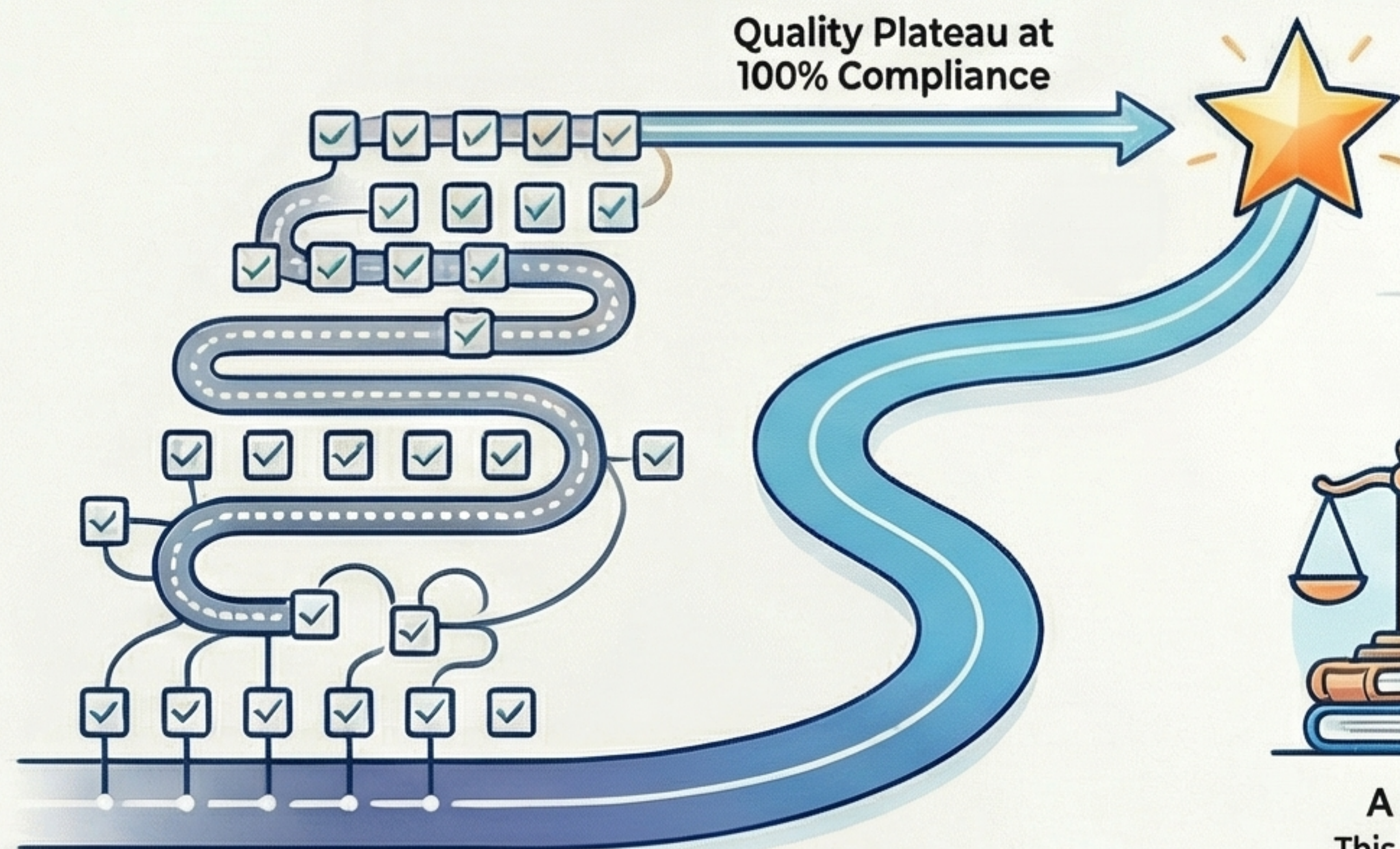


A Legacy of Quality: Dr. Richard Fiene's Impact on Early Childhood Education

A Revolutionary Theory of Compliance

The Theory of Regulatory Compliance



Traditional Focus (All Rules)

The positive link between rule compliance and program quality breaks down at the highest levels.

Substantial Compliance (Key Indicators)

Proposes that substantial, not full, compliance with all rules produces the best quality outcomes.



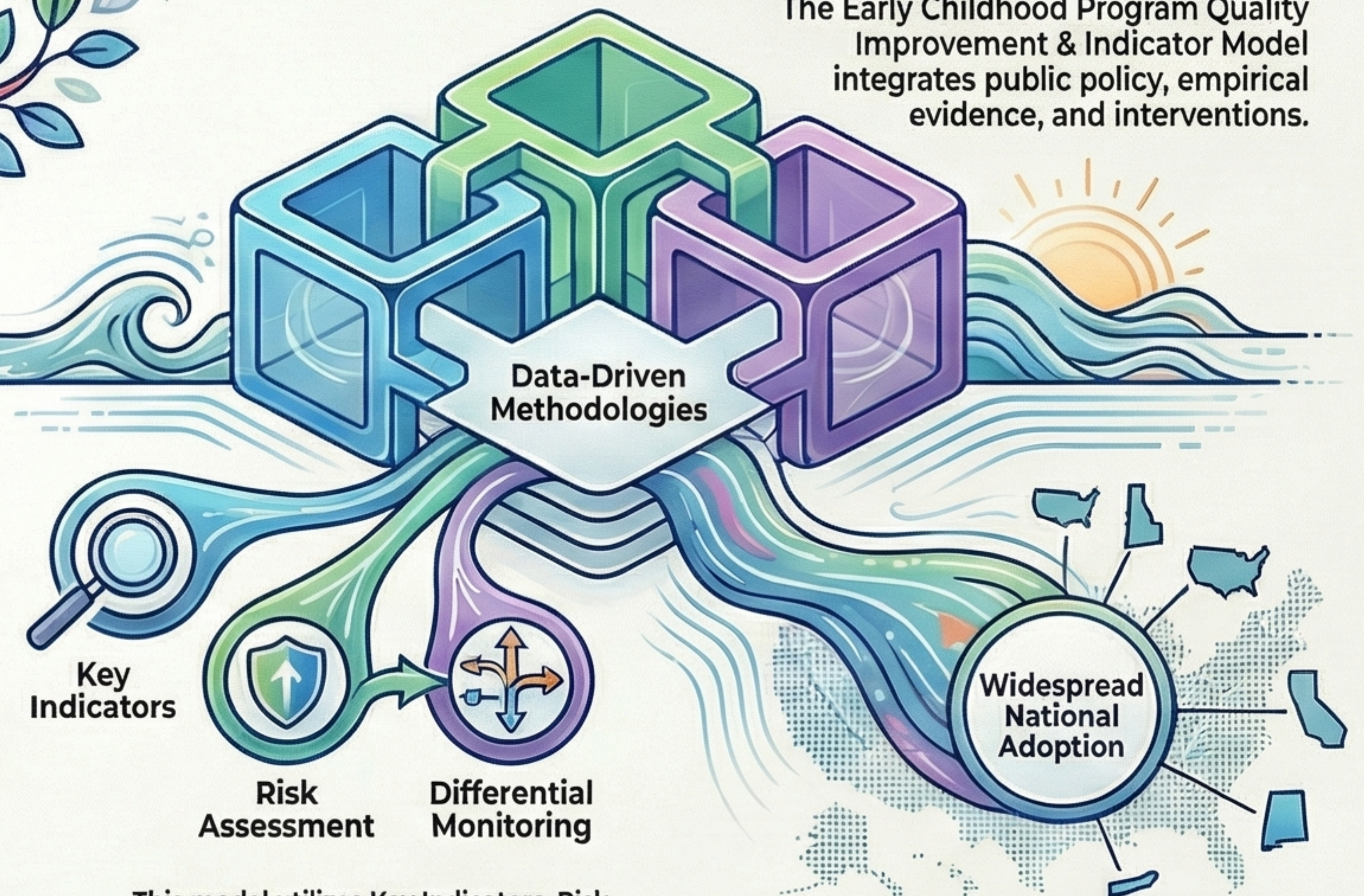
A Shift in Focus:

This theory encourages regulators to focus on specific key risk indicators rather than every single rule.

