKIN AND MUCOUS MEMBRANE
	INFECTIONS

	F. BLOODBORNE INFECTIONS
	G. HERPES VIRUSES
	H. INTERACTION WITH STATE OR LOCAL
	HEALTH DEPARTMENTS
8. POLICIES	A. HEALTH POLICIES
	B. EMERGENCY/SECURITY POLICIES AND
	PLANS
	C. TRANSPORTATION POLICIES
	D. PLAY AREA POLICIES
	E. FACILITY RECORDS/REPORTS
	F. CHILD RECORDS
	G. STAFF RECORDS

Table 2 provides you with the specific content as it relates to the risk factors. Figures 1 and 2 as well as Table 3 will provide the comparison between **SS** standards and Oregon's child care center rules by these content areas/risk factors.

Figure 1 does this comparison by listing for each content area/risk factor the frequency count where there is a match between rules and standards.

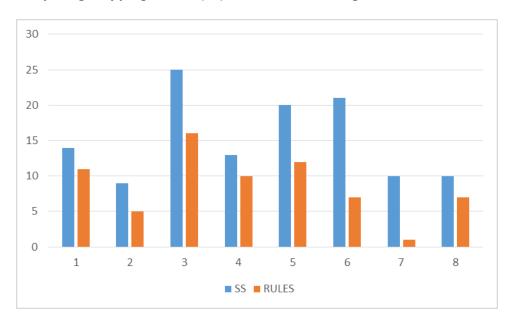


Figure 1 – Comparing Stepping Stones (SS) Standards and Oregon's Child Care Center Rules

Legend for Figure 1:

- 1 = STAFFING
- 2 = PROGRAM ACTIVITIES FOR HEALTHY DEVELOPMENT
- 3 = HEALTH PROMOTION/PROTECTION
- 4 = NUTRITION AND FOOD SERVICE

- 5 = FACILITIES, SUPPLIES, EQUIPMENT, ENVIRON HEALTH
- 6 = PLAY AREAS/PLAYGROUNDS AND TRANSPORTATION
- 7 = INFECTIOUS DISEASES
- 8 = POLICIES

Figure 2 takes the data from Table 1 and Figure 1 and expresses the content areas/risk factors in the form of percents in which the percents represent the number of times the Oregon child care center rules and the *Stepping Stones* standards match.

90 80 70 60 50 40 30 20 10 1 2 3 4 5 6 7 8

Figure 2 – Percent of Stepping Stones Standards in Oregon's Child Care Center Rules

Legend for Figure 1:

- 1 = STAFFING
- 2 = PROGRAM ACTIVITIES FOR HEALTHY DEVELOPMENT
- 3 = HEALTH PROMOTION/PROTECTION
- 4 = NUTRITION AND FOOD SERVICE
- 5 = FACILITIES, SUPPLIES, EQUIPMENT, ENVIRON HEALTH
- 6 = PLAY AREAS/PLAYGROUNDS AND TRANSPORTATION
- 7 = INFECTIOUS DISEASES
- 8 = POLICIES

It is evident from Table 1 and Figures 1 and 2 that the two areas where the greatest gap between the *Stepping Stones* standards and Oregon's child care center rules is in the Infectious Diseases and Play Areas/Playgrounds and Transportation content areas/risk factors with a match rate of 10% and 33% respectively. The highest match rates are with the Staffing (79%) and Nutrition & Food Service (77%).

Based upon the above results there are some recommendations to be made where Oregon Office of Child Care staff may want to focus their attention for future rule formulation in the infectious diseases and the play area/playgrounds & transportation content areas.

Notes:

1 The reason for using *Stepping Stones* rather than *Caring for our Children* is that *Stepping Stones* are the selected standards from *CFOC* that place children at greatest risk of mortality and morbidity if the standards are not complied with.

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Child Care Licensing in Ontario

Ontario

Licensed Child Care Programs in Ontario

- · As of January 5, 2015, there were:
 - 5171 licensed child care centres
 - 123 private-home day care agencies

Ontario

Licensing Requirements - General

- Day Nurseries Act and Regulation 262
- · Ministry of Education policy:
- Criminal Reference Check Policy
 - Playground Safety Policy
 - Supervision of Students and Volunteers Policy
 - Standing Bodies of Water Policy (PHDC)
- · Other provincial and federal legislation, including:
 - Safe Drinking Water Act, 2002, O. Reg. 170/03
 - Safe Drinking Water Act, 2002, O. Reg. 243/07
 - Smoke-Free Ontario Act. 1994
 - Highway Traffic Act, O. Reg. 613
 - Ontario Fire Code / Ontario Building Code



The Child Care Quality Assurance and Licensing Branch

- The Ministry of Education is responsible for child care licensing, the development of child care policies and programs, and the funding of child care programs in Ontario.
- · The Quality Assurance and Licensing Branch of the Ministry of Education includes:
 - A corporate office that is responsible for:
 - · Licensing policy, operational and technological support for regional offices
 - Policy development/support related to the DNA and Reg. 262:
 - Issues management
 - Correspondence/ public inquiries
 - 6 regional offices with 6 licensing and compliance managers and and approximately 60 program advisors

Ontario

Role of Licensing and Compliance Managers

- Licensing and Compliance Managers serve as "Directors" under the DNA (ADM, Branch Director and Corporate Manager can also act as "Director").
- · The Director:
 - Reviews, approves and signs licences.
 - Has the authority to refuse to issue, suspend or revoke a licence.

Ontario

Role of Program Advisors

- Conduct inspections of licensed day nurseries and privatehome day care agencies (new applications, licence renewals, monitoring).
- Assess compliance with licensing requirements, including following up on Serious Occurrence reports from operators.
- Follow up on complaints about licensed programs and conduct compliance monitoring.
- Support operators to maintain compliance and encourage the development of quality programs.

Role of Municipalities

- 47 Consolidated Municipal Service Managers/District Social Services Administration Boards (CMSMs/DSSABs) manage the child care system at the local level.
- Each service system manager has responsibility for planning and managing a broad range of child care services, including fee subsidy, wage subsidy, and special needs resourcing at the local level.



Role of Child Care Operators

- Licensed child care programs must meet and maintain specific provincial standards set out in legislation, regulation and ministry policy.
- Child care operators are responsible for operating and managing child care programs, including:
 - Managing finances and ensuring viability of the program.
 - Managing staffing and human resources.
 - Providing a program that meets social, emotional and developmental needs of children.
 - Maintaining compliance with provincial legislation, ministry policy and all other requirements.

Ontario

Licensing Requirements - DNA/Reg. 262

- · 250+ requirements.
- · Categories of requirements include:
 - Policies and procedures
 - Building and accommodation
 - Equipment and furnishings
 - Playground
 - Records
 - Staff and group size
 - Nutrition
 - Program of activities
 - Health and medical supervision



Licensing Requirements – Municipal Approvals

- · Zoning permitted use, parking spaces
- Building building permits, compliance with the Ontario Building Code
- · Health food preparation, sanitary practices
- Fire compliance with Ontario Fire Code
- Written verification from each municipal authority is required to demonstrate compliance.

Ontario

Licensing Inspections

- Program advisors conduct licensing inspections to determine whether applicants/operators are in compliance with licensing requirements.
- · There are four major components to a licensing visit:
 - Observations
 - File and Record Review
 - Documentation
 - Discussion
- A licensing checklist that details each licensing requirement is completed during each visit.

Ontario

Compliance Requirements

- For each applicable licensing requirement, the program advisor notes if the program is in compliance on the date of inspection or not in compliance on the date of inspection.
 - For requirements that are not in compliance, the program advisor sets a compliance requirement and compliance date. PAs can give up to 10 days for applicants/operators to meet the requirements.
 - A Summary Report is generated through the inspection software, FieldWorker. After receiving confirmation of compliance from the operator, this report is updated to note which requirements were met before the licence was issued/renewed.
- The Program advisor makes a recommendation to the Director under the DNA about the issuance of a licence based on their assessment of compliance with licensing requirements

Compliance Requirements

- For each applicable licensing requirement, the program advisor notes if the program is in compliance on the date of inspection or not in compliance on the date of inspection.
 - For requirements that are not in compliance, the program advisor sets a compliance requirement and compliance date. PAs can give up to 10 days for applicants/operators to meet the requirements.
 - A Summary Report is generated through FieldWorker. After receiving confirmation of compliance from the operator, this report is updated to note which requirements were met before the licence was issued/renewed.

Ontario

Program Advisor's Recommendation

- The program advisor makes a recommendation to the Director under the DNA about the issuance of a licence based on their assessment of compliance with licensing requirements.
- PAs can recommend the type of licence to be issued as well as the duration of the licence period (up to 12 months).
 - They can also recommend that the Director refuse to renew the licence.
- The Director considers the PAs recommendation and review the full licensing documentation. They decide whether to issue, renew or refuse to renew the licence.

Ontario

Issuing a Licence

- A regular licence may be issued for a period of up to one year once all licensing requirements have been met.
 - Generally, a new licence is issued for a period of up to six months.
- A provisional licence may be issued when a program has not met all the licensing requirements.
 - A program may be given a short period of time to meet licensing requirements.

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Ontario

Suspending a Licence

- The Director can suspend a program's licence if there is a threat to the health, safety or welfare of the children. When this happens, the program must remain closed and cannot operate until the operator complies with the "Notice of Direction" from the ministry.
- In addition, if the operator is, in the opinion of the director, not competent to establish, operate or maintain a day nursery or private-home day care agency, the Director can refuse to issue or renew, or can revoke the licence.

Ontario

Director Approval

- Director approval, where set out in the regulation, may be used to exercise discretion regarding the approval of requirements such as mixed age groupings or staffing qualifications.
 - For example, mixed age approval is provided in accordance with the Regulation and allows an operator to combine younger and older children in the same group as along as the operator can demonstrate that the developmental needs of the children can be met appropriately in this configuration.

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Ontario

Terms and Conditions

- Terms and conditions may be applied to either regular or provisional licences.
 - Terms and conditions are requirements prescribed by a Director and are additional to the standard licensing requirements.
 - They may reflect circumstances specific to the operation, such as half day or 10 month service, or assigned rooms for before and after school programs.
 - They may also be in place to minimize the recurrence of one or more non-compliances.

Licence Revisions and Renewals

- Child care operators may apply for a revision to their current licence if they would like to make changes during the licensing period. These changes could include:
 - Changing the program option or duration (e.g., half day to full day)
 - Changing the licensed space or licensed capacity of the program
 - Changing the name of the child care centre of PHDC agency
- Child care operators are required to apply for a licence renewal prior to the expiry date of their current licence.
 - Program advisors complete a review of the operator's licensing history to identify any trends in non-compliance and conduct a full licensing inspection before a licence renewal is issued.

Ontario

Serious Occurrence Reporting

- The Day Nurseries Act sets out requirements for serious occurrence reporting.
- Section 35 of Regulation 262 under the DNA requires licensed child care operators to:
 - establish written policies and procedures with respect to serious occurrences, and
 - notify the Ministry of Education of a serious occurrence within 24 hours of the occurrence.
- All serious occurrences are reported online through the Child Care Licensing System (CCLS).
- The term "enhanced serious occurrence" has been discontinued. All SOs are reported using the same system. Certain are marked as "critical" in CCLS.

Ontario

Serious Occurrence Categories

- · Death of a Child
- Serious Injury
 - caused by service provider
 - accidental
 - self-inflicted/unexplained
- Alleged Abuse/Mistreatment
- Missing Child whereabouts known / unknown
- Disaster on the Premises
- Complaint about Service Standard
- Other Complaint made by or about a child, or any other serious occurrence



Licensed Complaints

- A licensed complaint is a communication to the Ministry of Education from a parent, staff member or other interested stakeholder about something considered unacceptable or unsatisfactory regarding:
 - A possible violation / non-compliance under the Day Nurseries Act, regulation or Ministry policy;
 - The care of a child while the child is attending a licensed day nursery or location where private-home day care is being provided; or
 - The operation of a licensed day nursery, private-home day care location, or private-home day care agency.

Ontario

Licensed Complaints – Steps in the Process

- 1. Complaint Intake (All CCQALB Staff)
- 2. Initial Review of Complaint & Assessment of History (PA)
- 3. Determination of Follow-Up Activity (PA)
- 4. Follow-Up Activity (PA)
 - · Referral/Consultation with Other Authority
 - · Communication with Complainant
 - · Follow-Up with Operator
- 5. Progressive Enforcement (if required) (PA and Manager)
- 6. Recommending Manager Sign-Off (PA)
- 7. Closing the Complaint (Manager)
- 8. Ongoing Review (All CCQALB Staff)

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Monitoring Inspections

- In addition to licensing inspections, program advisors:
 - Follow-up on complaints
 - Follow-up on serious occurrences
 - Conduct compliance monitoring

Tiered Licensing for Child Care:

Proposed Methodology for Developing the Abbreviated Inspection Tool

March 2015

Early Years Division

Ontario

Purpose

- To outline the recommended methodology for developing the abbreviated inspection tool, which includes
 - A **risk assessment** of licensing provisions to identify the provisions that are of high and medium risk to children should they not be in compliance
 - A key indicator analysis to identify the licensing provisions that statistically predict compliance with all licensing requirements

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Risk Assessment - Definition and Scope

- A risk assessment is an approach that identifies licensing provisions that place children at risk if violations occur. It involves components such as
 - Identifying requirements where violations pose greater risk to children's health and safety (e.g., serious or critical standards)
 - Distinguishing levels/patterns of compliance/non-compliance per licensing provision
 - Determining enforcement actions based on the risk category of violations
- Components that will be in scope for this project include:
 - Assessment of the risk level of each provision based on feedback from CCQAL staff and child care operators
 - Analysis of compliance levels/patterns for each provision
- Determining enforcement actions based on risk categories of violations is not in scope for this project; however, this may be considered in the future once expanded enforcement tools are available under the Child Care Early Years Act

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Risk Assessment Methodological Recommendations

Stage 1: Assess provisions for severity

- All provisions will be weighted by program advisors, regional managers and operators through a survey using the following scale for the severity of potential risk when a violation occurs:

 <u>Extreme</u>; violations pose a direct threat to a child which could result in/has resulted in death
 - High: violations pose a direct threat to a child which could result in/has resulted in serious harm to the health, safety and well-being of a child (e.g., may require professional intervention such as medical treatment, child welfare agency, public health) Moderate: violations pose indirect threat to a child which could result in / has resulted in harm to the health, safety and well-being of a child
- Low: violations are not as likely to pose a threat to the health, safety and well-being of children,
- but the possibility exists
 See Appendix A for examples of risk weightings used in other jurisdictions

- Stage 2: Identify provisions inspected during monitoring visit resulting from serious occurrences, complaints and compliance monitoring

 An analysis of monitoring visit data will be conducted to identify the provisions that are frequently assessed at monitoring visits to identify areas where operators may have compliance issues during the licensing period
- sions frequently inspected at monitoring visits in the abbreviated checklist

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Risk Weighting Methodological Recommendations (contd.)

Stage 3: Obtain weights on the likelihood of violation

- The likelihood of non-compliance will be obtained through the analysis of non-compliance data.

 The provisions will be divided into five categories based on the average non-compliance rates across.
- 2012, 2013, and 2014 calendar years:

 - High non-compliance (>10%)
 Medium-high non-compliance (5.1-10%)

 - Moderate non-compliance (3.1 5%)
 Medium-low non-compliance (0.1 3%)
 - Low non-compliance (0%)

Stage 4: Identify provisions only applicable for new applications / licence revisions

- CCQAL corporate staff will identify provisions where compliance is determined at the time of new application and are not likely to change at renewal, for example:
 - building and playground plans approved by a Director;
- building and accommodation plans include designated space for storage of required records
- These provisions will be excluded from the abbreviated checklist

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Risk Weighting Methodological Recommendations (contd.)

Stage 5: Include new and revised provisions

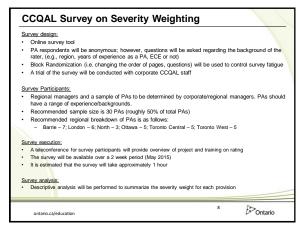
- Provisions that are new or significantly revised under the Tier 2 and Tier 3 regulatory changes under the Child Care Early Years Act will be automatically added to the abbreviated checklist
- The provisions will be re-evaluated on an ongoing basis as part of the evaluation framework

Stage 6: Include provisions that reflect the Ministry's values/priorities

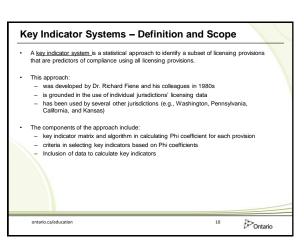
Validate the abbreviated inspection tool to ensure that provisions that reflect the Ministry's key priorities/values (e.g. program quality) have not been excluded

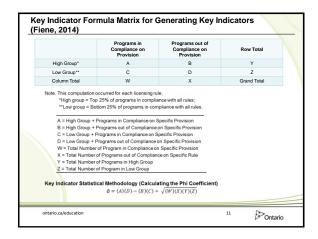
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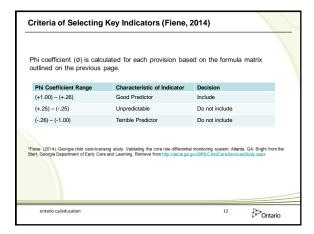
Provisions that may be* Included in the Abbreviated Checklist	Provisions that may be Excluded in the Abbreviated Checklist
Provisions that have "critical," "high" and "moderate" severity	Provisions with "low" severity
Provisions that are frequently inspected at monitoring visits	Provisions that are not frequently inspected at monitoring visits
Provisions that have moderate to high likelihood of violation (i.e., moderate, medium-high, and high)	Provisions that have "low" and "medium-low" likelihood of violation
New and significantly revised provisions under the March 2015 checklist updates and the CCEYA	Provisions only applicable for new applicants
*Note: final decisions on the provisions that will be inspection tool will be made once the data analysis	



Operator Survey on Severity Weighting Survey design: Online survey tool Operators will be anonymous Block Randomization (i.e. changing the order of pages, questions) will be used to control survey fatigue Survey Participants: Survey participants will include a variety of operators including multi-site/single site, urban/rural, for-profit/non-profit, Francophone/English Operators will be identified based on the CCLS focus group conducted in 2013 as well as BPOA experience with the operator questionnaire Recommended sample size is 30 operators Survey execution: A memo will be sent to participants (May 2015) A teleconference for survey participants will provide background and training on rating (June 2015) The survey will be available over a 2 week period Survey analysis: Descriptive analysis will be performed to summarize the severity weight for each provision