A Model for Improving Quality

The ECPQIM Framework

The Early Childhood Program Quality Improvement & Indicator Model integrates public policy, empirical evidence, and interventions.



Key Indicators

Risk Assessment

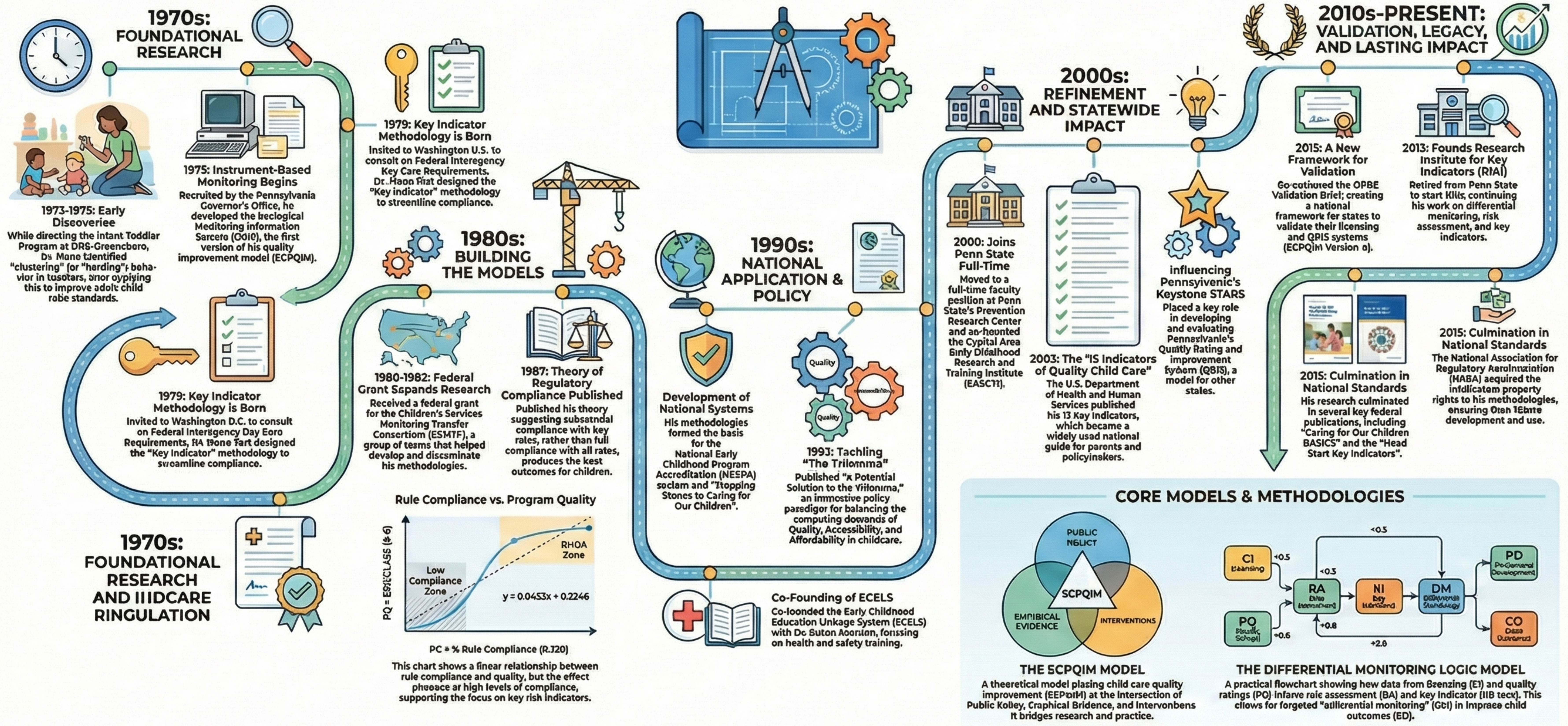
Differential Monitoring

This model utilizes Key Indicators, Risk Assessment, and Differential Monitoring for efficient oversight.

Widespread National Adoption

Influenced national standards like Caring for Our Children Basics and systems in most states.

DR. RICHARD FIENE: THE ARCHITECT OF MODERN CHILDCARE REGULATION

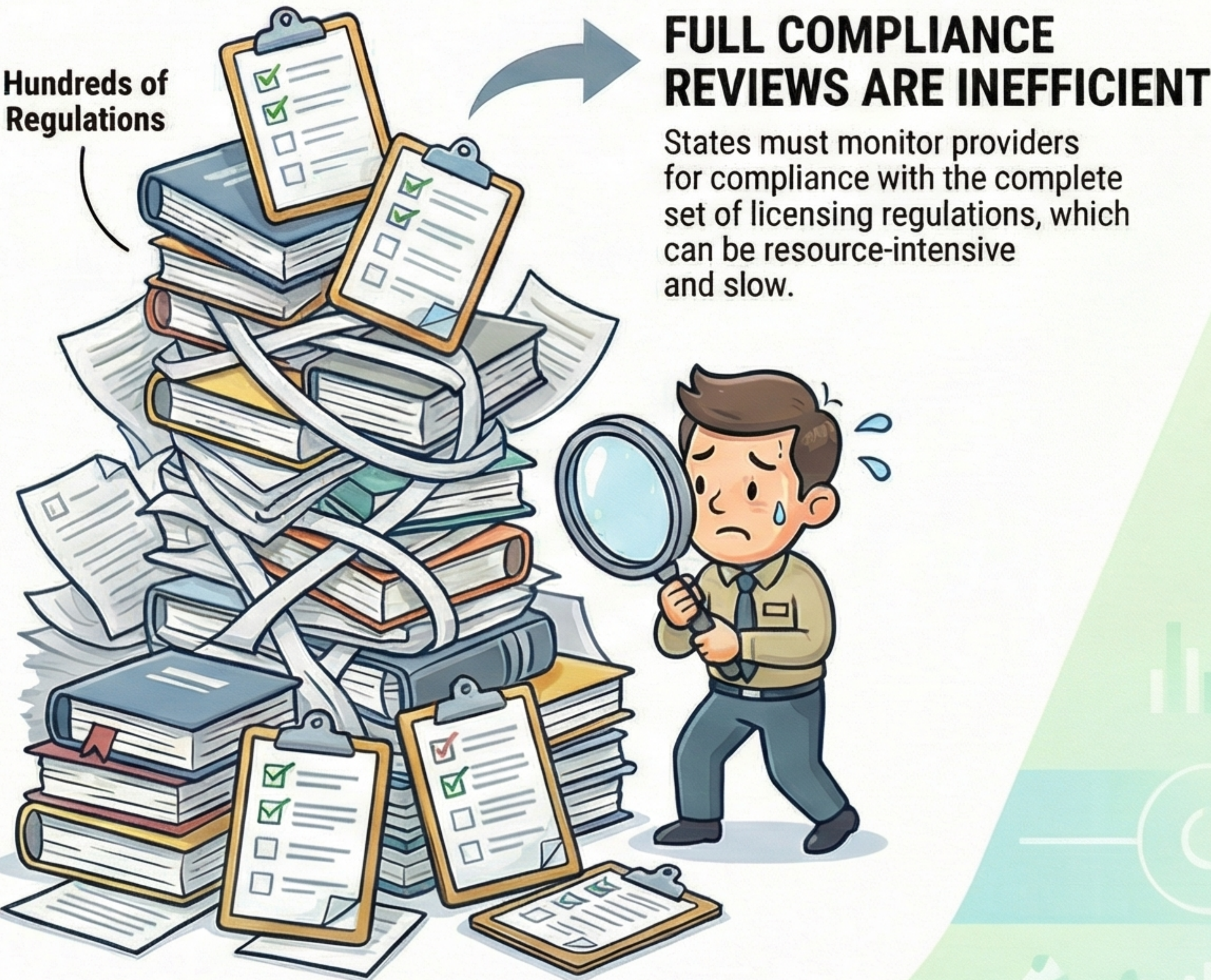


“I would like to be a voice for those who are our most vulnerable and feel they do not have a voice.” – Dr. Rick Fiene

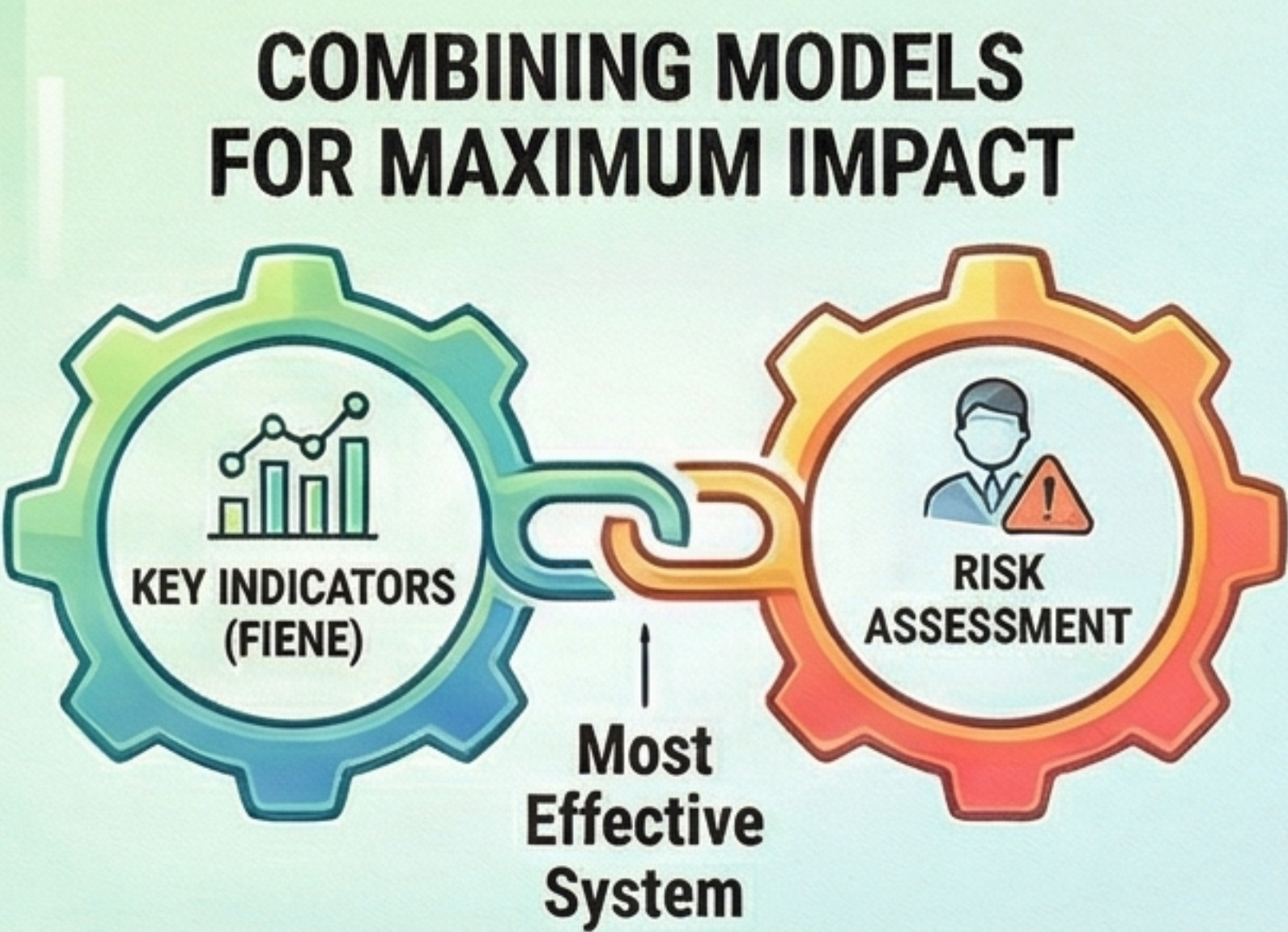
The Fiene Method: A Smarter Approach to Child Care Monitoring



Dr. Richard Fiene’s research pioneers a statistical methodology to streamline Child Care and Early Education (CCEE) licensing inspections, making them more efficient and effective by focusing on the regulations that best predict overall compliance.

THE CHALLENGE: TRADITIONAL INSPECTIONS



THE FIENE SOLUTION: DATA-DRIVEN MONITORING



APPROACH COMPARISON		
	 Key Indicators (Fiene)	 Risk Assessment
PRIMARY GOAL	Predicts overall compliance	Identifies greatest risk of harm
METHOD OF SELECTION	Statistical analysis	Expert consensus

The Fiene Approach: Smarter Child Care Licensing Through Data.



The Key Indicators Approach: A Foundation for Efficiency

A statistical method to pinpoint what matters most.

Developed by Dr. Fiens, identifies a small subset of regulations statistically shown to best predict a provider's compliance with the full set of rules. (Source: Fiene, 2013a; Fiene & Kroh, 2000)

How it works:
Data reveals the predictors.



Analyzes a state's actual compliance data to discover strongest indicators of overall provider compliance.



Key indicators are consistent across different settings.

Research in Indiana showed considerable overlap in identified key indicators for centers, homes, and license-exempt homes, showing reliability. (Source: Fiene, 20190)

Fiene's Research in Action: State Examples



Georgia: Validating the "Core Rule" System.

External review by Fiene confirmed 74 "core roles" (risk-assessment approach) successfully predicted overall compliance with 436 licensing regulations. (Source: Fiene, 2014a)



Washington: A Hybrid Model for Monitoring.

Planned new inspection system, co-developed by Stevens & Fiene, combines key indicators, highest-risk regulations, and a rotating sample of other rules. (Source: Stevens & Fiene, 2018)



Indiana: Versatility Across Provider Types.