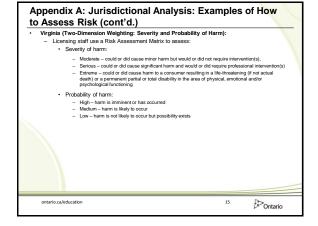
Three years of licensing data will be included to calculate key indicators (i.e., 2012, 2013, 2014) as a way to cross-validate the calculation Based on the three years data, three sets of key indicators will generate: 2012 key indicators 2013 key indicators 2014 key indicators The three sets of key indicators will be compared for consistency and discrepancy, and the final set of key indicators will be based on the pooled results

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Appendix A: Jurisdictional Analysis: Examples of How to Assess Risk Florida (One-Dimension Weighting: Severity) Violation of the minimum health and safety standards are classified as Class I, Class II or Class III based on the severity of the violation. Class III based on the severity of the violation. Class III selected the the most serious in anture, pose an imminent threat to a child including abuse or neglect, and which could or dose result in death or serious harm to the health, safety or well-being of a child. Class III selected the serious or instant to the health, safety or well-being of a child. Class III violations are less serious in instante than either Class I continued to proper a threat to harm to children In monitoring programs, Florida conducts an abbreviated inspection if the facility had no Class I or Class II deficiencies for at least two consecutive years. Texas (One-Dimension Weighting: Severity) Each of the Child Care Licensing Minimum Standards has been assigned a weight based on the risk that a violation of that standard presents to children Phe levels: High, Medium High, Medium Hegin Incolur. Medium Lov, a University of the levels that continued the properties of the Child Care Licensing Minimum Standards has been assigned a weight based on the risk that a violation of that standard presents to children Phe levels: High, Medium High, Medium Hegin Incolur Licensing database and decision making process, resulting in more consistent and equitable enforcement practices. The Child Care Licensing Automation Support System (CLASS) Risk Review is a tool that supplements the based upon the type, number, weight, and repetition of violations over the course of an operation's two-year compliance history



Tiered Licensing For Child Care

April 2015

Early Years Division Ministry of Education CONFIDENTIAL AND NOT FOR DISTRIBUTION

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Purpose

- Provide an overview of the background and objectives for the tiered licensing project
- Identify key findings about risk-based licensing systems based on jurisdictional analysis
- Outline the components of the Ministry of Education's approved approach for introducing
- · Provide an overview of the Ministry's work plan

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Background

- The 2013 Ontario Early Years Policy Framework sets out four guiding principles for the early years:
- Programs and services are centred on the child and the family
- Programs and services are of high quality;
- Programs and services are publicly accountable
- Consistent with this framework, a priority area for government action is modernizing, stabilizing and strengthening Ontario's child care system and improving oversight in both the licensed and unlicensed
- Additionally, the Ministry of Education (EDU) committed to the Auditor General to moving toward risk-based licensing based on objective criteria such as licensing history.
- EDU has received feedback from child care stakeholders that the current licensing process is focused too heavily on administrative protocols and details with little room for professional dialogues and collaboration about pedagogy and child care quality.
- Ontario's current child care licensing checklist is comprised of over 270 equally weighted requirements, including numerous provisions that are administrative in nature (e.g. the review of staff and child files, financial records, playground inspection logs).
- The review of these items at each licence inspection can be time consuming to complete, lengthening the duration of the visit and leaving little time to observe and provide feedback about program quality.

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Background - cont'd.

- A preliminary analysis of Ontario's checklist data indicates that
 - licensed child care programs are consistently in compliance with 43% of provisions (e.g. records of medication administration, emergency telephone numbers); and
 - 20% of provisions receive consistently low compliance (e.g. a compliance rate at 97% or below) (see Appendix A for the provisions with low compliance rates).

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Project Objectives

- The tiered licensing approach will:
 - Support the government's broader initiative to modernize child care in Ontario by supporting sector capacity, reducing administrative burden and improving accountability; Focus ministry resources on priority operators;

 - Recognize and reward high performing operators that consistently demonstrate high levels of
 - Comparate,

 Shift the emphasis of licensing inspections to indicators of high risk and non-compliance and allow more time during inspections for observations/feedback about program quality;

 Improve regulatory compliance for programs that have chronic non-compliance;

 - improve regulatory compliants or in ordinarios that make a feet and well-being in care; and Manitant the ministry's oversight of children's health, safety and well-being in care; and in the longer term, streamline inspections to support the timeliness of licence renewals and reduce the licence overdure rate while also freeing up time for program advisors to spend on other important licensing activities (e.g., complaints, serious occurrences, new licence applications).

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Project Overview

- On March 18, 2015, the Minister of Education approved an approach for implementing tiered licensing for child care.
- The approach includes:
 - the extension of the licence duration from one year to two years and abbreviated licence renewal inspections for centres with high compliance/licensing history (note: this will require the introduction of a new Child Care Early Years Act Tier Two regulation);
 - abbreviated annual licence renewal inspections for centres with average compliance/licensing history; and
 - full annual licence renewal inspections for new centres and centres without consistent high
- The licensing process for private-home day care will not change, as a sampling method is already being used to conduct inspections of private-home locations.
- The components of the approach include:
 - A methodology for developing the abbreviated inspection tool;
 - Eligibility criteria to determine each centre's risk/compliance category: Revised licensing process to introduce different inspection types;
 - Transparency for the public; and
 - Implementation, evaluation and monitoring

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		Duration of Licences and	Frequency/D	uration of Inspections for Centre-Bas	sed Child Care	
PROV	Duration of Licence	Frequency of Full Inspections	Duration of Full Inspections	Frequency of Monitoring Inspections	Duration of Monitoring Inspections	Avg Compliance Rate (2013-2014)
ON	Up to 1 year	Annually	4-8 hours	In response to serious occurrences, complaints or compliance monitoring	1-8 hours	98%
MR	Up to 1 year	Annually	3 hours	3 times per year	2 hours	Does not calculate
YK	Up to 1 year	Annually	2-4 hours	3 times per year	1-4 hours	Does not calculat
NB	1 year	Annually	3-5 hours	"spot check" visits conducted based on issues with non-compliance	1.5 – 2 hours	Does not calculat
NWT	1 year	Annually	2-4 hours	In response to serious occurrences, complaints or compliance monitoring	1-2 hours	Does not calculate
SK	1 year	Annually	2-3 hours	Twice per year	1-3 hours	Centres: 95.3% Home care: 97.69
NU	2 years	At least every 10 months	One day	N/A – follow-ups conducted via email, phone, fax due to geography	N/A	Does not calculate
AB	Up to 3 years	At least two full inspections each year	2 or 3 hours depending on program length	Monitoring visits may be conducted in response to complaints/request for consultation	2 or 3 hours depending on program length	Does not calculate
NL	Up to 3 years	Annually	1 day	Monthly	1-8 hours	Does not calculate
PEI	3 years	Annually	1-3 hours	In response to complaints; coaching model provides for ongoing monitoring	Varies	Does not calculate
NS	5 years	Annually	4-5 hours	In response to violations	Varies	No comparable figure available
QC	5 years or for shorter if the Minister so determines	Every five years	5-7 hours	In response to irregularities	Up to 3 hours	Does not calculate
ВС	Does not expire	At least every 12-18 months	Varies based on the discretion of health units	Varies based on each program's risk profile (low, moderate, high) and the discretion of the health unit	Varies	Does not calculate

U.S. Jurisdictional Analysis - Key Findings

- Abbreviated inspection tools are widely used across the United States. According to a 2013 National Association for Regulatory Administration (NARA) study:
 - The majority of U.S. states renew licences every 1-2 years (40% of states renew every year; 25% of states
- More than 55% of U.S. states are using abbreviated inspection tools that shorten the list of requireme that are assessed during child care inspections

 1* state is using abbreviated tools during initial licensing inspections (i.e., Wisconsin)

 - 24* states are using abbreviated tools during "routine compliance inspections" (e.g., monitoring visits) 4* states are using abbreviated tools for licence renewals (i.e., Massachusetts, Pennsylvania, Rhode Island, Washington)

* Note: Since the study, additional states have adopted abbreviated checklists using different methodologies (e.g. Kansas is using a

- Many U.S. states set eligibility criteria to determine which programs can receive abbreviated inspections (e.g. Kansas, Washington) and have policies regarding when to switch from an abbreviated compliance review to a full compliance review as well as the frequency that abbreviated inspections can be used (e.g., Kansas, Texas).
- A study of Vermont's differential licensing system found that rates of compliance decreased as licence durations were extended for 2 or 3 years for centres with excellent or good compliance history. The study concluded that high performing orbid care centres benefit from regular monitoring visits (Gormley 1935).

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Abbreviated Inspection Tool - Methodology

- EDU will use a combination of two methodologies to identify the provisions that will be included in the
 - Risk assessment methodology: identifies the sub-set of licensing provisions based on the level
 of risk to children in the event of non-compliance and the probability of non-compliance
 - The risk assessment will involve online surveys of ministry licensing staff and child care
 operators to obtain risk levels for each licensing provision.
 - Data analysis will be performed to assess the likelihood of non-compliance for each provision.
 - Key indicator methodology: identifies the sub-set of licensing provisions that statistically predict compliance with all licensing requirements (based on the Differential Monitoring Logic Model/Algorithm developed by Dr. Richard Fiene and recommended by the National Association for Regulatory Administration)
 - . EDU has contracted Dr. Fiene to assist with the key indicator analysis to evaluate the predictive value of each provision.

Considerations:

- The methodology will ensure the inclusion of both high risk provisions, as well as items that predict
- The methodology is likely the most acceptable approach for stakeholders/licensing staff and can be
- validated through statistical analysis. Evaluation is still needed to assess reliability and validity of the combined tool



Eligibility Criteria

- Three risk/compliance categories will be established based on eligibility criteria set out in policy: Tier 1- centres that have been operating for three years or more and have three inspections with full
 - liminary estimate indicates that approximately 10% of centres will be in Tier 1
 - Tier 2 centres that have been operating for three years or more, have had a regular licence for three inspections, but have had non-compliances in the past three inspections'
 - A preliminary estimate indicates that approximately 70% of centres will be in Tier 2
 - Tier 3A centres that have been operating for less than three years Tier 3B - centres that do not meet the criteria for Tier 1 and Tier 2
- A preliminary estimate indicates that approximately 20% of centres will be in Tier 3A and 3B

* Note: Additional eligibility criteria will be considered for Tier 1 and 2, such as no change in supervisor/ownership in the last year

- Each centre's risk/compliance category will be auto-generated by the Child Care Licensing System.
- Risk/compliance categories will be generated at each renew
- The inspection type and licence duration will be determined by risk/compliance category (see slide 11 for information).

The approach will reward high performing operators while providing an incentive to lower performing operators to strengthen compliance in order to improve their risk/compliance category

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Licensing Process

- All operators will submit a "self-assessment" prior to the inspection attesting to compliance with the provisions. Different licence durations and inspection types will be established based on risk/compliance cated
- Ter_1 two-year licence + abbreviated inspection every two years

 An abbreviated interim visit will be required to spot check on compliance and have program qu
- Tier 2 annual abbreviated inspection Tier 3A + 3B - annual full inspection
- ition, there will a strategy to provide additional support/oversight to Tier 3 programs to achieve complia
- a acomon, mere win a strategy to provide additional supportiversight to Tira? programs to achieve compliance
 For abbreviated inspections, the inspection software will generate a random sample of provisions that are not included in the abbreviated inspection toof for the program advisor to assess for Tier 1 and 2 centres.
 The software will also change the inspection type (i.e. core or full) based on observed non-compliances during the inspection.

- The approach will introduce efficiencies for the ministry in managing licence renewals
- The transparency of the licensing process will also be enhanced
- The transparency of the incensing process will also be enhanced. Providing additional support/oversight for Tile 3 programs will address the Auditor General's recommendation to monitor high risk operators more closely. The use of self-assessments aligned with the principle that operators are "competent and capable" and responsible for their compliance and may result in operators addressing compliance issues prior to inspections (as evidenced in the self-assessment approach used under the Child and Farmly Services act).
- Extending licences to two years may raise stake
- The self-assessment will result in additional work for operators

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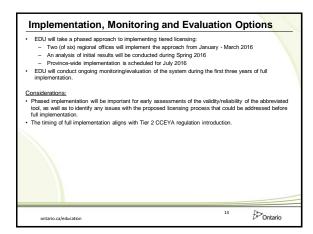
Transparency for the Public

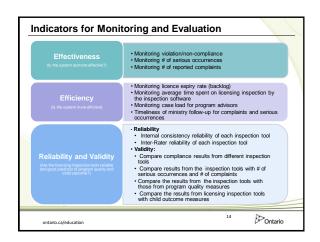
- Each centre's risk/compliance category will be displayed on the public Licensed Child Care Website with a description of the new approach
- Other mechanisms of informing parents of the centre's risk/compliance category on-site will be considered
- Information about the new approach will be included in public communications about regulation changes under the Child Care Early Years Act (CCEYA)

Considerations:

- Isstee audus.
 Posting risk/compliance categories online will further reward high performing operators and incentivize lower performing operators to improve compliance.
 The approach aligns with the direction being taken for transparency of enforcement actions set out under CCEYA.
- Posting risk/compliance categories online may result in opposition from lower performing child care operato

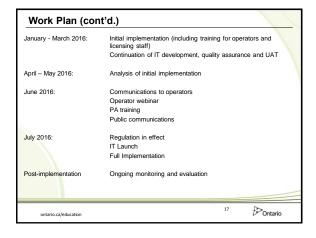
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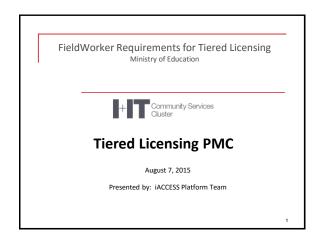


Stakeholder Engagement / Training A survey with a sample of child care operators will be held in Spring 2015 to conduct a risk assessment of the licensing provisions to inform the development of the abbreviated inspection tool. Consultations on the tiered licensing approach will be held in Fall 2015 with the child care sector that will include: Meetings with the Early Years Advisory Groups (French and English), comprised of representatives from across the early years sector (e.g. Ontario Coalition for Better Child Care, College of Early Childhood Educators, child care associations); Meetings with the Provincial-Municipal Child Care Reference Group, comprised of municipal partners Engagement with the Minister's Early Years Advisory Group; and - A focus group with child care operators. Parent focus groups will be held in Fall 2015 to obtain feedback on the proposed changes to the Licensed Child Care Website and public communications. Communication/training will be provided to the operators participating in the initial implementation in December 2015. Follow-ups with these operators may be conducted to obtain their feedback. A webinar for child care operators will be conducted in June 2016 to provide information about the new approach and training on how to complete the self-assessment tool. The bilingual Child Care Licensing System Help Desk will provide operators with ongoing support. Ministry licensing staff will receive in-depth regional training on the approach in June 2016. Ontario ontario.ca/education

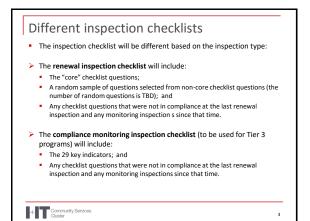
March - April 2015:	Minister's Office briefing
	Minister's briefing
	Deputy Ministers of Social Policy Committee
	Enforcement and Regulatory Deputy Ministers Committee
April- August 2015:	Contract with Dr. Fiene
	Meeting with experts (e.g. Dr. Michal Perlman, Dr. Fiene)
	Identification of key indicators
	Develop eligibility criteria for risk/compliance categories
	Conduct Risk Assessment with licensing staff and operators
	IT - requirement gathering
	Engagement with Communications Branch re: parent communication
Sept. 2015-Dec. 2016:	Development of policy
	Stakeholder engagement
	Parent focus groups
	IT- development, quality assurance and UAT
	Communication/training for operators participating in the initial implementation

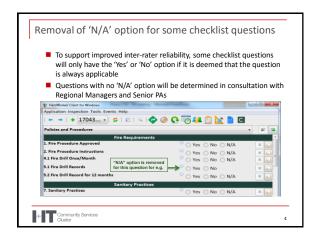


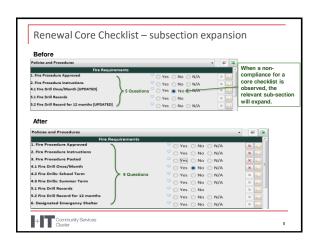
	ppendix A - Examples of Licensing Provisions with ow Compliance Rates				
•	The equipment and furnishings are in safe and clean condition and in a good state of repair (82%)				
•	Individual anaphylaxis plans are reviewed with staff before they begin working and at least annually afterwards (86%)				
•	Staff have the required health assessments and immunizations (86%)				
 Emergency information for each child is readily available and includes the name, address and number of the family physician (88%) 					
	Medical supplies, cleaning materials and other hazardous substances are stored out of children's reach (92%) Parent-supplied food and/or drink are labelled with children's names (92%)				
					٠
٠	Individual anaphylaxis plans are reviewed with volunteers or students before they begin to care for children and at least annually afterwards (93%)				
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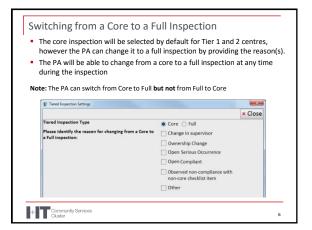


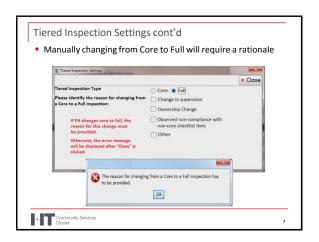


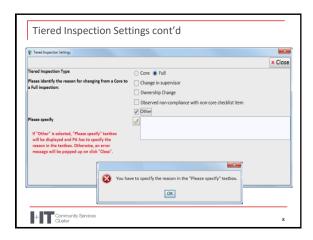


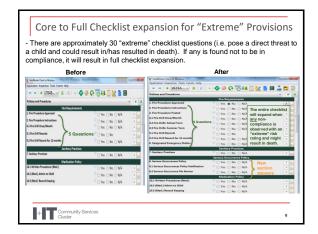


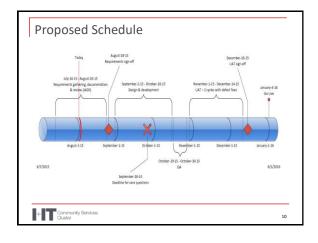












Next Steps • Finalize and sign-off on the requirements • Confirm the sample size of inspections for inter-rater reliability • Determine the checklist questions that should not have the 'N/A' option • Define the checklist matrix based on the inspection type

Tiered Licensing for Child Care:

Options for the Phase One Core Inspection Tool for Licence Renewals

September 2015

Early Years Division

Ontario

Purpose

- 1. Review the methodological approach for developing the "core" inspection tool
- 2. Share findings from the completed analyses
- 3. Outline options and a recommendation for the licensing provisions to be included in the core inspection tool for phase 1
- 4. Outline strategies for updating the core inspection checklist as regulations are changed under the Child Care and Early Years Act (CCEYA)
- 5. Outline a strategy for the ongoing re-evaluation of the core checklist

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Background

- The current (September 2015) licensing checklist includes 295 questions
- Under tiered licensing, a core inspection checklist will be used for Tier 1 and Tier 2 programs during their annual licence renewal.
- - The "core" checklist questions;
 - A sample of 5 randomly selected "non-core" questions;
 - Any checklist questions that were not in compliance at the last renewal inspection and any monitoring inspections since that time; and
 - Any checklist questions that were "in progress" at the last licence renewal (i.e. checklist questions introduced in September 2015 that have a one year transitional period for compliance)

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Background (contd.)