Fiene's work successfully identified key indicators for various settings, including centers, homes, and legally license-exempt homes, showing flexibility. (Source: Fiene, 20196)



The goal is to focus on standards linked to quality and safety.

A powerful pairing: Key Indicators + Risk Assessment.

Fiene and experts advocate combining data-driven Key Indicators with Risk Assessment to identify regulations posing the greatest risk of harm. (Source: Fiene, 2019b)



The ECPQI2M4 Model: A comprehensive framework.

Integrates risk assessment, key indicators, and differential monitoring strategies. (Source: Fiene, 2016)

GOAL: Focus on standards linked to quality and safety.

Helps licensing agencies shift efforts to standards empirically proven to be associated with program quality and child safety. (Source: Fiene, 2016)

Linking Licensing Compliance to Program Quality



Fewer violations are linked to higher quality ratings.

Fiene's research with Washington licensing data found higher QBIS star levels were associated with fewer licensing violations. (Source: Fiene, 2017)



Compliance with core rules predicted quality in Georgia's Pre-K.

Georgia validation study found compliance with "core roles" was a predictor of program quality for state-funded pre-kindergarten programs. (Source: Fiene, 2014a)



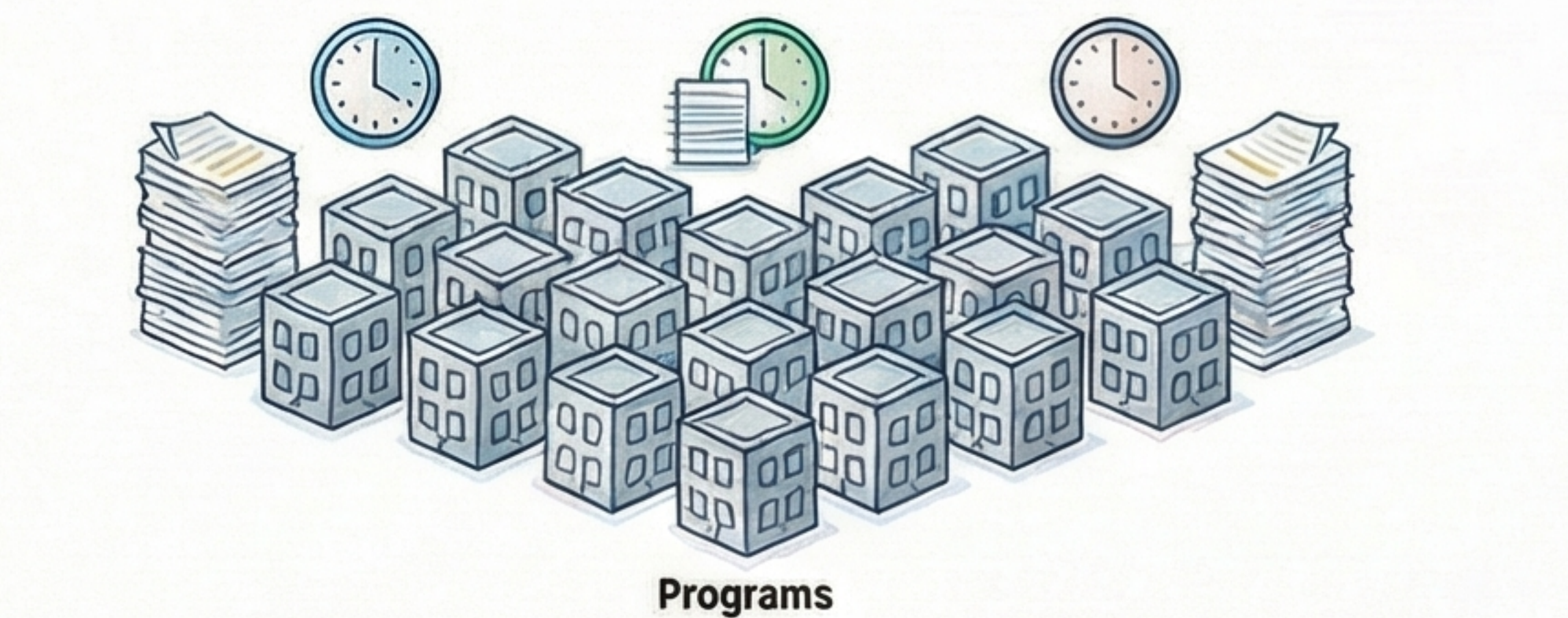
A call for continued research and validation.

Fiene and Kroh have called for more studies to examine the effectiveness of differential monitoring approaches to ensure they work as intended to protect children. (Source: Fiene & Kroh, 2016)

Smarter Monitoring for Early Childhood Education: The DMLMA Framework

The DMLMA framework integrates various monitoring systems (licensing, risk assessment, quality ratings) into one validated model. This allows regulatory agencies to move away from inefficient, uniform monitoring and instead focus resources on programs that need the most support, ultimately improving child outcomes.

The Shift to Targeted Monitoring



How DMLMA Works: From Broad Rules to Predictive Indicators

Level 1: Comprehensive Standards (CI)

The complete set of all health and safety rules (e.g., Caring for Our Children: 300+ rules).

Level 2: Risk Assessment (RA)

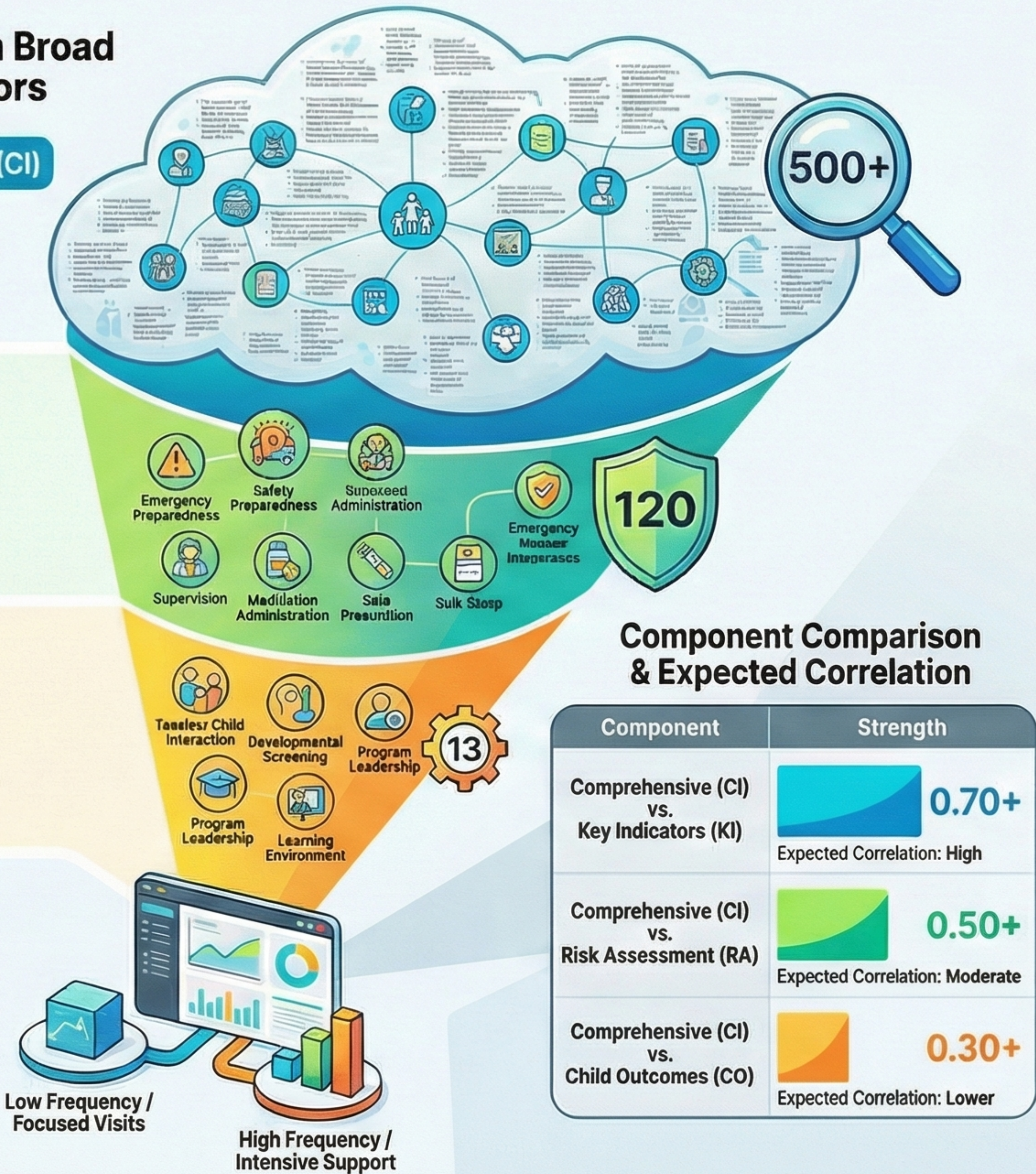
A subset of the most critical rules essential for safety (e.g., Stepping Stones: 120 rules).

Level 3: Key Indicators (KI)

A small set of predictive rules that indicate overall quality (e.g., 13 indicators of Quality).

Decision Making: Differential Monitoring (DM)

Data from RA and KI determines the frequency and focus of future monitoring visits.

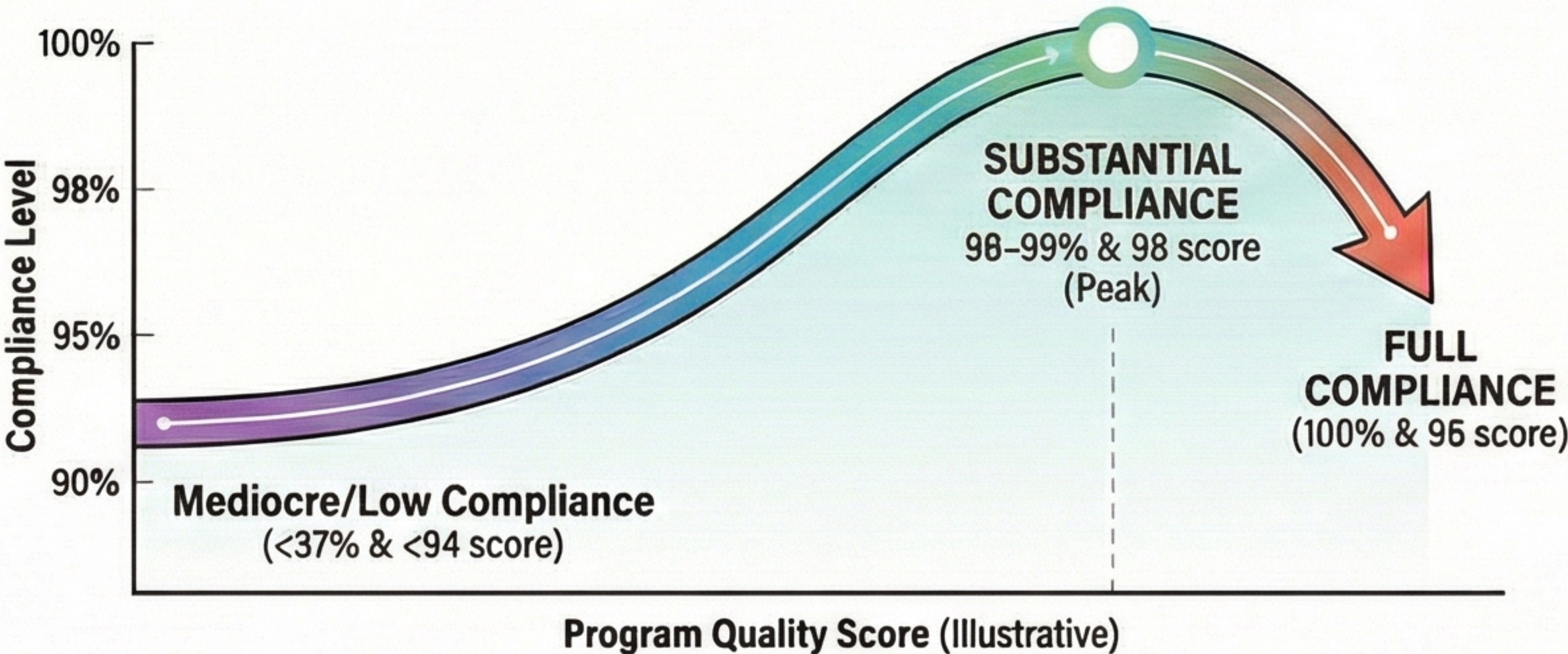


The Compliance Paradox: Why 100% Isn't Always Best in Childcare

For decades, it was assumed that childcare program quality increased in a straight line as regulatory compliance approached 100%. However, research reveals a surprising gap between perfect paperwork and actual quality, leading to a new paradigm for evaluating childcare services.

THE "FULL COMPLIANCE" TRAP

Quality Plateaus and Can Even Decline



Paperwork Over People

Staff chasing perfect scores spend more time on bureaucracy than on improving curriculum and teaching.



Skewed Data and False Results

An all-or-nothing approach creates unreliable data and increases the risk of incorrect assessments.