- The core renewal inspection checklist will be expanded during inspections as per the following
 - Where a non-compliance is observed with a provision that has an "extreme" risk weighting, the relevant checklist section will expand;
 - Where two "extreme" non-compliances are observed, the full checklist will expand:
 - Where a non-compliance with any other "core" checklist question is observed, the relevant checklist sub-section will expand; and
 - PAs will have the flexibility to change from a core to a full inspection at any time during the by providing a rationale (e.g. change in supervisor/ownership, open serious occurrence/complaint, observed non-compliance with non-core checklist question, etc).

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Methodology

Consistent with the methodology approved in March 2015, the following activities were carried out to determine the "core" checklist questions:

Analysis 1: Risk Severity Assessment

- Risk assessment is an approach for identifying the level of risk when provisions are violated Ratings of risk severity for the licensing provisions included in the March 2015 inspection
- checklist were obtained through surveys of:
- 41 program advisors, senior program advisors, regional managers and corporate
- 57 child care operators/supervisors representing different regions and program types (e.g. First Nation, Francophone, before/after school programs, for-profit/non-profit, etc.).

Analysis 2: Key Indicator System

- The Key Indicator System is a statistical approach to identify a subset of licensing provisions that are predictors of compliance using all licensing provisions.

 Three years of licensing renewal inspection data (i.e., 2012, 2013, and 2014) were used to
- determine the key indicators

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Methodology (contd.)

Analysis 3. Non-compliance Likelihood Index

significantly revised and removed provisions

- The Non-compliance Likelihood Index calculates how likely non-compliance occurs for each provision in the March 2015 checklist.
- The likelihood indices were obtained through an analysis of the average non-compliance rate per provision across 2012, 2013, and 2014 calendar years. The final index is based on the pooled results across three years

Analysis 4: Identification of provisions frequently cited at monitoring visits

Monitoring visit data from March 2015 – July 2015 was analyzed to identify the provisions that are frequently cited at monitoring visits to identify areas where operators may have compliance issues during the licensing period

Analysis 5: Identification of new and revised provisions under CCEYA Inspection checklists (pre- and post-CCEYA proclamation) were compared to identify new,

Analysis 6: Identification of provisions not applicable to renewal Provisions in the September 2015 checklist that are not applicable at renewal (i.e. only applicable at time of application or licence revision) were identified by corporate staff and managers

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1. Risk Severity Assessment - Summary of Findings

- The risk ratings are based on the survey results from licensing staff on the March 2015
- Both median and percentage distribution across four risk levels were used to determine the risk rates. Standard deviation and margin of errors were used to examine and manage variation in responses. The rating with the highest percentage was used as the final risk
- 53 licensing provisions had a relative large margin of errors (e.g., almost equal number respondents rated the requirement as Extreme and High risk). For these requirements, a second survey was conducted among senior PAs and regional/corporate managers. The project working group was also consulted for provisions that continued to have high variation after the second survey.
- Out of the 279 provisions,
 - 32 (12%) were rated as "Extreme"
 - 68 (24%) "High"
 - 98 (35%) "Moderate

 - 81 (29%) "Low"

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2. Key Indicator System - Summary of Findings

- Phi coefficient (a) was calculated for each provision based on the copy-righted key indicator methodology (Fiene, 2014; 2015). The magnitude of the Phi coefficient was used to determined whethe provision is a key indicator (i.e., predictive of overall compliance).
- Key indicators were generated using renewal inspections conducted in 2012, 2013, and 2014,
 - ectively. 29 provisions (11%) were key indicators across all three years;

 - 6 provisions (2%) were key indicators for two years; 6 provisions (2%) were key indicators for one year; and
 - D. 234 provisions (85%) were not a key indicator for any of the three years
- Three options of Key Indicator System were identified based on above results:

Option 1: 29 key indicators (A)
Option 2: 35 key indicators (A+B)
Option 3: 41 key indicators (A+B+C)

Further validation was conducted to examine the agreement ratio between the full checklist and the Key Indicator System of the above three options. The agreement ratios were all at 0.90 and above, and therefore all three key indicator options were validated. Dr. Fiene reviewed the key indicator results and recommended Option 1 to be considered as the final Key Indictor System.

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2. Key Indicator System - Summary of Findings (cont'd)

- The 29 key indicators include:
 - 8 provisions (28%) rated as extreme risk;
 - 10 provisions (34%) rated as high risk;
 - 8 provisions (28%) rated as moderate risk; and
 - 3 provisions (10%) rated as low risk
- It is critical to note that the key indicator analysis is based on the March 2015 checklist and does not reflect compliance with the September 2015 checklist. Among the 29 key indicators calculated based on 2012-14 data
 - 24 provisions remained unchanged in the September 2015 checklist
 - 2 provisions were dropped out of the September 2015 checklist, which were rated as low risk; and
 - 3 indicators were changed and merged into new provisions in the September 2015 checklist
- Slide 16 outlines strategies for updating the key indicator analysis for full implementation (July 2016) and on an ongoing basis to reflect continuous regulatory changes under the CCEYA.

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3. Likelihood Index - Summary of Findings

- Compliance rates were calculated for each provision using 2012, 2013, and 2014 licensing renewal
- Average compliance rates were then calculated based on the mean of the three years
- Five likelihood levels were used based on the distribution of the average compliance rates
 - High (<= 90%)
 - Medium-High (90.01% 95%) Medium (95.01% - 97%)
 - Medium-Low (97.01% 99%)
 - Low (99.01%-10%)
- Out of the 279 provisions
 - 4 (1%) were classified as "High" 16 (6%) "Medium-High"
 - 19 (7%) "Medium"
 - 66 (24%) "Medium-Low"
 - 174 (62%) "Low"

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4. Monitoring Visits - Findings

A total of 2 provisions were identified as being frequently cited (above 10%) with non-compliance at monitoring visits, but are not part of key indicators or provisions with extreme or high risk ranking

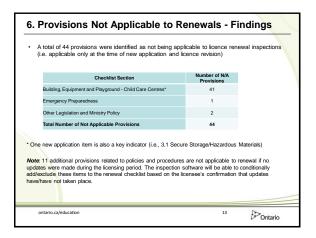
VELD_LABEL(v6.0)	FIELD_DESC(v6.0)	Non- Compliano Rate
. Licensing Inspection Summary Displayed	The operator shall ensure that the Licensing Inspection Summary is posted in a conspicuous place in the day nursery at or near an entrance commonly used by parents	16%
.1 Daily Written Records	There is a daily record of incidents affecting the health, safety or well-being of any child or staff member.	11%

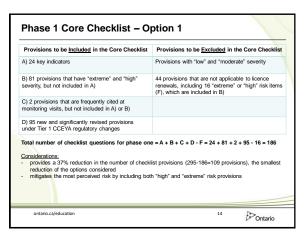
5. New/Changed CCEYA Provisions - Findings

- A total of 89 provisions were newly introduced as a result of Tier 1 regulatory changes under the CCEYA.
- An additional 6 provisions from the previous checklist were significantly changed as a result of the regulation changes.

Total Number of Unchanged provisions	200
Total Number of New or Changed Provisions	95
New provision	89
Significantly changed provisions	6

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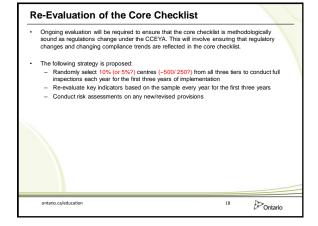




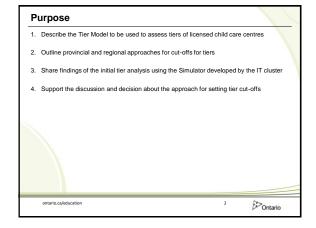
Provisions to be Included in the Core Checklist	Provisions to be Excluded in the Core Checkli-
A) 24 key indicators	Provisions with "high," "moderate" and "low" severil
B) 18 provisions with "extreme" severity, but not included in A)	44 provisions that are not applicable to licence renewals, including 2 "extreme" risk items (F), which are included in B)
C) 2 provisions that are frequently cited at monitoring visits, but not included in A), B), or C)	
D) 1 provision on compliance with terms and conditions (rated as "high), but not included in A) to C)	
E) 95 New and significantly revised provisions under Tier 1 CCEYA regulatory changes	
Total number of checklist questions for phase one <u>Considerations</u> : consistent with Dr. Flene's recommendation to incl. provides a 54% reduction in the number of checklis represents a greater time swings than option 1 may be perceived by the public as reducing the mir excluded.	ude only "extreme" provisions along with key indicato tt provisions (295 -138 = 157 provisions), which

Provisions to be Included in the Core Checklist	Provisions to be Excluded in the Core Checklis
A) 24 key indicators	Provisions with "low" and "moderate" severity
B) 18 provisions with "extreme" severity, but not included in A)	Provisions with "high" severity and "low to medium likelihood"
C) 0* provisions with "high" severity + "medium high" and "high" likelihood, but not included in A) or B)	44 provisions that are not applicable to licence renewals, including 2 "extreme" risk items (G), which are included in B)
D) 2 Provisions that are frequently cited at monitoring visits, but not included in A), B), or C)	
E) 1 provision on compliance with terms and conditions (rated as "high), but not included in A) to C)	
F) 95 New and significantly revised provisions under Tier 1 CCEYA regulatory changes	
Total number of checklist questions for phase one = 95 – 2 = 138 Considerations: - provides a 54% reduction in the number of checklist results as option 2	

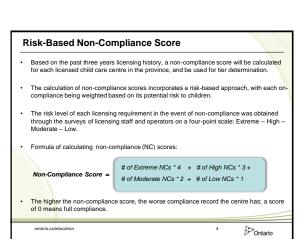
Development of the Core Checklist for Full Implementation The core checklist developed for phase 1 will not include up to date key indicator and risk assessment results and will need to be redeveloped for full implementation (July 2016). The same approach selected for developing the core checklist for Phase 1 will be used to develop the core checklist for full implementation. The following analyses will be undertaken to develop the updated core checklist: Risk assessment on new and significantly revised provisions under Tier 1 CCEYA regulatory changes with licensing staff (November 2015); Key indicator analysis of September 2015 – April 2016 licensing data; Identification of new and significantly revised provisions under Tier 2 CCEYA regulatory changes

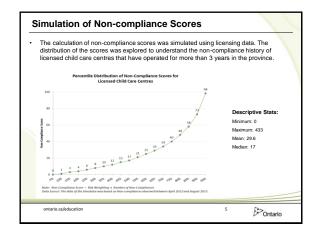




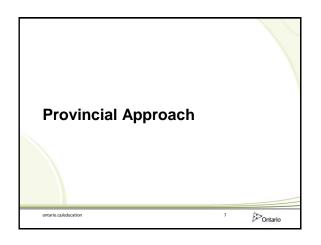


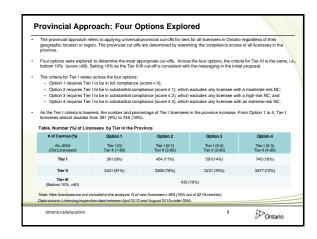
Packground As part of the Tiered Licensing Initiative, a compliance-based, data-driven approach is developed to assess tiers of licensed child care centres. The tier assessment model incorporates data about previous non-compliances and their risk levels, as well as information about enforcement actions. An analysis of the past five years of licensing data showed that three-year licensing history provides an optimal sampling period for tier assessment. It provides sufficient licensing records of individual licensees (i.e., at least three renewal inspections for more than 75% of the licensees in the province). The use of past three years of licensing history to identify trends/issues has also been a common practice of licensing staff. In the tier assessment model, any non-compliances observed during the past three years will be taken into consideration, including: renewal inspections monitoring inspections; and revision inspections

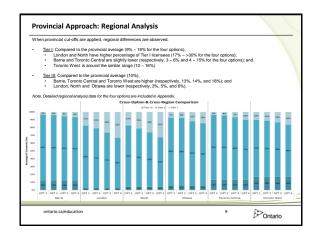


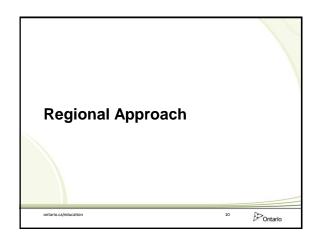


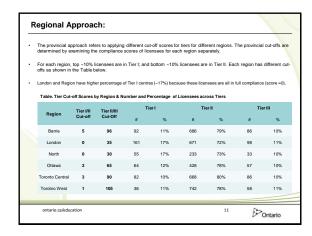
Tier Ranges: Statistical Cut-Offs Compliance scores of the licensed child care centres in the province distributed continuously and no gaps emerged as natural cut-offs to form tier ranges. Compliance scores are not normally distributed. Most centres are clustered at the higher end of the score range; a few centres spread at the lower end. The median and percentiles (instead of the mean or standard deviations) are recommended as meaningful statistical reference for setting up tier range cut-offs. Some additional considerations in the classification of tiers: Suspension: The licence of the centre was suspended in the past three years. Provisional licence: The centre have a provisional licence in the past three years. Enforcement actions: The centre has received ministry enforcement actions (e.g. compliance order, administration penalty) New licence: The centre has operated for less than 3 years. Preliminary analysis reveals noticeable regional differences. Two approaches were considered for setting up tier cut-offs: Provincial and Regional Appraches

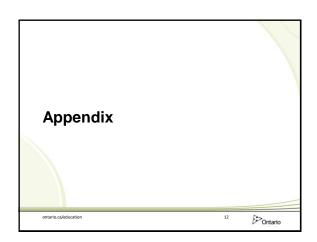


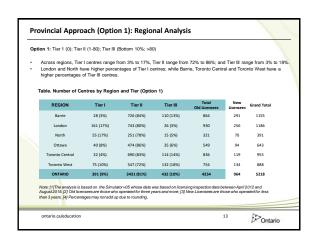


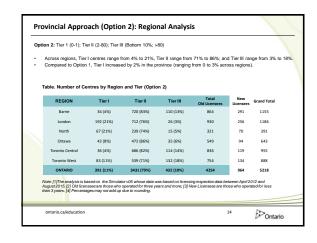


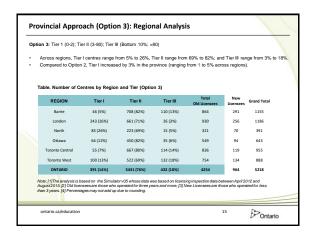


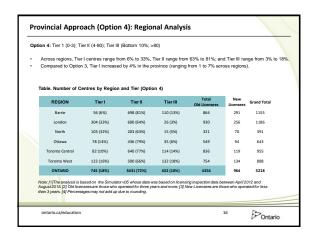


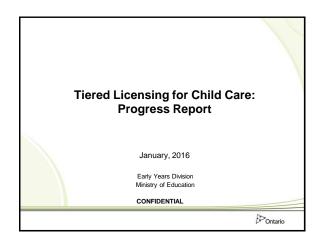


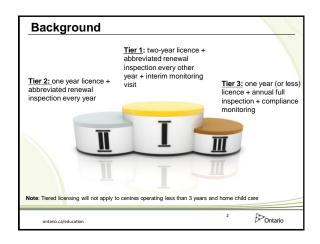


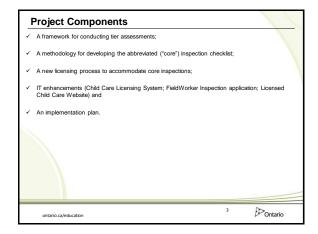


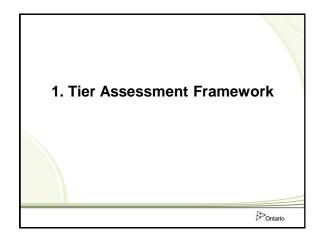


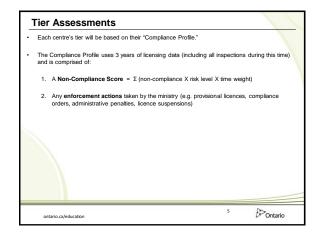


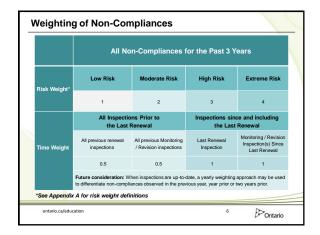


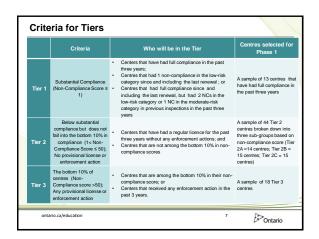


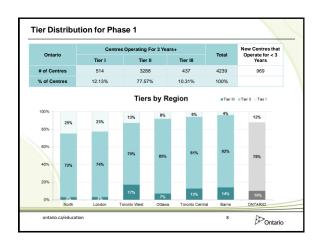


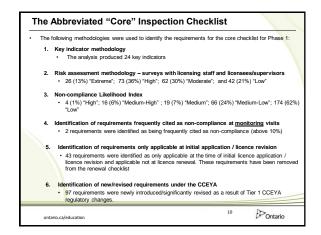


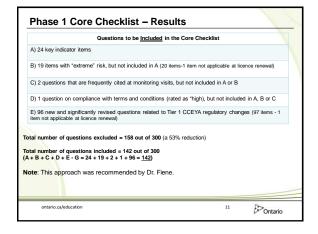












 The Phase 1 core checklist will need to be redeveloped for full implementation (July 2016) to reflect the new regulatory requirements under the Child Care and Early Years Act, 2014. 							
 The same approach selected for developing the core checklist for Phase 1 will be used, including the following analyses: 							
Risk assessment on the 97 new/significantly revised requirements under Tier 1 regulatory changes with licensing staff	Complete (November 2015) 9 (9%) "Extreme"; 20 (21%) "High"; 32 (33" "Moderate"; and 36 (37%) "Low"						
Key indicator analysis of September 2015 – April 2016 licensing data	May 2016						
Non-compliance likelihood index of September 2015 – April 2016 licensing data	May 2016						
Identification of new and significantly revised requirements under Tier 2 CCEYA regulatory changes.	June 2016						

3. The Licensing Process

The Core Renewal Checklist

- The core renewal inspection checklist will include:
 - > The "core" checklist questions;
 - > A sample of 5 randomly selected "non-core" questions;
 - Any checklist questions that were identified non-compliances at the last renewal inspection and any subsequent monitoring inspections; and
 - Any checklist questions that were identified as "in progress" at the last renewal inspection "in Progress' is a licensing business process currently being used to provide licensees transition time to come into compliance with new CECH? requirements.
- The core checklist will be expanded during inspections as non-compliances are observed, based on business rules in the inspection software.
- Program advisors (PAs) will also have the flexibility to:
 - change from a core to a full inspection at any time by providing a rationale (e.g. change in supervisor/ownership, open serious occurrence/ complaint); and
 - add non-core checklist items where a non-compliance with these requirements has been observed.
- Checklist expansions will be tracked and analyzed corporately to reduce variation and increase consistency.