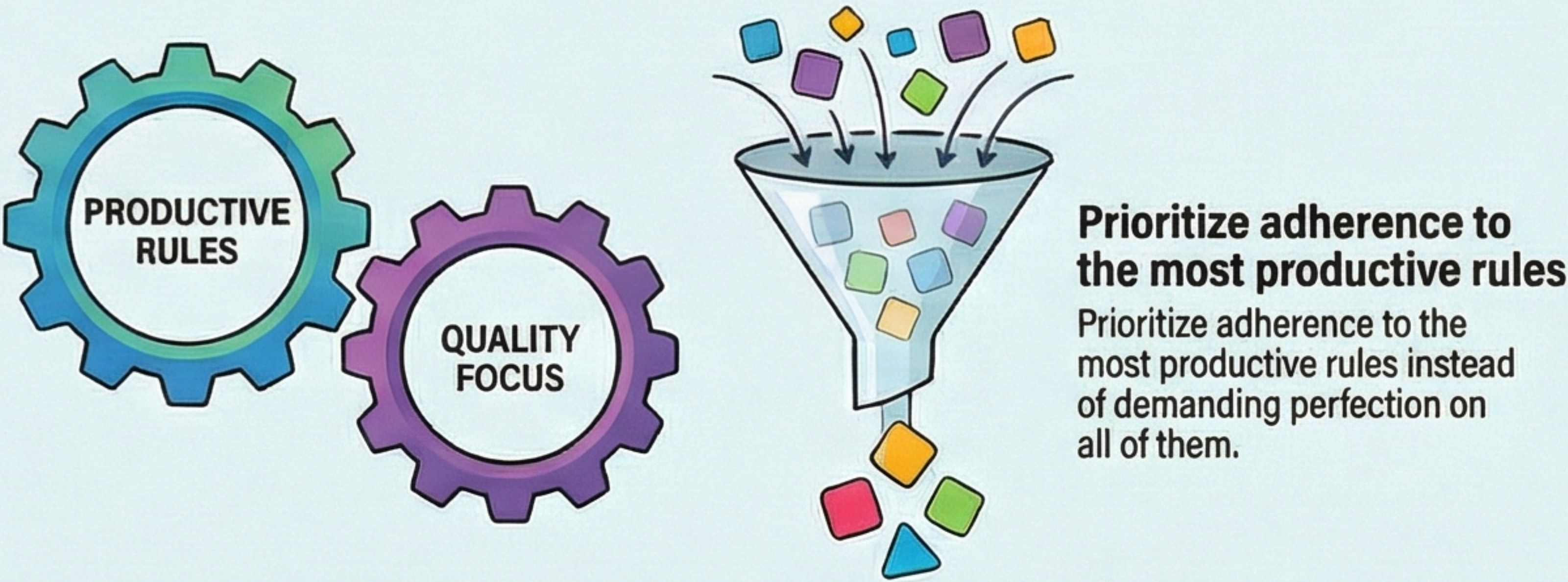


Quality Plateaus and Can Even Decline

Pushing from 98% to 100% compliance does not improve—and may even harm—program quality.

A SMARTER APPROACH

Focus on "Substantial Compliance"



Use Differential Monitoring
Rules that statistically predict a facility's overall compliance.



KEY INDICATORS



RISK ASSESSMENT
Rules weighted by their potential to harm a child's health and safety if broken.

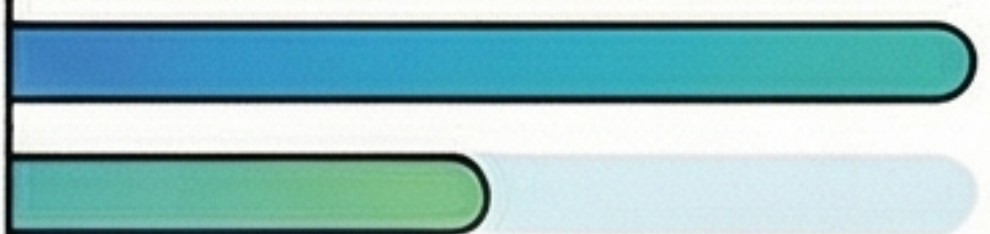
50% MORE EFFICIENT REVIEWS

COMPREHENSIVE INSPECTIONS
Takes full time



ABBREVIATED, TARGETED REVIEWS
50%

Comprehensive
Targeted Reviews



Abbreviated, targeted reviews using this approach take half the time of comprehensive inspections.

Smarter Rules, Safer Kids: A New Approach to Child Care Regulation

THE CHALLENGE: A CHILD CARE STANDOFF

Child Care Trilemma



Child Care Trilemma

A constant struggle to balance Quality, Accessibility, and Affordability for families.



700+ STANDARDS

The primary guide, “Caring for Our Children” (CFOC), is comprehensive but overwhelming.



A PUSH FOR DEREGULATION

Political pressure to arbitrarily cut rules threatens child safety and program quality.

THE SOLUTION: A SCIENCE-BASED FUNNEL

REGULATORY SCIENCE OFFERS A DATA-DRIVEN PATH

This approach replaces political debate with empirical evidence and risk assessment.

STEP 1: IDENTIFY HIGH-RISK STANDARDS

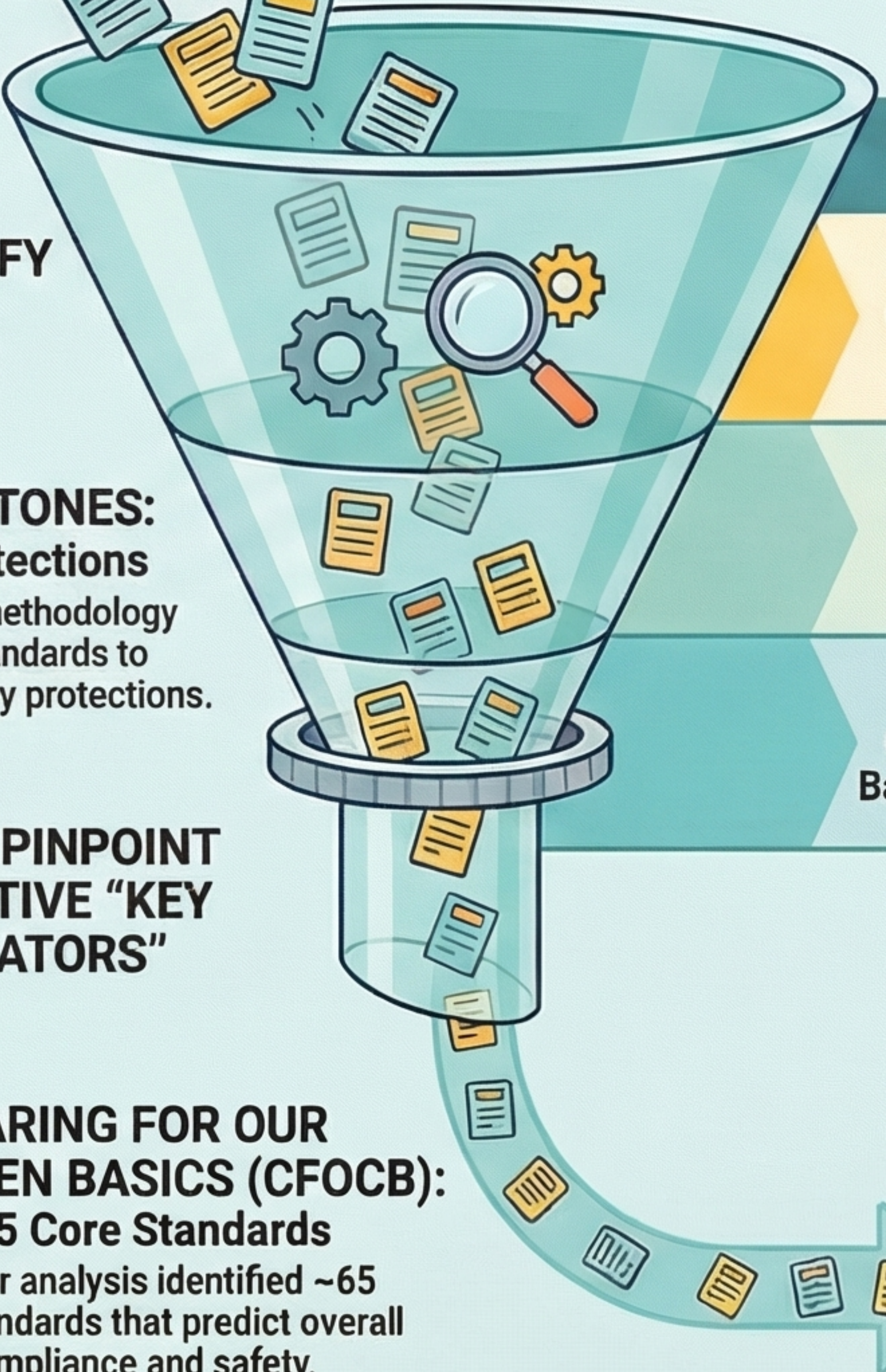
STEPPING STONES: ~120 Key Protections

Risk assessment methodology reduced 700+ standards to approximately 120 key protections.