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Standardizing Monitoring Inspections for Tier 3 Centres

- A provincial requirement for compliance monitoring Tier 3 centres will be implemented to ensure additional oversight:
 - A compliance monitoring inspection will be automatically scheduled within 3 months of a licence renewal being issued to a Tier 3 centre.
 - After the monitoring inspection, the PA will consult with their manager to determine whether:
 - additional compliance monitoring inspections are needed during the licensing period and their frequency; and/or
 - · enforcement actions are required.
- A standard monitoring inspection checklist will be used during Tier 3 compliance monitoring inspections, comprised of:
 - rspections, comprised of:
 The 24 Key Indicators;
 - A sample of 5 randomly selected "non-core" questions;
 - Any checklist questions that were identified non-compliances at the last renewal inspection and any subsequent monitoring inspections.
- PA will also be able to add requirements from the full checklist to the monitoring checklist, as applicable.

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4. IT Enhancements

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Enhancements to CCLS and FieldWorker

The Child Care Licensing System (CCLS)

- CCLS will be enhanced to generate tier assessments based on historical licensing data
- The new module will be flexible to accommodate changes in risk and time weights in the future.
- New reporting functionality will also be available to track licence tiers over time

The FieldWorker Inspection Application:

- FieldWorker will be enhanced to accommodate abbreviated renewal inspections and standardized monitoring inspections
- The enhanced application will be used in Phase 1, which will allow for the identification and resolution of issues prior to full implementation

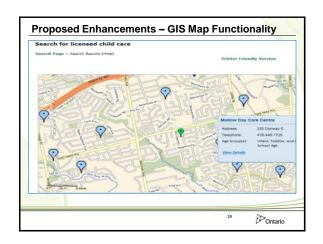
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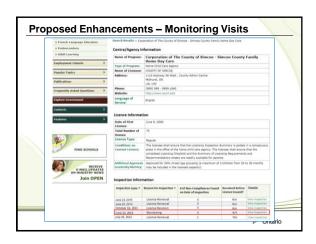
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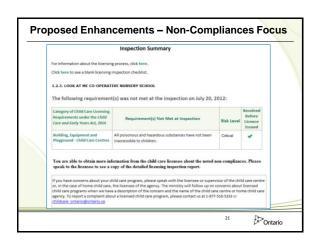
Enhancements to the Licensed Child Care Website

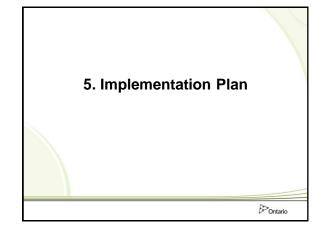
- The Licensed Child Care Website (LCCW) currently displays:
 - Contact information for licensed program;
 - Information about the current licence (e.g. conditions, licensed capacity)
 - An inspection summary graph with compliance levels (%) per regulatory category;
 - Detailed inspection findings
- Updates to the website are required to:
 - address stakeholder concerns about the inspection summary graph;
 - display monitoring visits to provide the full picture of compliance;
 - align with tiered licensing; and
 - reflect more modern technologies
- A parent focus group with OPS parents on a prototype was held in December 2015
- Formal parent focus groups across the province are planned for January 2016

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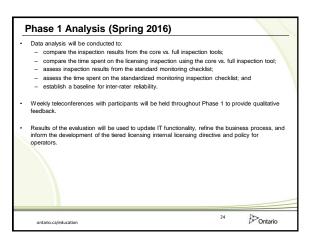




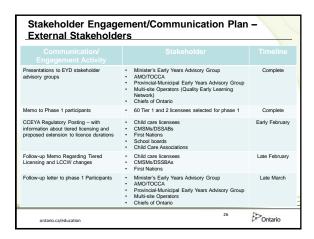




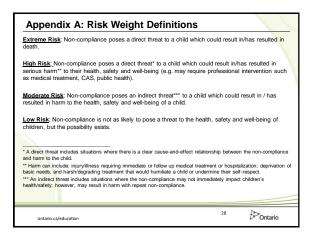
Phase 1 Implementation (Jan 25 – March 25 2016) 1. Renewal Inspections 1. Two PAs will conduct simultaneous inspections for Tier 1 and Tier 2 centres expiring during this time PA 1 = full inspection for licensing; PA 2 = core inspection for internal research and validation purposes CCQAL regions selected participating centres based on defined criteria (e.g. selections included First Nation, Francophone, full-day programs and before- and/or after-school programs). A site was selected for each PA. CCQAL will be sending a memo to participating centres in early January 2016. 2. Monitoring Inspections Two PAs will conduct simultaneous monitoring inspections for Tier 3 centres PA 1 = current approach for monitoring inspections (customized for each program); PA 2 = standardized monitoring inspection checklist CCQAL regions selected participating centres

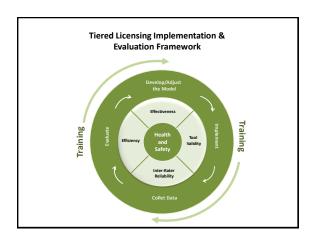


Fiered Licensing Working Group	:	CCQAL regional managers Sr. program advisors EYPPB staff	Ongoing (bi-weekly)
Overview teleconference with CCQAL regional offices	•	CCQAL regional staff	Complete
n-person presentations / discussions with CCQAL regional offices	•	CCQAL regional staff	Complete
Bi-monthly branch newsletter	•	CCQAL regional staff	Ongoing (2 complete)
Presentations to EYD Branches	:	EYPPB BPOA FYIB	1 st round complete 2 nd round: post -Phase 1
Phase 1 Training	٠	CCQAL regional staff	January 2016
Fraining for full implementation		CCQAL regional staff	June 2016







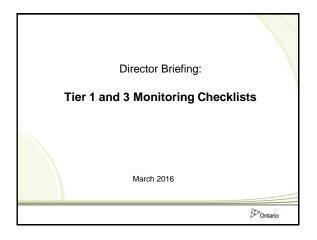


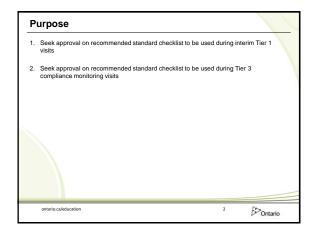
Evaluation Plan and Reporting Timeline							
Areas of Evaluation	Questions	Phase 1	Short-Term (Year 1 & 3 Post Full Implementation)	Long-Term			
Effectiveness	Is the system as/more effective with regards to ensuring health and safety of children in licensed child care centres?		x	x			
Efficiency	Is the system more efficient?	x	×	x			
Validity/ Reliability of Inspection Tools	Are the key indicator sand the core checklist predictive of the full inspection tool?	х	x	х			
Inter-Rater Reliability	Do PAs assess compliance in a consistent way?	x	x	x			
IT Functionality	Does the IT system work well , support transparency and meet the needs of licensing staff?	x					
Business Process	Is the business process effective?	х					

·							
Areas of Evaluation	Measures	Reporting Timeline					
Efficiency	% of Tier 1 centres remained with the Core checklist % of Tier 2 centres remained with the Core checklist Time spent on the core vs. full renewal checklists Time spent on the new vs. current monitoring checklists	End of the Phase 1, April 2016					
Validity/Reliability of Inspection Tools	Agreement ratio between the full and core renewal checklists with respect to observed non-compliances Cronbach's alpha to measure internal consistency of both the core and full checklists	End of the Phase 1, April 2016					
Inter-Rater Reliability	Kappa between each pair of PA and Sr. PA on the Core/Full checklist % Agreement between each pair of PA and Sr. PA on the Core/Full checklist	Monthly					
IT Functionality	# of defects reported and resolved # change requests reported and implemented Reported ease of use by field staff (obtained via teleconference)	Throughout Phase 1					
Business Process	Qualitative feedback from PAs on what works well or does not work well with the business process	Weekly (via teleconferences)					

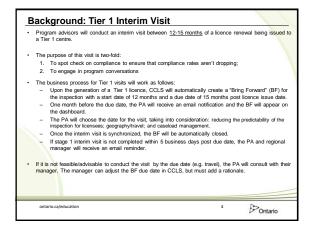
Areas of Evaluations	Measures	Reporting Timeline
Effectiveness	Change in # of non-compliances Change in # of reported complaints Change in # and % of centres in tiers	Year 1, Year 3 and Year 5
Efficiency	% of Tier 1 inspections that remained with the core checklist % of Tier 2 inspections that remained with the core checklist Time spent on the core vs. full renewal checklists % of expired licences	Year 1, Year 3 and Year 5
Revalidating Inspection Tools	Recalculating the Key Indicators and the core checklist using full renewal inspections for a 5% sample of centres across all three tiers and regions	Year 1, Year 3 and Year 5
Inter-Rater Reliability	Kappa and % Agreement amongst Sr. PAs Kappa and % Agreement between Sr. PA and PA pairs	Year 1, Year 3 and Year 5

Evaluation to Action The results of each phase of the evaluation will be used to: - enhance the IT systems - update the tiered licensing business process / internal directive - inform training efforts for program advisors to improve inter-rater reliability - adjust the core inspection tool to increase validity and reliability









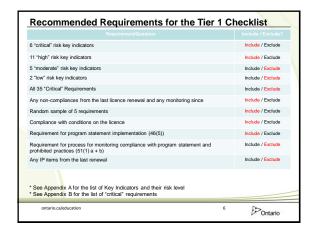
Tier 1 Interim Visit – The Inspection

The PA can link the monitoring inspection to a serious occurrence and complaint follow-up in FieldWorker.

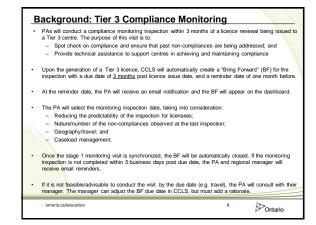
The PA will use the standard Tier 1 interim visit checklist to complete the inspection.

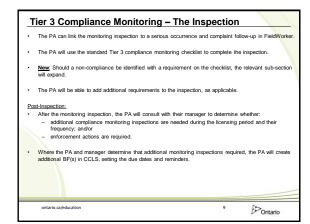
Naw Should a non-compliance be identified with a requirement on the checklist, the relevant sub-section will expand.

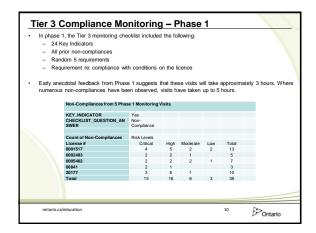
The PA will be able to add additional requirements to the inspection, as applicable.

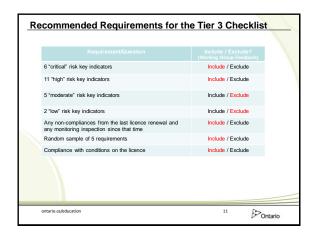


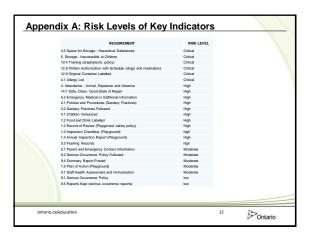














Tiered Licensing Phase 1 Results Draft for Internal Discussion Only Early Years Division, Ontario Ministry of Education April, 2016

Outline

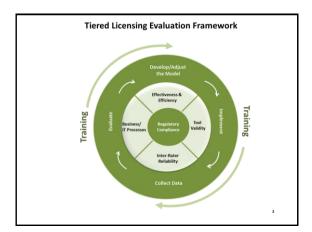
Evaluation Framework and Phase 1 Evaluation Plan

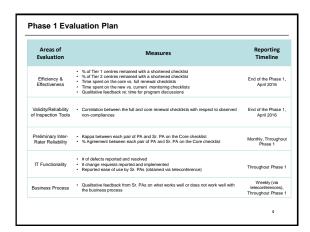
Phase 1 Sample and Design

Phase 1 Findings:

- Efficiency Expansion of Core Checklist
 Efficiency Renewal Time by Core/Subsection, Section and Full Expansion
- Effectiveness Additional Time for Program Conversations
- Validity of Core Checklist
- Preliminary Analysis of Inter-Rater Reliability
- Monitoring Inspections
- IT Functionality
- Business process
- Evaluation to Action · Summary of Findings

Next Steps





Phase 1 Sample and Design

- 72 centres participated in Phase 1, including 13 Tier 1 centres, 42 Tier 2' centres, and 17 tier 3 centres. The centres were sampled from all 6 regions and represented various program types (e.g., single/multi-site operators, full-day vs. before/afte school centres, First Nation, as well as francophone centres).
- Sr. PAs and PAs conducted simultaneous renewal inspections in Tiers 1 and 2 centres, and monitoring inspections in Tier 3 centres:**
 - 5.**
 During renewal inspections, Sr. PAs used the core inspection checklist; PAs used the full checklist
 During Tier 3 monitoring visits, Sr. PAs used the standard monitoring checklist; PAs used the current monitoring
 approach (i.e. a blank checklist with relevant terms selected at the discretion of the PA)

itoring inspections involved different inspection processes, and their results were analyzed separately.

e further broke down into Tier 2A, 2B and 2C for sampling and analytical purpose, representing top, middle, and bottom 1/3 interes based on non-complisme scores.



Efficiency- Expansion of Core Checklist (Sr. PA Renewal Inspections)

- 67% of core inspections expanded to full inspections. The rest of the inspections either stayed core, had a sub-section expansion, or had a section expansion.

 For Tier 1 centres, 39% of inspections expanded to a full inspection.

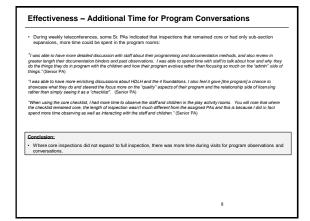
 For Tier 2 centres, 76% of inspections expanded to a full inspection (62% for Tier 2A, 71% for Tier 2B and 93% for Tier 2C.)
- No Sr. PA manually expanded the inspection checklist.
- All Tier 1 centres had at least a section expansion, suggesting that one or more critical non-compliance were observed and they would no longer be Tier 1 centres post inspection.

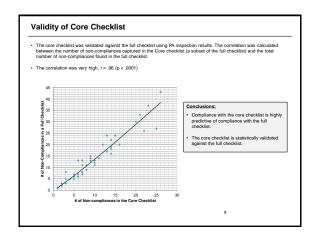
- 67% of core inspections expanded to full. This finding is consistent with Kansas, where 72% inspections expanded.
- The rate of expansions increased moving from Tier 1 to Tier 2C, indicating that compliance history is predictive of the likelihood of expansion and that the tiered licensing Π tool expansion rules successfully mitigate risks.
- Senior PAs were confident in the tiered licensing inspection tool as no Sr. PA manually expanded the checklist

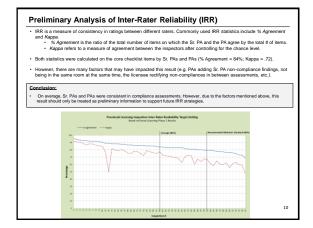
Ongoing monitoring is needed to assess tier ranges.

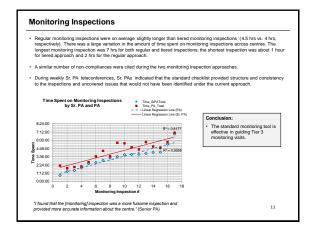
Г			Types of Automatic Expansion								Manual
	Tier Total # of Inspections	No Exp	io Expansion (Core)		Sub-section		Section		Full		
		inspections	,	% (within the Tier)		% (within the Tier)		% (within the Tier)		% (within the Tier)	to Full Checklis
Г	Tier 1	13	0	0.0%	0	0.0%	8	61.5%	5	38.5%	0
Г	Tier 2	42	1	2.4%	3	7.1%	6	14.3%	32	76.2%	0
Г	Tier 2A	13	0	0.0%	2	15.4%	3	23.1%	8	61.5%	0
Г	Tier 2B	14	1	7.1%	1	7.1%	2	14.3%	10	71.4%	0
Γ	Tier 2C	15	0	0.0%	0	0.0%	1	6.7%	14	93.3%	0
Г	Total	55	1	1.8%	3	5.5%	14	25.5%	37	67.3%	0

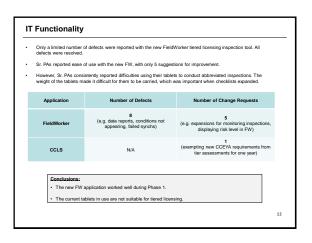
Efficiency – Renewal Time by Core/Subsection, Section and Full Expansion • Regular reveral inspections were on average longer (8 hrs) than issered licensing inspections (6.5 hrs). The longest inspection was +15 hrs for regular inspection, and -13 hrs for fiered approach; the shortest inspection was -2 hrs for both. • Time definition is that stayed core or only had sub-section expansion were shorter (4.5 hrs) than those with section-expansion series. • In the section expansion inspection (8 hrs). Compared to regular inspections, tiered inspections series. • In oil time on section-expanded inspections; • In oil time on section-expanded inspections; • In oil time on section-expanded inspections. • Conclusion: • Others that the phase 1 design (small sample, simultaneous inspections) does not represent the typical inspection process, it is unclear about the time savings using the tered licensing approach in real-world scenarios. Ongoing evaluation is required to further estimate time savings. • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal Inspections by Sr. PAs and PAs • Time Spent on Renewal In











Business Process

- Sr. PAs provided the following observations during the weekly teleconferences:
 - In general, most licensees were comfortable with the simultaneous inspection approach. Some were anxious
 about the presence of two PAs and the potential impacts on the inspection results; others were excited to be part
 of Phase 1.
 - At the beginning of phase 1, checklist expansions often occurred near the end of the day. This resulted in the Sr.
 PA having to rush through the inspection to complete it or returning the following day. This somewhat reduced
 over time, as the Sr. PAs began to assess compliance with requirements that could expand the full checklist at the
 beginning of the inspection process.
 - At the beginning of phase 1, some Sr. PAs reported experiencing difficulties with focusing on core requirements only. However, over time, the Sr. PAs became more comfortable with adjusting their focus on the core checklist requirements.

Conclusions:

It takes some time to get used to the tiered licensing process.

Checklist expansions that occur late in the inspection can be difficult to manage.

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Areas of Evaluation	Measures	Phase 1 Findings
Efficiency & Effectiveness	% of Tier 1 centres remained with a shortened checklist % of Tier 2 centres remained with a shortened checklist Time sperior in the core vs. Lift remail checklist Time sperior in the core vs. Lift remail checklist Country of the core vs. Lift remail checklist	61% 24% Inconclusive 4.5 vs. 4 hrs Positive feedback
Validity/Reliability of Inspection Tools	Correlation between the full and core renewal checklists with respect to observed non-compliances	1. r = .96 (p < .0001)
Preliminary Inter- Rater Reliability	Kappa between each pair of PA and Sr. PA on the Core checklist Magreement between each pair of PA and Sr. PA on the Core checklist	% Agreement = 849 Kappa = .72
IT Functionality	# of defects reported and resolved # change requests reported and implemented Reported ease of use by Sr. PAs (obtained via teleconference)	8 defects 6 change requests Positive feedback
Business Process	Qualitative feedback from Sr. PAs on what works well or does not work well with the business process	Mixed feedback

Phase 1 Finding	Action Taken
Non-user friendly tablets	Sr. PA pilot with 2 lighter-weight tablet models New tablets being ordered for all PAs to support tiered licensing
End of day checklist expansions	 FledKVorker will now display each requirements risk level and whether it is a key indicator in helping Plas assess compliance with requirements that can expand the full checklist early in the inspection Direction will be included in the inflamati licensing directive to schedule full days for core inspections in the event that the checklist expands and to us tablets throughout the inspection Consideration will be given on how to re-order the checklist
Some sections do not have sub-sections resulting in section expansions where only a sub-section expansion is needed	The checklist will be reviewed to introduce additional sub-sections for directly related licensing requirements
Consistent non-compliance with new CCEYA requirements across Tier 1 and 2	 New licensing requirements under the CCEYA will be exempt from tier calculations for one year from their effective date (e.g. Phase 1 regulations that came into effect on August 31, 2015 will begin to be included in tier calculations as of August 29, 2016).
Long length of Tier 3 monitoring inspections	 The Tier 3 monitoring inspection checklist has been reduced from 24 standard requirements to 18 standard requirements (low and moderate ris key indicators were removed) to shorten the inspection
Tier 3 monitoring inspections do not expand when non-compliance is found	Where a non-compliance is observed with an item in the monitoring checklist, the relevant sub-sections will be expanded automatically

Areas of Evaluations	Measures	Reporting Timeline
Effectiveness	Change in # of non-compliances by Tier Change in # and % of entres in tiers Ongoing feedback from Sr. PARPA re effectiveness of approach Ongoing feedback from Sr. PARPAs re time for program discussions Feedback from Sr. PARPAs re time for program discussions Feedback from Sr. PARPAs re time for program for the feedback from Sr. PARPAs re time for program for feedback from Sr. PARPAs re time for program for feedback from Interesting for the for program for feedback from the f	Throughout Year 1 Year 3 Year 5
Efficiency	Time spent on the core vs. full renewal checklists Mand length of expired licences	Frequency TBC during Year Year 3 Year 5
Validity/Reliability of Inspection Tools	Recalculating the Key Indicators and the core checklist using full renewal inspections for a 5% sample of centres across all three tiers and regions	Post regulation finalization Every 3-5 years
Inter-Rater Reliability	Kappa and % Agreement for Sr. PAs (target of 90% agreement) Kappa and % Agreement for PAs (target of 85% agreement) Focus group with multi-ate licensees with programs in different regions recombisiency across PAs	Sr. PAs: April-September 2016; Throughout Year 1; Year 3 and Year 5

Appendix: Data Sources

Field Worker Reports (extracted from FW system by IT)
Tiered Licensing Senior PA Report
Tiered Licensing Manual Expansion Report (Sr. PA)
Regular PA Report
Regular PA report 2

Senior PA Debriefing Template in Excel (submitted by Sr. PAs on weekly basis and consolidated by OAU)
Sr. PA Debriefing Templates (Excel Spreadsheet submitted by Sr. PA on a weekly basis throughout Phase 1)

List of Centres selected for Phase 1 based on the Tier Assessment Simulator (Selected and Prepared by OAU and Senior PAs)
Excel spreadsheets for original centre selection for Phase 1 inspections
Phase 1, Centre Selection, 1erd 2, 2016-4-13
Phase 1 Centre Selection, 1erd 2, 2016-04-12

Feedback gathered through weekly Senior PA teleconferences

17



Validation of Washington State's Child Care Risk Assessment and Licensing Decision Making Tiered System

Richard Fiene, Ph.D. Research Psychologist & Senior Research Consultant

June 2020

Washington State Department of Children, Youth, and Families Child Care Risk Assessment Licensing Measures and Outputs Validation Study Final Report

Richard Fiene, Ph.D.

National Association for Regulatory Administration Research Institute for Key Indicators & Penn State University June 2020

This report will provide the results of several cohorts from a large-scale validation study of Washington State's Department of Children, Youth and Families child care Risk Assessment Licensing Decision Making Tiers System (RALDMTS). The validation involves two key components: 1) Validation of the measurement strategy used to determine the licensing decision making for child care centers and family child care homes; 2) Validation of the licensing system in juxtaposition to the program quality measures (ERS & CLASS) as part of their QRIS – Quality Rating and Improvement System utilized in Washington.

The data set involves several cohorts drawn from licensing reviews in 2019 - 2020. The data reported in this report is from late 2019 through early 2020 and involved 385 sites. It was driven by the QRIS visiting and assessment schedule.

Let me start by saying that licensing/regulatory compliance data are very different from other data in how they get distributed and therefore should be analyzed. Licensing/regulatory compliance data are grouped into 4 basic buckets: Full regulatory compliance, substantial regulatory compliance, mid-range, and non-optimal regulatory compliance. Obviously full regulatory compliance means 0 violations or 100% compliance with all rules. Substantial regulatory compliance means 1-3 violations with all rules, while low compliance means 10 or move violations with all rules. A middle regulatory compliance range means 4-9 violations with all the rules.

The data were well distributed and fit into the above four (0 - 3) buckets very nicely. Based upon comparing the licensing data to the "Tiers" and "Actions" variables, the licensing decision making system has been validated with high correlations between the licensing data, the Tiers, Risk Assessment Matrix, and the proposed Actions (see Charts 1 and 2).

With the comparisons between the licensing data and the Environmental Rating Scales (ERS), the licensing data showed the typical "regulatory compliance law of diminishing returns" where the ERS scores were highest with the substantial regulatory compliance range rather than the full regulatory compliance level. In other words, there is not a linear relationship between moving from low to full regulatory compliance and program quality. Programs that are in substantial regulatory compliance and not full regulatory compliance had higher program quality scores. Obviously, the low regulatory compliance programs had also low program quality scores. There is a linear relationship between regulatory compliance and program quality in moving from low regulatory compliance to the middle and substantial regulatory compliance levels (see Chart 3). On the basis of the results of this study, the Washington State DCYF's Risk Assessment Licensing Decision Making Tiers System has been validated at both the measures and output levels. In a previous analysis, the standards that make up the DCYF's Risk Assessment Licensing Decision Making Tiers System have also been validated (see Stevens, 2018).

Chart 1: Tiers By Proposed Actions

	Tiers	1	2	3	4
Proposed	None	312	0	0	0
Actions	Tech Assist	14	43	5	0
	Safety Plan	0	1	2	1
	Civil Penalty	0	4	15	4

R = .80; p < .0001

Chart 2: Risk Assessment Matrix (RAM) By Regulatory Compliance (RC) Levels & Licensing Decision

Tiers

	Tiers	Actions	Immediate	Short Term	Long Term	RC
RAM	.52*	.50*	.62*	.66*	.41*	.88*

^{*} P < .01

Chart 3: Regulatory Compliance Levels By Program Quality Scores (ERS Average Scores)

Licensing Bucket	censing Bucket Legend		Programs	ERS Aver Score
0	Full	0 violations	82	4.07*
1	Substantial	1-2 violations	69	4.28*
2	Middle	3-10 violations	163	4.17*
3	Low	11+ violations	71	3.93*

^{*} P < .01

There are some additional significant relationships to report which occurred in the second cohort but were not observed in the first cohort but that was because the total number of sites were fewer in the first cohort. The second cohort had over twice as many sites where data were collected. Here are some of the significant relationships observed between the Quality Rating and Improvement System (QRIS) and regulatory compliance (RC) and the RAM licensing decision making:

QRIS x RAM: X² = 35.243; p < .009
 QRIS x RC: X² = 27.761; p < .001

Significant relationships between Environmental Rating Scales (ERS) and Licensing Decision Tiers (Tiers).

- ERS x Tiers: F = 5.085; p < .002, where Tier1 = 4.16; Tier2 = 4.10; Tier3 = 3.68; Tier4 = 3.58
- ERS x QRIS: F = 26.534; p < .0001, where QRIS1= 3.89; QRIS2= 3.32; QRIS3 = 4.14; QRIS4 = 4.62

There were interesting demographic and descriptive data such as the following.

- Regulatory compliance ranged from 0 to 55 violations.
 - QRIS Levels: 1 = 1%; 2 = 7%; 3 = 78%; 4 = 10%
 - Licensing Tiers: 1 = 81%; 2 = 12%; 3 = 6%; 4 = 1%

The following tables (Tables 1-9) and graphs (Graphs 1-3) contain the detail of the above summary analyses and the risk assessment licensing decision making tier system.

Table 1: Regulatory Compliance: Number of Violations

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	0	85	21.1	21.1	21.1
	1	43	10.7	10.7	31.8
	2	29	7.2	7.2	39.0
	3	36	8.9	8.9	47.9
	4	27	6.7	6.7	54.6
	5	22	5.5	5.5	60.0
	6	21	5.2	5.2	65.3
	7	23	5.7	5.7	71.0
	8	17	4.2	4.2	75.2
	9	14	3.5	3.5	78.7
	10	11	2.7	2.7	81.4
	11	13	3.2	3.2	84.6
	12	7	1.7	1.7	86.4
	13	8	2.0	2.0	88.3
	14	9	2.2	2.2	90.6
	15	6	1.5	1.5	92.1
	16	4	1.0	1.0	93.1
	17	4	1.0	1.0	94.0
	18	4	1.0	1.0	95.0
	19	3	.7	.7	95.8
	20	1	.2	.2	96.0
	21	1	.2	.2	96.3
	22	1	.2	.2	96.5
	23	2	.5	.5	97.0
	24	1	.2	.2	97.3
	25	3	.7	.7	98.0
	27	2	.5	.5	98.5
	30	1	.2	.2	98.8
	32	1	.2	.2	99.0
	33	1	.2	.2	99.3
	40	1	.2	.2	99.5
	45	1	.2	.2	99.8
	55	1	.2	.2	100.0
	Total	403	100.0	100.0	

The above table (Table 1) provides the frequency distribution for regulatory compliance (NC) for the Washington State ECE sites that were in cohort 2. From the distribution it clearly demonstrates how skewed the data are where the majority of sites (practically 50% of the sites) are either in full or substantial regulatory compliance with Washington licensing rules/regulations.

The following Table (Table 2) puts Table 1 results into the key buckets for regulatory compliance analysis: 1 = Low Regulatory Compliance (11 violations or greater); 2 = Med Regulatory Compliance (3-10 violations); 3 = Substantial (Subst) Regulatory Compliance (1-2 violations); and 4 = Full Regulatory Compliance (0 violations).

Table 2: Regulatory Compliance Buckets

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 Low	75	18.6	18.6	18.6
	2 Med	171	42.4	42.4	61.0
	3 Subst	72	17.9	17.9	78.9
	4 Full	85	21.1	21.1	100.0
	Total	403	100.0	100.0	

This grouping of regulatory compliance bucketing becomes very important in subsequent analyses because of the nature of these data. As has been stated earlier in this report, regulatory compliance data when compared to program quality data is not a linear relationship. To be sensitive to the non-linear nature of the data, these buckets or groupings of data become very significant.

Table 3 depicts the Tiered Licensing Decision Making. In Washington State's Tiered Licensing decision Making System 1 = Continued licensing; 2 = Technical Assistance; 3 = Safety Plan; 4 = Civil Penalty.

Table 3: Licensing Decision Making Tiers

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1	326	80.9	81.3	81.3
	2	48	11.9	12.0	93.3
	3	22	5.5	5.5	98.8
	4	5	1.2	1.2	100.0
	Total	401	99.5	100.0	
Missing	System	2	.5		
Total		403	100.0		

The majority of programs are recommended for continued licensing (80%), while the other 20% will receive more intervention.

The next table (Table 4) depicts the Risk Assessment Matrix Levels (RAM1-9). The last section of this report provides the specific methodology and how RAM1-9 and Tiers are linked together in the Washington State Licensing Risk Assessment and Licensing Decision Making Tiers System.

Table 4: Risk Assessment Matrix (RAM1-9)

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1.00	92	22.8	22.8	22.8
	4.00	62	15.4	15.4	38.2
	5.00	106	26.3	26.3	64.5
	6.00	62	15.4	15.4	79.9
	7.00	3	.7	.7	80.6
	8.00	27	6.7	6.7	87.3
	9.00	51	12.7	12.7	100.0
	Total	403	100.0	100.0	

It is interesting to note that not all cells of the matrix are filled. RAM2 & 3 have no sites in their cells. This is something that will need further exploration but it appears since these are at the lower risk levels that regulatory non-compliance is less likely.

The next three table (Tables 5-7) deal with the relative risk level of regulatory non-compliance based upon a weighting of the specific rule/regulation. Weights of 8, 7 and some 6 are of immediate concern, while weights of 4, 5 and most 6 are of short term concern, and weights of 1, 2, and 3 are of long term concern.

Table 5: Immediate Concern

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	0	325	80.6	80.6	80.6
	1	63	15.6	15.6	96.3
	2	12	3.0	3.0	99.3
	3	2	.5	.5	99.8
	6	1	.2	.2	100.0
	Total	403	100.0	100.0	

In 20% of the regulatory non-compliance did the rule/regulation rise to being of immediate concern.

Table 6 depicts the non-compliance for the short term rules/regulations. These are rules that are not the highest risk rules but they are not the least weighted rules either. They fall somewhere in between. There is a higher level of regulatory non-compliance with these rules.

Table 6: Short Term Concern

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	0	94	23.3	23.3	23.3
	1	52	12.9	12.9	36.2
	2	37	9.2	9.2	45.4
	3	35	8.7	8.7	54.1
	4	22	5.5	5.5	59.6
	5	27	6.7	6.7	66.3
	6	27	6.7	6.7	73.0
	7	23	5.7	5.7	78.7
	8	12	3.0	3.0	81.6
	9	15	3.7	3.7	85.4
	10	14	3.5	3.5	88.8
	11	7	1.7	1.7	90.6
	12	5	1.2	1.2	91.8
	13	7	1.7	1.7	93.5
	14	4	1.0	1.0	94.5
	15	4	1.0	1.0	95.5
	16	2	.5	.5	96.0
	17	1	.2	.2	96.3
	19	3	.7	.7	97.0
	20	2	.5	.5	97.5
	21	1	.2	.2	97.8
	22	2	.5	.5	98.3
	24	1	.2	.2	98.5
	25	1	.2	.2	98.8
	26	1	.2	.2	99.0
	27	1	.2	.2	99.3
	35	1	.2	.2	99.5
	37	1	.2	.2	99.8
	47	1	.2	.2	100.0
	Total	403	100.0	100.0	

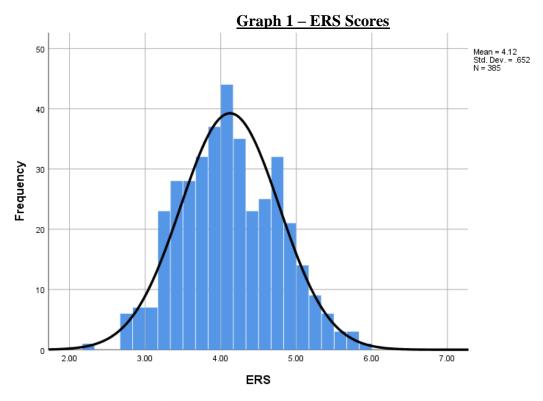
There is a good deal of a range in regulatory non-compliance with these rules as depicted in Table 6.

Table 7 which contains the regulatory non-compliance with long term concern rules and regulations which are the lowest weighted/risk rules. The distribution is between the immediate concern and the short term concern rules when it comes to regulatory non-compliance.

Table 7: Long Term Concern

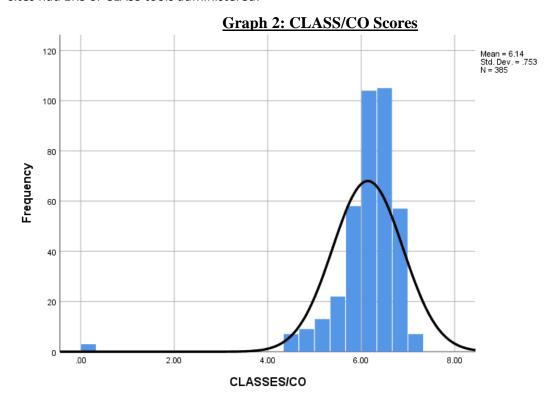
			_		Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	0	224	55.6	55.6	55.6
	1	95	23.6	23.6	79.2
	2	36	8.9	8.9	88.1
	3	21	5.2	5.2	93.3
	4	13	3.2	3.2	96.5
	5	9	2.2	2.2	98.8
	6	1	.2	.2	99.0
	7	1	.2	.2	99.3
	9	1	.2	.2	99.5
	11	1	.2	.2	99.8
	20	1	.2	.2	100.0
	Total	403	100.0	100.0	

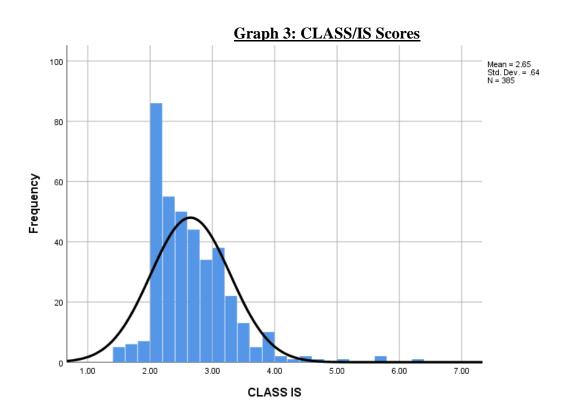
The following graphs (Graphs 1-3) depict the distributions of ERS and CLASS scores.