STEP 2: PINPOINT PREDICTIVE “KEY INDICATORS”

CARING FOR OUR CHILDREN BASICS (CFOCB): ~65 Core Standards

Further analysis identified ~65 core standards that predict overall compliance and safety.



DOCUMENT / PHASE	# OF STANDARDS	PRIMARY METHODOLOGY
Caring for Our Children (CFOC)	700+	Comprehensive Best Practices
Stepping Stones	~120	Risk Assessment
Caring for Our Children Basics (CFOCB)	~65	Key Indicator Identification

Smarter Child Care Monitoring: From Lengthy Reports to Data-Driven Insights

THE CHALLENGE: Pressures on State Monitoring Systems



Less than 1%
States spend less than 1% of day care funds on monitoring, despite the industry being valued at over \$6.3 billion annually

Fiscal cutback

Increased Workloads

Deregulation Pressure
External forces demand a more streamlined approach due to fiscal cutbacks, increased workloads, and deregulation pressure

\$6.3 Billion+ Industry

THE SOLUTION: Instrument-Based Monitoring & Indicator Checklists

Instrument-Based Program Monitoring (IPM) provides consistency

Standardized Checklists
IPM uses standardized checklists based on state regulations, ensuring all providers are evaluated equally

The "Indicator Checklist" radically improves efficiency

This short form uses ~25 key "predictor" items instead of the full ~200-item instrument

Key Predictors of Quality & Compliance:

- Appropriate staff-to-child ratios are maintained
- Sufficient space is provided (min. 40 sq ft per child)
- Cleaning materials are stored safely and are inaccessible to children
- Emergency contact information is available for all children

INSTRUMENT-BASED PROGRAM MONITORING (IPM)



PROVEN RESULTS: Major Cost & Time Savings

SAVED
~\$5 MILLION
In Pennsylvania

50% LESS TIME
West Virginia reduced staff monitoring time by 50%

From Rules to Results: A Smarter Way to Measure Child Care Quality

The Two Faces of Quality

**Structural Quality:
The Foundation**



**Structural Quality:
The Foundation**

Focuses on countable health and safety rules like staff-child ratios and group sizes.

**Process Quality:
The Interaction**



**Process Quality:
The Interaction**

Measures nuanced teacher-child interactions, emotional climate, and opportunities for learning.



The Measurement Dilemma

Structural rules have a “ceiling effect,” making it hard to distinguish high performers.

A Smarter Approach to Monitoring

Breakthrough: The Theory of Regulatory Compliance



Breakthrough: The Theory of Regulatory Compliance

Showed that “substantial compliance,” not 100%, is a better predictor of overall quality.

New Method: From Uniform to Differential Monitoring



Uniform
Monitoring



Differential
Monitoring



Uniform
Monitoring
Checking
every rule



Differential
Monitoring
Focus on key
indicators that
predict overall
compliance

The Result: Integrated & Predictive Oversight



**Key Quality
Indicators (KQIs)
now integrate both
structural and
process measures
for efficiency.**

Smarter Regulation: A New Paradigm for Compliance

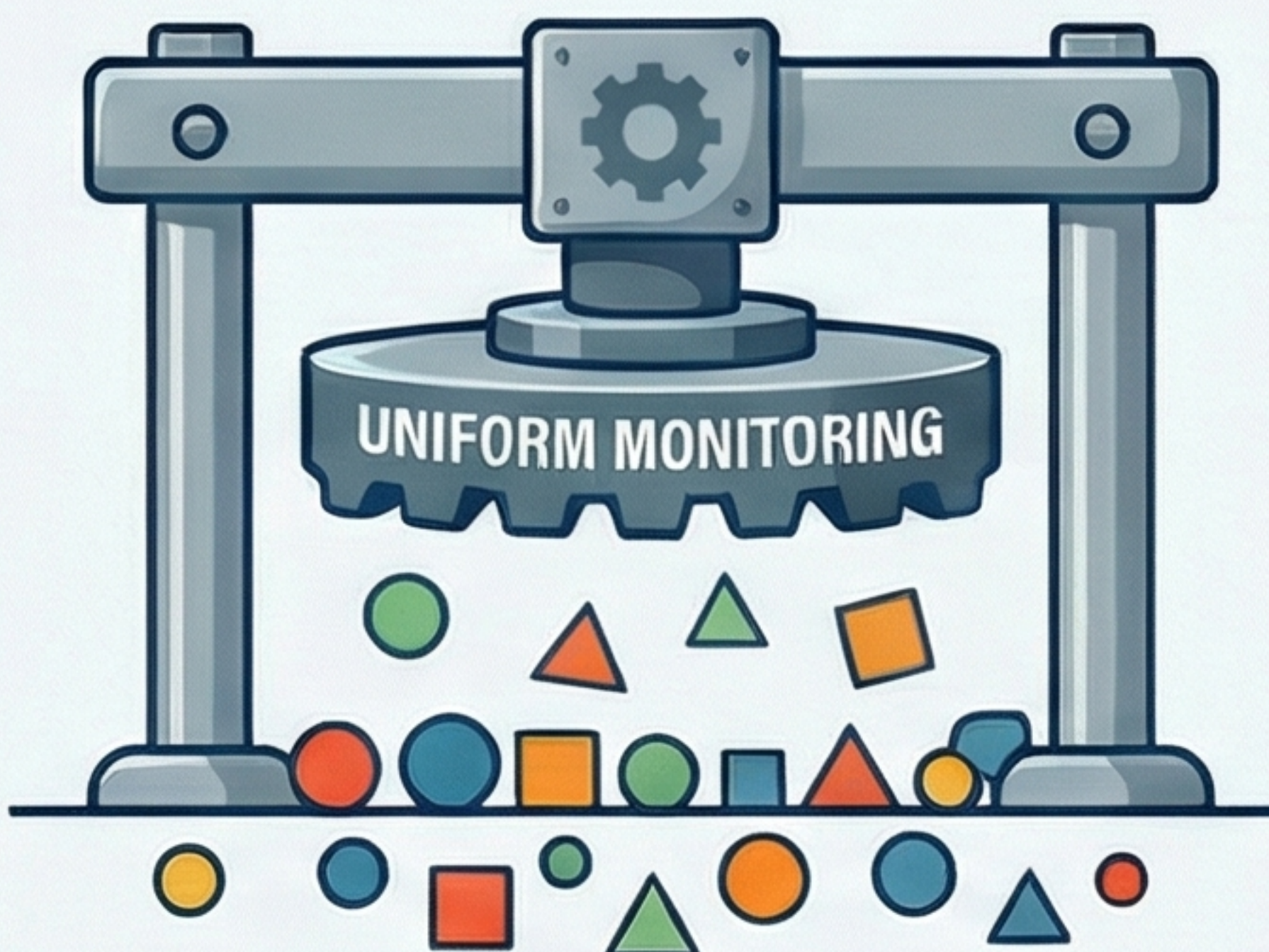
The Problem: Traditional 'One-Size-Fits-All' Regulation

The Flawed Goal: Chasing 100% Compliance

This approach assumes more compliance always equals better quality, which is often untrue.