Graph 2 depicts the CLASS/CO scores. Note the difference in the distribution in these scores as versus

the ERS scores in Graph 1. Also note that the N has dropped to 385 sites. This is because not all 403 sites had ERS or CLASS tools administered.





Again please note the distribution of the CLASS/IS scores and compare it to the CLASS/CO and ERS data score distributions (Compare Graphs 2 & 3 with Graph 1).

Table 8 provides the frequency counts and distribution of the QRIS Levels from 1 to 4 where 4 is the highest level.

Table 8: QRIS

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 Lowest	2	.5	.5	.5
	2	29	7.2	7.5	8.1
	3	315	78.2	81.8	89.9
	4 Highest	39	9.7	10.1	100.0
	Total	385	95.5	100.0	
Missing	System	18	4.5		
Total		403	100.0		

Table 9 provides the descriptive statistics for all the variables described above so the reader can see the characteristics of the respective data distributions and how they vary.

Table 9: Descriptive Statistics for all Variables

	N	Range	Mean	Std. Deviation	Skew	ness	Kurt	osis
Variables	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
NC	403	55	5.93	7.061	2.474	.122	9.739	.243
Immediate	403	6	.25	.592	3.856	.122	24.745	.243
Short	403	47	4.77	5.854	2.640	.122	11.131	.243
Long	403	20	.94	1.720	4.823	.122	40.946	.243
QRIS	385	3	3.02	.445	284	.124	3.779	.248
ERS	385	3.64	4.1225	.65207	.120	.124	386	.248
CLASSES/CO	385	7.00	6.1411	.75260	-4.514	.124	33.019	.248
CLASS IS	385	4.97	2.6481	.63985	1.658	.124	5.546	.248
RAM1-9	403	8.00	4.8089	2.56860	051	.122	811	.243
Tiers	401	3	1.27	.617	2.449	.122	5.592	.243
TRC-RCL	403	3.00	2.4144	1.01946	.304	.122	-1.033	.243
Valid N (listwise)	383							

This section describes the Washington State Risk Assessment and Licensing Decision Making Tiered System which was validated in this report.

The Washington State System combines the use of risk assessment and licensing decision making matrices. In the past, risk assessment matrices have been used to determine the frequency of monitoring and licensing visits and scope of reviews based upon individual rule severity/risk factors. These data have not been aggregated to determine what type of licensing decisions should be made based upon prevalence, probability or regulatory compliance history data.

Washington State's HB 1661 redesigned the FLCA process as a way to appeal and forgive non-immediate health and safety risks rather than simply being a report of compliance findings. As a result, weights were used to assign risk categories to regulations in accordance to the mandate definition of immediate health and safety regulations:

- Weights 8, 7 and some 6 = immediate concern
- Weights 4, 5 and most 6 = short term concern
- Weights 1, 2, and 3 = long term concern

Single violations of regulations can be considered independently or based on how many time it has been violated over a four-year period when considering licensing actions. For example, a violation within the short term concern category could be subject to a civil penalty when violated the second (or potentially the 3rd) time in a four-year period. Whereas, a violation in the immediate concern category could be subject to a civil penalty or more severe action upon the first violation. (See Graphic for Step 1).

Step 1:



Single Finding Scores

Long	Short	Immediate
Technical Assistance	Technical Assistance On 2+ Repeat violations: Civil Penalty Safety Plan Office Conference	Technical Assistance On 1+ violation: Civil Penalty Pre-probation License Modification Suspension Denial Revocation

A more difficult task is assigning initial thresholds for the overall finding score. It is this second step (Step 2) where we need to consider probability and severity side by side as depicted in Chart 1 below which is generally considered the standard Risk Assessment Matrix in the licensing research literature:

Step 2:

Chart 1 - Risk Assessment Matrix

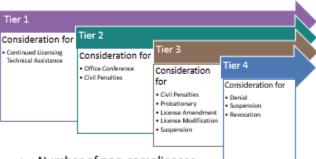
		Probability/	Prevalence		
	Levels	High	Medium	Low	Weights
Risk/	High	9	8	7	7-8
Severity	Medium	6	5	4	4-6
	Low	3	2	1	1-3
	# of Rules	8 or more	3-7	2 or fewer	

The next step (Step 3) is to build in licensing decisions using a graduated Tiered Level system as depicted in the following figure. In many jurisdictions, a graduated Tiered Level system is used to make determinations related to monitoring visits (frequency and scope) and not necessarily for licensing decisions.

Step 3:

P2

Overall License Score



- Number of non-compliances
- Scores used to calculate 'licensing score'
- Lower licensing scores = higher compliance

Step 4 involves combining steps 1 and 2 into a revised risk assessment matrix as depicted in the following chart:

Step 4:

Risk Assessment (RA) Matrix Revised

Risk/Severity

Levels	High	Medium	Low
Immediate	9	8	7
Short-term	6	5	4
Long-term	3	2	1
		Probability	
Regulatory	8+ rules out of	3-7 rules out of	2 or fewer
Compliance	compliance.	compliance.	rules out of
(RC): # of	92 or less	93 – 97	compliance.
Rules out of	regulatory	regulatory	98 – 99
compliance	compliance.	compliance.	regulatory
and In			compliance.
compliance			

The last step (Step 5) is to take steps 3 and 4 and combine them together into the following charts which will provide guidance for making licensing decisions about individual programs based upon regulatory compliance prevalence, probability, and history as well as rule risk/severity data.

<u>Step 5:</u>

Licensing Decision Making Matrix*

Tier 1 = (1-2) RA Matrix Score

Tier 2 = (3) RA Matrix Score

Tier 3 = (4-5) RA Matrix Score

Tier 4 = (6-9) RA Matrix Score

*Regulatory Compliance (RC)(Prevalence/Probability/History + Risk/Severity Level

```
Tier 1 = ((RC = 93 - 97) + (Low Risk)); ((98 - 99) + (Low Risk)) = Tier 1

Tier 2 = (RC = 92 or less) + (Low Risk) = Tier 2

Tier 3 = ((RC = 93 - 97) + (Medium Risk)); ((98 - 99) + (Medium Risk)) = Tier 3

Tier 4 = (RC = (92 or less) + (Medium Risk)) = Tier 4; ((93 - 97) + (High Risk)) = Tier 4; ((98 - 99) + (High Risk)); ((92 or less) + (High Risk)) = Tier 4+
```

Washington State Department of Children, Youth, and Families Child Care Licensing Measures and Outputs Validation Study: Preliminary Findings Technical Research Note

Richard Fiene, Ph.D.

National Association for Regulatory Administration Research Institute for Key Indicators & Penn State University January 2020

This technical research note will provide the preliminary findings from a large-scale validation study of Washington State's Department of Children, Youth and Families child care program. The validation involves two key components: 1) Validation of the measurement strategy used to determine the licensing decision making for child care centers and family child care homes; 2) Validation of the licensing system in juxtaposition to the program quality measures (ERS & CLASS) as part of their QRIS – Quality Rating and Improvement System utilized in Washington.

The full data set will involve several cohorts drawn from licensing reviews in 2019 – 2020. The data reported in this technical research note is from late 2019 and involved 146 sites. It was driven by the QRIS visiting and assessment schedule.

Let me start by saying that licensing/regulatory compliance data are very different from other data in how they get distributed and therefore should be analyzed. Licensing/regulatory compliance data are grouped into 4 basic buckets: Full regulatory compliance, substantial regulatory compliance, mid-range, and non-optimal regulatory compliance. Obviously full regulatory compliance means 0 violations or 100% compliance with all rules. Substantial regulatory compliance means 1-3 violations with all rules, while low compliance means 10 or move violations with all rules. A middle regulatory compliance range means 4-9 violations with all the rules.

I am going to "cut to the chase" in attempting to provide an oversight to the preliminary findings. The data were well distributed and fit into the above four (0 - 3) buckets very nicely. Based upon comparing the licensing data to the "Tiers" and "Actions" variables, the licensing decision making system has been validated with high correlations between the licensing data, the Tiers, Risk Assessment Matrix, and the proposed Actions (see Charts 1 and 2).

With the comparisons between the licensing data and the Environmental Rating Scales (ERS), the licensing data showed the typical "regulatory compliance law of diminishing returns" (see Figure 1) where the ERS scores were highest with the substantial regulatory compliance range rather than the full regulatory compliance level. In other words, there is not a linear relationship between moving from low to full regulatory compliance and program quality. Programs that are in substantial regulatory compliance and not full regulatory compliance had higher program quality scores. Obviously, the low regulatory compliance programs had also low program quality scores. There is a linear relationship

between regulatory compliance and program quality in moving from low regulatory compliance to the middle and substantial regulatory compliance levels (see Chart 3).

So far, so good! The data are validating the new licensing approach undertaken in Washington utilizing a Risk Assessment Model and a Tiered Licensing Decision Making Process at both the measures and output levels.

Chart 1: Tiers By Proposed Actions

	Tiers	1	2	3	4
Proposed	None	119	0	0	0
Actions	Tech Assist	0	12	0	0
	Safety Plan	0	1	2	0
	Civil Penalty	0	1	8	0
	Suspend	0	0	0	1

R = .97; p < .001

Chart 2: Risk Assessment Matrix (RAM) By Regulatory Compliance (RC) Levels & Licensing Decisions

	Tiers	Actions	Immediate	Short Term	Long Term	RC
RAM	.50*	.48*	.63*	.69*	.37*	.93*

^{*} P < .01

Chart 3: Regulatory Compliance Levels By Program Quality Scores (ERS Average Scores)

Licensing Bucket	Legend	Compliance	Programs	ERS Aver Score
0	Full	0 violations	33	3.84*
1	Substantial	1-3 violations	32	4.26*
2	Middle	4-9 violations	50	4.18*
3	Low	10+ violations	31	3.92*

^{*} P < .03

REGULATORY COMPLIANCE LAW OF DIMINISHING RETURNS

Substantial

98

96

90

88

86

Low

84

84

86

88

90

92

94

96

98

100

102

Regulatory Compliance Levels

Figure 1: Relationship Between Program Quality and Regulatory Compliance Levels

The above graph theoretically depicts the relationship between program quality and regulatory compliance levels as defined by the *Regulatory Compliance Law of Diminishing Returns*.

For additional information please contact: Dr Richard Fiene, Research Psychologist, Research Institute for Key Indicators (RIKIIIc) at RFIEne@RIKInstitute.com.



Differential monitoring in child care licensing

DEL licenses almost 6,000 child care centers, family home child care providers and schoolage programs in Washington. We monitor these programs for health and safety, which is the foundation of a high-quality program.

In 2011, the Legislature passed Senate Bill 5625, which created a non-expiring child care license and gave DEL guidance on considering whether a child care program is in good standing when determining the most appropriate approach for monitoring.

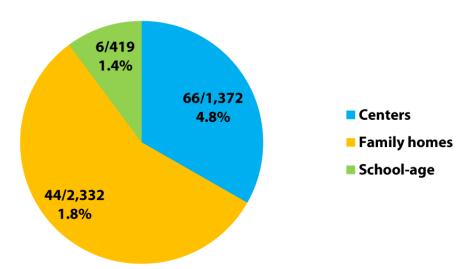
Since then, DEL has implemented a "differential monitoring" process to help ensure efficiency while keeping children in licensed care safe. DEL will monitor family homes, centers and school-age programs at least once a year. However, providers with a non-expiring license may get an abbreviated DEL monitoring visit if since the last visit:

- There have been no valid complaints,
- · There has been no pattern of non-compliance, and
- There are no pending or incomplete responses to compliance agreements.

DEL licensors begin the monitoring visit for these providers by using an abbreviated checklist. If during the visit, the provider fails to meet key indicators on the abbreviated checklist, the licensor moves to a full checklist. See full and abbreviated checklists on DEL's website at: www.del.wa.gov/publications/licensing/.

In addition to monitoring, DEL licensors offer technical assistance to providers, conduct orientations for licensing applicants, conduct background checks, inspect licensing complaints, handle unlicensed child care complaints, and offer information and resources to providers, families and community members.

Number of facilities requiring a full checklist out of total facilities monitored in State Fiscal Year 2014





INSPECTION TYPE
VISIT DATE

Child Care Center Abbreviated Checklist

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

I. PROVIDER INFORMATION							
PROVIDER NAME			PROVIDER ID		ISSUE DATE		
		ANNIVER	SARY DATE	EXPIRA [*]	TION DATE		
TELEPHONE	NUMBER	EMAIL A	EMAIL ADDRESS				
	T			T	T		
	CITY			STATE	ZIP CODE		
			CARACITY	L	CENCING TYPE		
			CAPACITY		CENSING TYPE		
REFERRAL STAT	TUS		AGE RANGE				
THE ENTIRE STATE							
11. 14	VODVED ACCIO	NINAENIT	110111.		10.		
II. W	VORKER ASSIG	NIVIENI					
LICENSOR EMAIL ADDR			TELEPHONE NUMBER				
LICENSING SUPERVISOR EMAIL ADDRESS			TELEPHONE NUMBER				
III. H	OURS OF OPE	RATION					
	REFERRAL STATE II. V EMAIL ADDI EMAIL ADDI	TELEPHONE NUMBER CITY REFERRAL STATUS II. WORKER ASSIG EMAIL ADDRESS EMAIL ADDRESS	ANNIVER TELEPHONE NUMBER EMAIL AI CITY REFERRAL STATUS II. WORKER ASSIGNMENT EMAIL ADDRESS	PROVIDER ID ANNIVERSARY DATE TELEPHONE NUMBER EMAIL ADDRESS CITY CAPACITY REFERRAL STATUS AGE RANGE From: II. WORKER ASSIGNMENT EMAIL ADDRESS TELEPHONE EMAIL ADDRESS TELEPHONE	PROVIDER ID ISSUE DE LA ANNIVERSARY DATE EXPIRATE EMAIL ADDRESS CITY STATE CAPACITY LIVE REFERRAL STATUS AGE RANGE From: II. WORKER ASSIGNMENT EMAIL ADDRESS TELEPHONE NUMBER EMAIL ADDRESS EMAIL ADDRESS TELEPHONE NUMBER		

HOURS OF OPERATION

through

p.m.

a.m.

Fiene Ind	icators				
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable E = Exception Granted					
Section	Requirement		Code		
1010	Center Director Qualifications	Center director meets requirements/qualification			
1020	Program Supervisor Qualifications	Program supervisor meets requirements/qualifications			
2030	Staff Interaction with Children	Interactions between the staff and children are nurturing, respectful, supportive, and responsive			
2040	Behavior Management	Behavior management and guidance practices are fair, reasonable, consistent and related to the child's behavior needs and stage of development			
		Prevent and prohibit corporal punishment, verbal abuse, use of inappropriate physical restraints, or the using or withholding of food or liquids as punishment			
		Any physical restraint method must be documented in an incident report, placed in the child's individual record and a copy given to the parent			
2090	Child Ratio/Group Size	Ensure children are within continual visual and auditory range Maintain required staff-to-child ratios indoors, outdoors, on field trips and during rest periods Group size: Staff/child ratio: Conduct group activities within the group size according to the age of the children			

DAYS OF OPERATION

Staff Reco	ds												
Staff Name	Арр	Background	ТВ	Prog	ram	Disa	aster	HIV/	AIDS/BBP	CPR	First Aid	STARS T	raining
		Check	Test	Orient			lan	Tı	raining	Card		Basic	10 hrs
WAC Citation	7050 (1) (a)	7050 0060 (3)	7050	70: (6)(d)30)(a)	10	7050 5)(d)(iii)	7050 (6)(d)(iv)	7050 (6)(d)(iv)	7050 1060	7050 1070
Compliance Code	(1) (a)	0000 (3)	(6)(e)	(0)(0	J)(I)	(0))(a)	, (()(u)(iii)	(o)(u)(iv)	(0)(0)(10)	1000	1070
, , , , , , , , , , , ,					1	Г	7			Date Expired	Date Expired		
	+				,					Date Expired	Date Expired		
				L]	L				Date Expired	Date Expired		
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]						Date Expired		
]					Date Expired	Date Expired		
Children's	Records				1						<u> </u>	1	T
Child's Information	Enrollr Applica			ividual lth Plan	Med Cons		Medic Authoritic		Medicatior Dispensed	,	Health Care Providers	Immun- izations	Parent Comm- unication
WAC	701			7010	701			10 (b)	7010	7010	7010	7010	2080
Citation Compliance Code	(1)(a) (1)(d)	(1)(e)	(1)((1)	(1)	(n)	(1)(j)	(3)(a)	(3) (f) (g)	(4)(a)	
Compilative code													
Child #1													
Child #2													
Child #3													
Child #4													
Child #5													
	•		•								•		
Postings													
		nce D = Discu	issed N	I = Non (Compl	liance	NA:	= Not A	Applicable	E = Exception	n Granted		
	Require			1.	51 ·1 ·1								Code
7080	Require	d Posting						license					
									mes, and o		urs		
									le and meal	times			
					Meal a								
				F	ire sa	fety r	ecord	and e	vacuation p	ans includii	ng diagram o	of exit routes	
	Emergency telephone numbers												
	Nondiscrimination poster												
				F	Requir	ed po	ostings	s for st	aff:				
					•	На	nd-wa	shing	oractices				
	 Diaper-changing procedures 												

Disaster preparedness plan

	(continued)		
		on Compliance NA = Not Applicable E = Exception Granted	I -
Section	Requirement	Weither Leaves when (2010)	Code
7080	Required Posting (continued)	Written lesson plans (2010)	
		Center and health care policies and procedures (3010)	
		Notice to parents that copies of recent licensing checklists, monitoring checklists and compliance agreements for any deficiencies are available	
		for review	
Record K	eeping		
2080	Parent Communication (written)	Enrollment/admission	
3170	Food Service Standards	At least one person with a Washington state food handler's permit to	
		monitor food handling and service	
		Staff cooking full meals must have a food handler's permit	
5030	Disaster Plan	Written disaster plan developed and implemented	
		Plan is annually reviewed and signed by director and staff	
		Plan is reviewed and signed by parents when children are enrolled	
		Monthly fire drill evacuation conducted and documented	
		Quarterly disaster drills conducted and documented	
7010	Children's Files	Confidential files on premises for each child in care that include:	
		 Registration information 	
		 Health history/individual child care plan 	
		 Medications given 	
		Authorizations	
		 Copies of illness or injury reports 	
		 Certificate of immunization status (CIS) 	
7030	Attendance Records	Daily attendance record with signature on file	
7050	Personnel Records and Policies	Employment application	
		Background check for all staff	
		Complete owner, staff and volunteer personnel records on premises	
		Written documentation of training and staff meetings to include:	
		Staff orientation	
		 Ongoing training; including annual infant safe sleep if applicable 	
		 Blood borne pathogen training (including HIV/AIDS) 	
		 CPR/first aid 	
		■ Food handler card (if applicable)	
		 STARS training 	
		Staff meeting	
		 Child abuse, neglect and exploitation 	
		 Tuberculosis (TB) testing 	
Backgrou	nd Clearance Requirements		
170-06	Background clearance requirements	Background clearance requirements	
Reporting	<u> </u>		
6040	Child Abuse and Neglect	Immediate reporting of suspected child abuse, neglect, or exploitation	
		and children are protected from child abuse and neglect as required in	

Day Care	Insurance RCW 43.215.533		
RCW	Day Care Insurance	Proof of Insurance	
Medicatio	on and First Aid/CPR		
Codes: C	= Compliance D = Discussed N = No	on Compliance NA = Not Applicable E = Exception Granted	
Section	Requirement		Code
1100	First Aid/CPR	First Aid/CPR requirements met	
3070 Medication		Original container/labeling requirements met	
		Medication stored inaccessible to children	
		Internal and external medication stored separately	
		Medication stored according to specific manufacturers or pharmacists directions	
		All controlled substances in locked container	
5010	First Aid Supplies	First aid supplies adequate, available in center and in vehicles and conform with center policies	
		First aid supplies are appropriately stored and inaccessible to children	
General S	afety and Sanitation		
3020	Hand-Washing Procedures for	Warm water and soap present	
	Staff	Hands washed at required times	
3040	Hand-Washing Procedures for	Warm water and soap present	
Children		Hands washed at required times	
4110	Infant safe sleep practices	Infant safe sleep practices are followed	
4120	Diaper Changing Procedure	Diaper changing table with barrier and area is impervious to moisture and cleanable	
		Diaper changing area cleaned and sanitized between children	
		Soiled diapers disposed of in hands-free covered containers	
		Diaper-changing area adjacent to a hand-washing sink	
5020	Safe Environment	Free from injury hazards included but not limited to: burns, drowning, choking, cuts, entrapments, falls, gun shots, hearing loss, objects falling, pinches, poisons, punctures, crushed, shocked, trapped or tripped	
		Child-height handrails	
		Guardrails for stairs, elevated play areas	
		Electrical outlets protected with tamper-resistant receptacles or non-	
		removable covers Shielded light bulbs and tubes	
		Windows screened (if applicable)	
		Sleeping equipment or indoor climbing structures are not next to windows unless safety glass installed	
		Shielded heater (if applicable)	
		Portable heaters prohibited	
		<u> </u>	
		Entrance/exit doors monitored	
		Telephone accessible to staff	
		Flashlight/emergency lighting device	

General S	afety and Sanitation (continued)		
Codes: C	= Compliance D = Discussed N = No	n Compliance NA = Not Applicable E = Exception Granted	
Section	Requirement		Code
5040	Clean and Sanitized Environment	Surfaces must be easily cleanable using approved cleaning solution according to cleaning schedule	
		Building, equipment and premises maintained in a clean and sanitary manner	
		Premises free from rodents, insects and other pests	
		Written policies must include cleaning and sanitizing procedures	
Window I	Blind Pull Cords RCW 43.215.360		
RCW	Window Blind Pull Cords	Window blind cords do not form a loop	
Program,	Activities and Routines		
2010	Play Materials, Equipment and Materials	Children have adequate supply of accessible, culturally relevant, ageappropriate learning materials	
		Children have a current daily schedule of activities and lesson plans that are developed to meet the children's developmental, cultural, and individual needs	
		Include at least one (1) activity daily for each of the following:	
		Child-initiated activity (free play)	
		Staff-initiated activity (organized play)	
		Individual choices for play	
		Creative expression	
		Group activity	
		Quiet activity	
		Active activity	
		Large- and small- muscle activities	
		Indoor and outdoor play	
		Plan for smooth transitions by establishing familiar routines and using transitions as a learning experience	
		Afford staff classroom planning time	
2130	Outdoor Play Area	A safe outdoor or equivalent play area is provided	
		Square footage of play area: Minimum 75 useable square feet per child	
		Outdoor or equivalent play area used daily	
		A variety of age-appropriate outdoor play equipment is provided:	
		Climbing	
		Pulling	
		Pushing	
		RidingBalancing	
		Equipment and ground cover arranged to prevent child injury Maintenance of playground equipment to prevent child injury	
		manitenance of playground equipment to prevent child injury	1

Summary, Comments and Recommendations:					
Signatures:	Data				
Compliance Agreement: Yes No	Date:				
Licensee Signature:	Date:				
Licensee Signature.	Date.				
Licensor Signature:	Date:				
Health Specialist Signature:	Date:				



Family Home Abbreviated Checklist

INSPECTION TYPE		
VICIT DATE		

			I. PRO	VIDEF	RINFORM	ATION					
PROVIDER NAME					PROVIDER ID			ISSUE DATE			
DOING BUSINESS AS						ANNIVERSARY DATE EX			EXPIRATION DATE		
FACILITY TYPE TELEPHO				NUME	BER	EMAIL ADDRESS					
FACILITY ADDRESS				CITY	,				TE	ZIP CODE	
PRIMARY CONTACT PERSON						CAPACITY LICE			ENSING TYPE		
LICENSE STATUS REFERRAL STATUS							AGE RANGE				
							From:	From: To:			
II. WORKER ASSIGNMENT											
LICENSOR EMAIL ADDRI				ESS			TELEPHONE NUMBER				
LICENSING SUPERVISOR EM.			EMAIL ADDR	EMAIL ADDRESS			TELEPHONE NUMBER				
III. HOURS OF OPERATION											
DAYS OF OPERATION					HOURS OF OPERATION						
Mon Tue Wed Thu Fri Sat Su				Sun	a.m. through p.m.						
Fiene Indicators											
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable E = Exception Granted											
Section Requirement											Code
5600 Staff-to-child ratio					Provide qualified staff to fulfill the staffing requirements						
					and ratios at all times during all operating hours, including						
					off-site trips or when transporting children in care						
5750 Supervision					Provide required staffing levels, staff-to-child ratios, and supervision for the number of children in attendance						
6050 Guidance and discipline					Must use consistent, fair, positive guidance and discipline						
					methods appropriate to the child's developmental level,						
					abilities, culture and are related to the child's behavior						

Staff records Staff or Gov't Minimum Background Non-			Non-crimina	I TR	HIV/	CDR	First aid	Food	СТ	ARS Training	
old ames	issued picture							Thist aid	handlers permit	Ba	
	2075	1725		1225	1750	1850	1825	1825	7675	11	
n .		1735								19	10 2075
Code							Date Expired	Date Expired	Date Expired	-	, _
					$+ \vdash$		Date Expired	Date Expired	Date Expired		
					+ + +		Date Expired	Date Expired	Date Expired		<u> </u>
					$+$ $\frac{\square}{\square}$	H	Date Expired	Date Expired	Date Expired		
							Date Expired	Date Expired	Date Expired		
								<u> </u>	<u> </u>	_	
Recor	ds										
nber			Immunizations or exemption	Allergies 2050	authoriz	ed to	Emergency contact	Parent/ guardian information	provide	r or	Dental provider or written plan
tion	2050)	2050	2050	205	0	2050	2050	2050)	2050
e Code											
#1											
#2											
#3											
‡ 4											
# 5											
eping											
= Comp	oliance D	= Discu	ssed N = Non Co	ompliance	NA = Not	Applic	cable E = Ex	ception Gra	nted		
Requi	irement										Code
Child	records -	Confide	ntiality	Chi	Children's records are maintained in a confidential manner						
Licens	see and st	aff reco	ords		Provide and document annual infant safe sleep training						
Child	attendan	ce recor	^r ds		Daily attendance records kept for each child with required signature						
Mate	rials that	must be	posted								
						se					
							edness plan a	and drills inf	ormation		
						ditions	al licensing i	nformation	availahle fo	r	
				review						1	
	Recorniber #1 #4 #5 eping = Comp Requi Child Licens Child	Gov't issued picture ID 2075 Code	Gov't issued picture ID issued i	Gov't issued picture ID	Gov't issued picture ID	Secords Seco	issued picture Dackground check Dackground chec	ames picture p	Seconds Seconds Code C	issued picture promited background check	issued picture

applicable
Communications
Typical daily schedule

Notice of no or lapsed liability insurance coverage, if

	mergency Preparedness		
		nce NA = Not Applicable E = Exception Granted	0-1
Section	Requirement	Marinaria and an alternative with some beaution for and	Code
2950	Smoke and carbon monoxide detectors	Maintained and working with extra battery for each	
Health		I 6	<u> </u>
3325	Medication storage	Storage of prescription, non-prescription and rescue medications	
3375	Medication permission	On file from the previous 12 months Administration/medication log	
3625	Hand-washing	Staff must follow and teach children proper hand-washing	
		procedures; warm water, soap and single-use towels are available	
4075	First aid kit	Complete first aid kit in licensed space, on off-site trips and in vehicle when transporting children	
4100	Poisons, chemicals and other substances	Stored inaccessible to the children	
Indoor			
3925	Cleaning, sanitizing and disinfecting licensed space	Child care equipment and environment must be cleaned; sanitized and disinfected according to the table	
4200	Toys, equipment and recalled items	Equipment, toys or other items maintained in good and safe	
		working condition; recalled items removed	1
4300	Window coverings	With pull cords or inner cords capable of forming a loop are	
		prohibited as provided by RCW 43.215.360	
		May not be secured to the frame of an emergency window or	
		door if it would prevent the window or door from opening	
Outdoor		easily	
Outdoor 5000	Play aguinment		
3000	Play equipment	All play equipment must be developmentally appropriate,	
		maintained in a safe working condition and inspected at least	
		weekly for injury hazards, broken parts or damage	+
		Unsafe equipment must be repaired immediately or must be made inaccessible to children until repairs are made	
5025	Outdoor physical activities	Area promotes a variety of age and developmentally	
		appropriate active play for the children	
	ind Guidance		1
6275	Abuse and neglect – protection and training	The licensee and staff must protect the children, report	
		suspected or actual abuse or neglect, and train staff on	
		prevention and mandatory reporting requirements of child	
		abuse and neglect as defined in RCW 26.44.020; and RCW	
Program		26.44.030	1
6575	Daily activities to promote child growth and	Must provide daily activities that support each shild!	1
33,3	development	Must provide daily activities that support each child's developmental stage	
Infant			
7100	Infant safe sleep practices	Infant safe sleep practices are followed	
7250	Diapering and toileting	Separate from food prep area. Waterproof surface or mat cleaned/disinfected after each use	
7275	Diaper disposal	Provide container with tight cover and lined with disposal	
-		plastic. Located within arm's reach of changing area and not used for other household trash	

Summary, Comments and Recommendations:			
,,			
Signatures:			
Compliance Agreement: Yes No	Date:		
compliance rigides mental in the control in the con			
Licensee Signature:	Date:		
Licensor Signature:	Date:		
Health Specialist Signature:	Date:		
Health Specialist Signature:	Date:		



Child Care Licensing in Washington: A report to the Washington State Legislature



January 14, 2011

Elizabeth M. Hyde, Ph.D.

Director

Department of Early Learning

Kids' Potential, Our Purpose



Introduction

The Department of Early Learning (DEL) licenses more than 7,500 child care centers and family home child care providers around Washington, who care for up to 180,000 children from 1 month to 12 years old. DEL sets standards for licensed child care providers to ensure safe, healthy, and nurturing learning environments for children in licensed care.

DEL licensors work to help licensed child care providers offer the best programs possible. The responsibilities of DEL's 120 licensing staff include:

- Offering orientation workshops around the state for those interested in getting a child care license
- Providing guidance throughout the application process and ensuring application packets are complete
- Processing background checks to ensure staff in licensed facility meet the requirements needed to care for children
- Inspecting and monitoring licensed facilities to ensure they meet safety and health standards (once every 12 months for centers and once every 18 months for family homes)
- Offering technical assistance to providers when information and resources are needed to support quality care settings
- Responding to complaints about licensed child care
- Taking corrective action as necessary
- Representing the state by taking part in local early learning initiatives, such as community coalitions

Working with providers, licensors identify strengths in the child care setting, and offer information and resources when improvements are needed. DEL's licensing work is federally funded by the Child Care Development Fund (CCDF) block grant through the U.S. Health and Human Services Department Administration for Children and Families.

The 2010 State Supplemental Operating Budget (Engrossed Substitute Senate Bill 6444) directed DEL to develop a plan by Jan. 15, 2011, for how the agency can improve our child care licensing practices. The budget language states:

"The legislature notes that the department of early learning is developing a plan for improving child care licensing and is consulting, as practicable, with parents, licensed child care providers, and stakeholders from the child care community. The plan shall outline the processes and specify the resources necessary for improvements such as continuing licenses, child care licensing technology, and weighted child care regulations, including development of risk-based decision making models and inclusive, evidence-based rule making. The department shall submit to the appropriate committees of the legislature a plan by January 15, 2011."

While our child care licensing and monitoring work can be improved, we believe that we have a strong foundation on which to build:

Data from the 2008 Market Rate Survey (which DEL conducts every two years as the state's lead
agency for the federal CCDF) show that the majority of licensed child care providers are satisfied
with their licensors, and feel comfortable working with their licensors to ensure they offer safe,
healthy care.¹

¹ DEL 2008 Child Care Survey

- The National Association of Child Care Resource & Referral Agencies ranks Washington's child care licensing rules and oversight as among the top 10 in the nation, for both centers and family home child care (third in the nation for family homes² and ninth for centers³).
- DEL met or exceeded two of our Government Management Accountability and Performance (GMAP) measures for child care licensing in fourth quarter of 2010 (on-time monitoring visits, and timely responses to complaints in licensed child care). We are working with our partners at the Department of Social and Health Services on the third GMAP measure, which is for licensing complaints that include an allegation of abuse or neglect that must be investigated.

Even so, DEL recognizes the benefits of continuously improving the quality of our child care licensing and monitoring work. Such improvements will result in increased efficiency for the agency, enhanced relationships among licensors and licensees, and ultimately, improved child care quality for children in Washington.

In developing this plan for improving child care licensing in Washington, DEL consulted with parents, child care providers, DEL licensing staff, and early learning advocates. We reached out to all licensed providers and all DEL staff through an online "licensing reboot" website and series of surveys (www.del.wa.gov/reboot). We convened a work group that met five times via phone and in person throughout 2010 and included representation from the Legislature, the Service Employees International Union 925, providers and parents.

In addition to gathering this input from within our state, DEL also relied upon widely accepted licensing practices across the nation, and additional documents to inform this plan, including:

- October 2007 –Office of Financial Management: Loss Prevention Review Team Report⁴
- National Association for Regulatory Administration (NARA) 2005 Child Care Licensing Study Final Report⁵
- NARA 2007 Child Care Licensing Study Final Report⁶
- NARA 2007 Workload Study and Analysis Final Report⁷
- NARA 2008 Child Care Licensing Study Final Report⁸

² National Association of Child Care Resource & Referral Agencies (2010) Leaving Children to Chance: NACCRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes. http://www.naccrra.org/policy/state_licensing/#we_can

³ National Association of Child Care Resource & Referral Agencies (2009) We Can Do Better, NACCRRA's Ranking of State Child Care Standards and Oversight. http://www.naccrra.org/policy/state_licensing/#we_can

⁴ Washington State Office of Financial Management (2007) Loss Prevention Review Team: Report to the Director of the Office of Financial Management; Department of Social and Health Services; Economic Services Administration; Division of Child Care and Early Learning; Incident of January 2004. http://www.ofm.wa.gov/rmd/lprt/reports.asp

⁵ National Association for Regulatory Administration and National Child Care Information and Technical Assistance Center (2006). *The 2005 Child Care Licensing Study Final Report*. Conyers, GA: NARA. http://nara.affiniscape.com/associations/4734/files/2005%20Licensing%20Study%20Final%20Report_Web.pdf

⁶ National Association for Regulatory Administration and National Child Care Information and Technical Assistance Center (2009). *The 2007 Child Care Licensing Study Final Report*. Conyers, GA: NARA. http://www.naralicensing.org/associations/4734/files/2007%20Licensing%20Study_full_report.pdf

⁷ National Association for Regulatory Administration (2007). *The Workload Study and Analysis Report*. Conyers, GA: NARA. http://www.del.wa.gov/publications/research/docs/NARA Report 2007.pdf

National Association for Regulatory Administration and National Child Care Information and Technical Assistance Center (2008), *The 2008 Child Care Licensing Survey*, Conyers, GA: NARA. http://www.naralicensing.org/associations/4734/files/1005_2008_Child%20Care%20Licensing%20Study_Full_Report.pdf

The recommendations for improving child care licensing in Washington are grounded in these principles:⁹

- Making fair, balanced, and consistent data-driven and evidence-based decisions
- Using innovation to support a better way to do the work
- Increasing the transparency and availability of information for parents and the citizens of Washington
- Strengthening partnerships with providers and others, recognizing we can't do it alone
- Using health and safety as the basis for child care licensing, and building upon that to evolve licensed child care settings into nurturing places with quality *early learning* environments

The plan builds upon the strengths in the current system, while focusing on opportunities for improvements in the future. DEL has already started some of these improvements and is looking forward to realizing the other improvements in this plan.

Why is Child Care Licensing Important?

According to DEL's 2008 Parent Needs Assessment, about half of all children in Washington under age 6 are in child care outside their homes for at least part of their week. (Population estimates from 2005 show about 487,484 children birth through 5 living in Washington.) Thirty percent of children are in center-based care (including preschools) and 5 percent of children are in family home child care.

With so many children in child care settings around our state, we must work to ensure that child care settings in Washington support healthy child development. That means settings that are safe, offer nurturing and stable relationships, and provide linguistically, physically and cognitively rich environments.

According to Dr. Richard Fiene, Associate Professor of Human Development & Family Studies at Pennsylvania State University Harrisburg and a leading expert on measuring quality in licensed child care, "Quality child care is achieved by both regulatory and non-regulatory approaches…licensing provides the threshold for quality below which no program should be permitted to operate."¹⁰

The child care that is available today—both in Washington and around the nation—is characterized by marked variation in quality. Many licensed child care settings offer safe, healthy, high-quality care that promotes healthy child development. Unfortunately, some settings offer un-stimulating, and sometimes even unsafe settings¹¹. The latest brain research has given us a much clearer picture of how children learn and grow in their early years. During the early years of life, the brain is forming connections that are the architecture for a lifetime of skills and potential.

High-quality child care helps ensure healthy physical, emotional, social, and intellectual development. A strong child care licensing system establishes the very critical foundation of quality child care programs.

⁹ DEL and SRI International, 2008 Parent Needs Assessment

¹⁰ Fiene, Richard, Ph.D. *Licensing Measurement*. The Pennsylvania State University, 2005.

¹¹ National Research Council. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. J. P. Shonkoff and D. A. Phillips, eds. Washington, D.C.: National Academy Press.

Improving child care licensing in Washington: A 10-year plan for our state

Following is DEL's plan for improving child care licensing in our state. Because of the necessary resources to implement some of these strategies, it is estimated that this plan would take 10 years to implement fully.

I. Allow non-expiring licenses

Currently, all licensed child care providers must reapply for licensure every three years (RCW 43.215.260). RCW 43.25.280 allows for the issuance of an initial license until such time that the licensee can demonstrate and meet all requirements under the applicable Washington Administrative Code (WAC). The initial license is issued for six months; a total of four initial licenses can be issued during a two-year period.

Relicensing is a time-consuming process that involves much paperwork for both licensor and provider, and culminates in a relicensing visit that can last several hours.

In a non-expiring licensing model, all licensed child care providers would receive a non-expiring license once the provider meets all the Washington licensing standards and achieves full licensure. This would reduce the administrative paperwork burden on both the child care provider and DEL. Any time saved by DEL staff would then be used for maintaining our GMAP measures and offering more extensive technical assistance and support to licensed providers, as well as time spent observing interactions and the quality of the program.

It is important to note that this move would not decrease the current base level of monitoring (18-month monitoring cycle for homes and 12-month monitoring cycle for centers). Moving to non-expiring licenses would establish the foundation for moving forward with additional projects, including enhanced differential monitoring and risk/strength based decision making models, as data systems and analysis progress.

Based upon 2008 data¹², 12 states offer non-expiring licenses to some or all child care facility-types licensed in those states.

State	Child Care Center	Small Family Child Care Homes	Large/Group Family Child Care	
		Homes	Homes	
Arkansas	Non-Expiring	Non-Expiring	NC	
California	Non-Expiring	Non-Expiring	Non-Expiring	
Colorado	Non-Expiring	Non-Expiring	Non-Expiring	

National Association for Regulatory Administration and National Child Care Information and Technical Assistance Center (2008), *The 2008 Child Care Licensing Survey*, Conyers, GA: NARA. http://www.naralicensing.org/associations/4734/files/1005 2008 Child% 20Care% 20Licensing% 20Study Full Report.pdf

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Georgia	Non-Expiring	Annual Renewal	Non-Expiring
Kansas	Non-Expiring	Annual Renewal	Non-Expiring
Maryland*	Non-Expiring	Non-Expiring	NC
North Carolina	Non-Expiring	Non-Expiring	NC
Nebraska	Non-Expiring	Non-Expiring	Non-Expiring
State	Child Care Center	Small Family Child Care Homes	Large/Group Family Child Care Homes
Oklahoma	Non-Expiring	Non-Expiring	Non-Expiring
South Dakota	Non-Expiring	NL	Non-Expiring
Texas	Non-Expiring	Non-Expiring	Non-Expiring
Wisconsin	Non-Expiring	Non-Expiring	NC
Total	12 states	9 states	8 states
Washington	3-year renewal	3-year renewal	3-year renewal

Notes:

NC - Not Counted

NL - Not Licensed

Maryland: At time of first licensure, a home or center is licensed for 2 years. After that initial 2-year period, the facility is eligible to receive a non-expiring license.

Wisconsin: Licenses are continued every 2 years, but are considered non-expiring.

Resources necessary to implement non-expiring licenses

A move to non-expiring licenses could be accomplished with minimal fiscal impact to DEL. DEL would seek a change to RCW to include language that makes a full license non-expiring, so long as a provider meets the following requirements on an annual basis as established from the date of initial licensure:

- 1) Pay the annual licensing fee
- 2) Submit a declaration to DEL indicating the intent to continue to operate a child care, and if not in operation, similarly inform DEL that the child care is no longer in operation
- 3) Submit a declaration of compliance with all licensing rules
- 4) Submit background check applications at a frequency established by DEL

Failure to meet these requirements would cause the license to expire, and the provider would be required to submit a new application.

II. Invest in child care licensing technology

To meet our child care licensing data needs, DEL relies upon FamLink, the Department of Social and Health Services (DSHS) Child Welfare Information System (child protective services, foster care, and adoption, etc). DEL pays DSHS an average of \$25,000 per month for access to FamLink. Our licensing staff use FamLink to store notes from monitoring visits, licensing complaint inspection reports and other data.

However, because FamLink was not designed to accommodate the needs of an early learning system, DEL continues to use paper files for much of our child care licensing work. This means our agency lacks the ability to readily pull child care licensing data for internal *or* external use.

DEL has completed two significant studies regarding early learning information system needs. The first was the ELIS Feasibility Study completed in June of 2007. The second study was completed through the support of a Bill and Melinda Gates Foundation grant in the summer of 2008. DEL has requested state funding for an early learning information system, but has not to date received funding. We have continued to investigate alternative technology solutions to:

- Support a more mobile and efficient licensing staff
- Yield data that inform agency decision-making
- Yield data that inform parents, families, and other external stakeholders about licensed child care

DEL researched current child care information systems used around the nation, and discovered that most of the system used in Indiana was developed using federal CCDF funding, and therefore was available to Washington royalty-free through an agreement with Indiana. DEL obtained a copy of the royalty-free data architecture in 2009.

The Indiana system has modules developed specifically for: child care licensing; family, friend, neighbor care; electronic licensing forms; quality rating systems; and child care subsidy intake, eligibility, and payment systems. The system is designed to maintain and track data on all licensed and certified child care providers, as well as manage inspections and complaints according to individual program rules and statutes. Through electronic licensing forms, licensors in Indiana are able to electronically submit data from the field, including pictures, digital signatures, and notes collected in the field. The automated data process provides immediate feedback to the provider, eliminates handwritten inspection reports, and allows the state to analyze licensing inspection data.

DEL reprioritized our federal CCDF funds to pilot electronic licensing forms (ELF) at the end of 2009. We are in the process of fully implementing ELF, which we anticipate will be in full use by all licensing staff in spring 2011. DEL will be making use of a "light" version of the Indiana-developed database in order to capture and use the data. (a light version of the database is the basic architecture without the expanded functionality). With full implementation of their database and electronic licensing forms, Indiana reported an estimated 26 percent increase in licensing efficiency.

Resources necessary to implement electronic licensing forms

DEL has identified federal dollars to implement electronic licensing forms; however, there will be ongoing maintenance costs. DEL will seek funding to customize the Indiana modules for use in Washington. Upon identification of funding, DEL would continue to develop a full child care licensing database. Funding levels would be determined based upon the development sequence and implementation of each module. The next logical step would be to expand the child care licensing database from a "light" to a full version – coordinating with existing data management, as well as with planning for the grant project in progress regarding the ECEAP data system. Approximate costs for the next expansion are \$750,000. Full implementation, including maintenance, is estimated to be \$750,000 - \$1,000,000.

III. Move to weighted regulations (including risk-based decision making models)

Weighted licensing regulations assign different rules a weighted "value" associated with a level of potential risk. These weights are used to determine the level of risk present in a licensed child care setting. While every child care licensing regulation is designed to provide some level of protection to children, not all regulations—if violated—present the same level of risk to children.

Fiene's *The Thirteen Indicators of Quality Child Care*, last updated in 2002, explains the development of weighted regulations and the use of monitoring indicators. This work has been instrumental in the development of state child care regulations around the nation, as has been the National Resource Center for Health and Safety in Child Care publication of *Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care* and the companion, *Stepping Stones to Using Caring for Our Children.* While many states—including Washington—have used a research-based approach to writing licensing rules, only a few have moved to using weighted regulations.

A weighted regulations system would:

- Enable a licensing monitoring system that is based, in part, on a history of regulation violations and the severity level (weight) associated with each violation.
- Establish a risk matrix. Weighted regulations assign a risk (or weight) to each individual licensing regulation. This weight is based on "best-available" research, including the use of Fiene and *Caring for Our Children*.
- Assist in licensing enforcement actions. A weighted regulation system provides valuable
 information to licensing staff to use when determining licensing actions. By examining the
 relative weight of licensing violations, coupled with the history of past violations and their
 consequences, DEL can improve policy and procedure to assist licensing staff in making
 consistent licensing enforcement action decisions.
- Create consistency in licensing decisions. As practice evolves under weighted regulations, the
 weights associated with a given violation will help inform licensors as to appropriate levels of
 licensing action.
- Help communicate to parents, providers, and other stakeholders those regulations that are critical
 to health and safety: By weighting child care regulations, parents and others can become aware
 of those regulations that are seen as crucial to health and safety; providers are able to make
 modifications and become increasingly educated and aware of those elements in the child care
 setting that directly lead to health and safety.

Creating weighted regulations requires evaluating each regulation against a specific set of standards, or research. The challenge is determining the weight of each regulation. There is not an established child care risk matrix that directly correlates to licensing regulation. As noted above, Fiene and his colleagues have established some guidelines from which to start, in *Thirteen Indicators of Quality Child Care*. However, Fiene's work does not prescribe weights to these 13 indicators; they are all treated equally in terms of risk. Therefore, the biggest challenge for DEL in creating weighted regulations would be the process of assigning value to each of the various child care regulations—what is each regulation's relative risk to health and safety?

A research-based approach to weighting regulations in Washington would require the following steps:

- Gather data about complaints and compliance for a period of one year.
- Conduct detailed statistical package analysis, with the data guiding the weight assigned to each rule. (A less desirable alternative would be to assign arbitrary risk levels for each child care regulation.)
- Update all three sets of child care rules (family home, school-age and center), and then develop a matrix with all three rules and begin assigning a weight using a five-point scale. Ideally, the weighting of a regulation would be based [in part] upon the licensing compliance data and analysis of that data around new regulations. In the absence of such research and developed data analysis, initially the weight of a given regulation could be based on the work of Fiene, Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care, and Stepping Stones to Using Caring for Our Children.
- Provide time for focus groups with parents, providers and other stakeholders, followed by more formal public comment opportunities.

Risk/Strength Based Assessment and Decision Making Models: An approach to regulatory decision making in which decisions are made based on the results of strengths and risk analysis integrated into the child care checklists and other DEL tools.

These types of tools are supported by weighted licensing standards and support more consistent and transparent decision making. Monitoring checklists would allow for differential response using evidence-based weighted regulations. Using a differential checklist based on the risk modeling would allow a licensor to monitor a child care facility more consistently while still addressing major areas of risk. An example: if a child care facility fails to meet several major risks areas on an abbreviated monitoring checklist, a comprehensive checklist would then be required to be completed.

Future DEL developed checklists would include self-assessment tools that will ask licensed providers to identify their early learning strengths and skills. In addition to those checklists DEL uses for monitoring, these new checklists and self assessment tools will help licensed providers develop ideas for building on their strengths and skills.

IV. Explore differential (enhanced) monitoring

Differential monitoring is an evidence-based method of assigning a risk/strength factor to the individual licensee, based on compliance, weighted licensing standards, and licensing history. This determines the monitoring level of a facility needed in a given time period. There will always be a minimal level of monitoring, and implementation of differential monitoring system would depend upon DEL successfully implementing a data system, a strengths and risk model, and weighted licensing standards to inform decision making regarding level of monitoring.

Recent discussions with other states at a U.S. Administration for Children and Families conference suggested that the states who had experience with or had researched differential monitoring (where there is reduced monitoring) were moving away from that practice in favor of a minimum threshold for monitoring visits. Discussions suggested that DEL should look to enhanced differential monitoring, where a minimum threshold of monitoring occurs – but enhanced monitoring could be targeted on low-performing sites. An empirical study in Vermont¹³ demonstrated that those sites receiving fewer monitoring visits resulted in reduced levels of compliance with licensing standards...and those who received more visits had higher levels of compliance. Differential monitoring can flow from a well-designed set of weighted regulations and are a natural progression for child care licensing in Washington after weighted regulations are developed and implemented.

Resources necessary to implement weighted regulations, risk/strength assessment and decision making model

Moving to weighted regulations would require a data system that allowed DEL to collect and analyze data around compliance rates with licensing rules. Each regulation violation would need to be entered into a database for future data analysis. Over time, DEL would analyze the frequency of violations, the frequency and severity of complaint intakes and their resolutions, and the overall response by DEL licensors. This information would help us evaluate the effectiveness and appropriateness of the weighted regulation. Over time, the weight assigned to a particular regulation could be modified to reflect actual experience from the field.

The weighted regulations and risk/strength assessment and decision making models both require a comprehensive data system and a minimum amount of data from which to begin to analyze statistical relationships. Information gathered from consultation during regional roundtable and national conferences suggests that one year of data is the bare minimum from which to begin the analysis of statistical relationships.

DEL currently has a small section of policy staff who are responsible for licensing policy and practice, subsidy policies, agency legislation requests and rule making, contract and collective bargaining management, and response to legislative inquiries. DEL lacks staff to perform complex statistical modeling, once a sufficient amount of data around compliance and complaints can be developed. Beyond the above identified resources necessary to support child care licensing technology, DEL would require one to two staff members capable of developing and maintaining complex statistical modeling for child

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¹³ Gormley, Jr., W.T. (1995) Everybody's Children – Child Care As a Public Problem. Washington, D.C.: The Brookings Institution

care licensing. (Approximately \$131,000 per FTE per year and a minimum of one year to develop the weighted model, once a resource has been established for the data system.)

V. Ensure inclusive, evidence-based rule making processes

Washington has three sets of rules for licensed child care, covering three unique settings: family homes, centers, and school-age programs. While there are differences, there are areas of overlap between the three sets of rules. DEL is in the process of finalizing updated family home child care rules developed through a formal Negotiated Rule Making process involving DEL and the SEIU. The school-age program rules have been examined by an independent group of providers and stakeholders, with recommendations delivered to DEL at the end of July 2010, with plans to begin rule development mid-2011.

After these two sets of rules are revised, DEL will then begin review of child care center rules, most likely beginning with an invitation to provide input in early 2011, and drafts of revised rules following in 2012.)

Scheduled full revisions of child care regulations should go through an inclusive and evidence-based rule making process, using lessons learned from past and current review processes. The family child care rules have been undergoing a full revision making use of a negotiated rule making process. The schoolage rules have undergone a similar process. The future rule making for DEL will be child-centered, fair to providers, evidence-based, and written in clear plain talk.

Resources necessary for improvements

While DEL staff maintain child care licensing standards as part of their regularly assigned duties, the process of engaging in inclusive and evidence-based rule making can be both time consuming and has increased costs related primarily to travel, meeting spaces, and other activities related to gathering appropriate levels of feedback and input from parents, providers, and the community. Appropriate levels of resources are key to maintaining an increased level of community feedback and involvement in not only child care licensing, but in early learning in general. Such outreach and communication activities cost approximately \$200,000 or more annually for DEL operations.

Additional DEL Initiatives

Background Checks

Current law, RCW 43.215.005 requires background checks of applicants for employment in any child care facility licensed or regulated by DEL.

Right now, a child care staff member must undergo a background check every time he or she moves to a new program. While this provides a greater degree of scrutiny through additional background checks, DEL would like to explore creating a transferable background check certificate, which staff could use when moving among child care programs or working as a substitute. The benefit of this type of system would include reduced cost to the child care providers and greater licensor efficiencies by reducing the number of times an individual must be checked when moving from one child care job to another. DEL anticipates that moving to an updated method of background checks would require additional resources

for information technology changes and support, as well as staffing to maintain a registry of cleared individuals.

DEL is in the final phases of working with the Washington State Patrol, the Department of Social & Health Services, and a state contractor (L-1 Enrollment Services) to implement the use of electronic fingerprinting. DEL has been informed that the system will be ready for implementation in mid-January 2011 and anticipates that the system will be in active use beginning February 1, 2011.

Professional development for licensors and providers

DEL Licensing Professionals

DEL has continued to build upon and strengthen the current training curriculum for licensing professionals that address their early childhood and education and regulatory role. As licensors promote safe, healthy environments, this also promotes healthy child development and where children can learn, have fun, and prepare for kindergarten. An online, module-based system of learning has been developed specific to Washington as one approach to training and on-going professional development of child care licensors. DEL licensors have also been enrolled in and are completing the National Association for Regulatory Administration curriculum that will ultimately lead to a professional core knowledge credential later in 2011.

Pre-Service Training for Licensed Child Care Providers

DEL is exploring developing a comprehensive pre-service curriculum to better prepare licensed child care and early learning professionals to operate and provide a safe, healthy environments that promotes healthy child development and learning opportunities. Development and delivery of pre-service training would depend on adequate funding, or a fee for service model, and could rely upon online learning and/or the network of community colleges for delivery and academic consistency. Involvement of the higher education system in pre-service training may also work to improve education opportunities for developing early learning professionals – the resulting outcome being positive for children. This would include a more supportive, comprehensive, and consistent delivery method for child care licensing orientations, which will include online modules with quizzes, development of child care guidebooks, and other resources. Current work has begun in preparing a One Science module that emphasizes the current brain development of early childhood and how caregivers can support positive development.

Coordination with the Professional Development Consortium (PDC)

DEL will continue to coordinate and integrate the child care licensing standards or WACs with the work and recommendations of the Professional Development Consortium to the Washington State Legislature. The Professional Development Consortium has completed its work and has submitted a report to the 2011 Legislature.

Coordination with the Quality Rating and Improvement System (QRIS) Work

Based upon information received from the federal Office of Child Care, there will be an increased emphasis on quality and the relationship to child care licensing in the future CCDF plan. This emphasis will include stronger policies and accountability, annual goal setting and reporting, and stronger fiscal integrity, along with a focus on quality activities that serve to improve licensed and certified child care. The strength of any QRIS model in Washington will depend upon the level of communication and

coordination between the DEL licensor, the QRIS coaches/mentors, and the child care providers. Child care licensing standards are the foundation of quality and provide a strong start for improvement.	l
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