The Inefficient Method: Uniform Monitoring

All entities get the same level of inspection, regardless of their compliance history or risk.



The Result: Wasted Resources & Missed Risks

Limited resources are spread thin instead of being focused on the highest-risk areas.

The Solution: Fiene's Risk-Based Approach

The Core Theory: Diminishing Returns

After achieving "substantial compliance" (~97-99%), the benefit of more effort significantly decreases

97-99%

Risk Assessment & Key Indicators

Risk Profile		
Low	Risk	High
Low	Medium	High
Low	Medium	High



Focus on rules that **prevent harm** (RA) and statistically predict overall compliance (RI)

Fiene's Risk-Based Approach

The Strategy: Differential Monitoring

Tailor inspection frequency and intensity based on an entity's compliance history and risk profile.



Less frequent
'Low Risk'



Moderate monitoring
'Medium Risk'



'High Risk'

Optimized Outcomes

The CCEE Heart Monitor: A Unified View of Child Care Quality

THE CHALLENGE: A Disconnected View of Quality

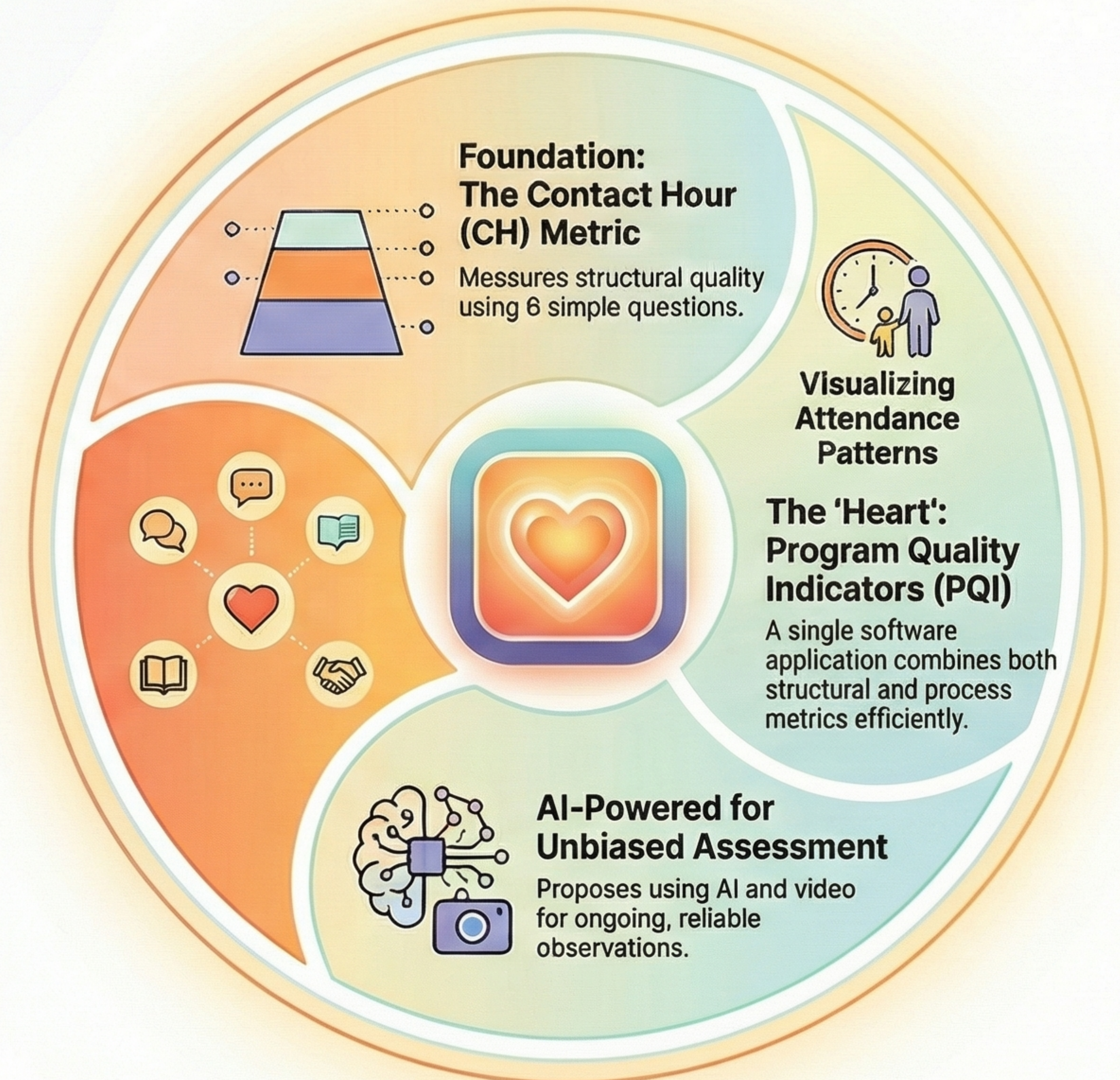


Two Silos of Child Care Assessment

Structural quality (e.g., Health, Safety, Ratios) and process quality (e.g., Staff-Child Interactions) are typically measured with separate, distinct tools.



THE SOLUTION: The CCEE Heart Monitor (CCEEHM)



The Science of Safety: A Look at Child Care Licensing Research

Based on a comprehensive review of over 200 articles from 1999-2019, this infographic summarizes the state of CCEE licensing research, highlighting focus areas, gaps, and innovative monitoring approaches.

THE STATE OF LICENSING RESEARCH



Research Focuses Heavily on Functions, Not Management

Literature primarily covers regulations and monitoring, with less research on staff management and support.



Few Studies Measure Outcomes for Children & Families

Most outcome research centers on providers; few studies examine effects on child injuries or family costs.



Most of the Literature is Descriptive

More hypothesis-driven research is needed to build a stronger evidence base for licensing practices.

INNOVATIONS IN MONITORING RESEARCH

SMARTER MONITORING: THE KEY INDICATORS METHOD



Developed by researcher Richard Fiene, this statistical method identifies regulations that predict overall compliance.

WHAT ARE KEY INDICATORS?

It is a subset of regulations used in abbreviated inspections to streamline monitoring efficiently.



ALTERNATIVE APPROACH: RISK ASSESSMENT

Experts identify a subset of rules that place children at the greatest risk of harm.



How States Monitor Child Care Centers: A 2017 Snapshot of Licensing Practices

State licensing agencies inspect child care centers to ensure legal operation, primarily using two different monitoring philosophies: **checking every rule every time** or **adjusting based on a center's track record**.

Full Compliance Monitoring
96% of states use Full Compliance

An inspector assesses a child care program's compliance with *all* licensing regulations.

An inspector assesses a child care program's compliance with *all* licensing regulations.






Differential Monitoring
73% of states use a Differential approach

The depth or frequency of inspections varies based on the program's compliance history.

**Strategy 1:
Varying the Depth of Inspection**


69% of states use "abbreviated inspections" that monitor a select subset of regulations.

Methods for Selecting Rules for Abbreviated Inspections




Consensus Approach

60% of States Using Method



Risk Assessment (Risk of Harm)

49% of States Using Method




Key Indicators (Predicts Overall Compliance)


29% of States Using Method

Strategy 2: Varying the Frequency of Inspection

33% of states use compliance history to decide how often to inspect a program.

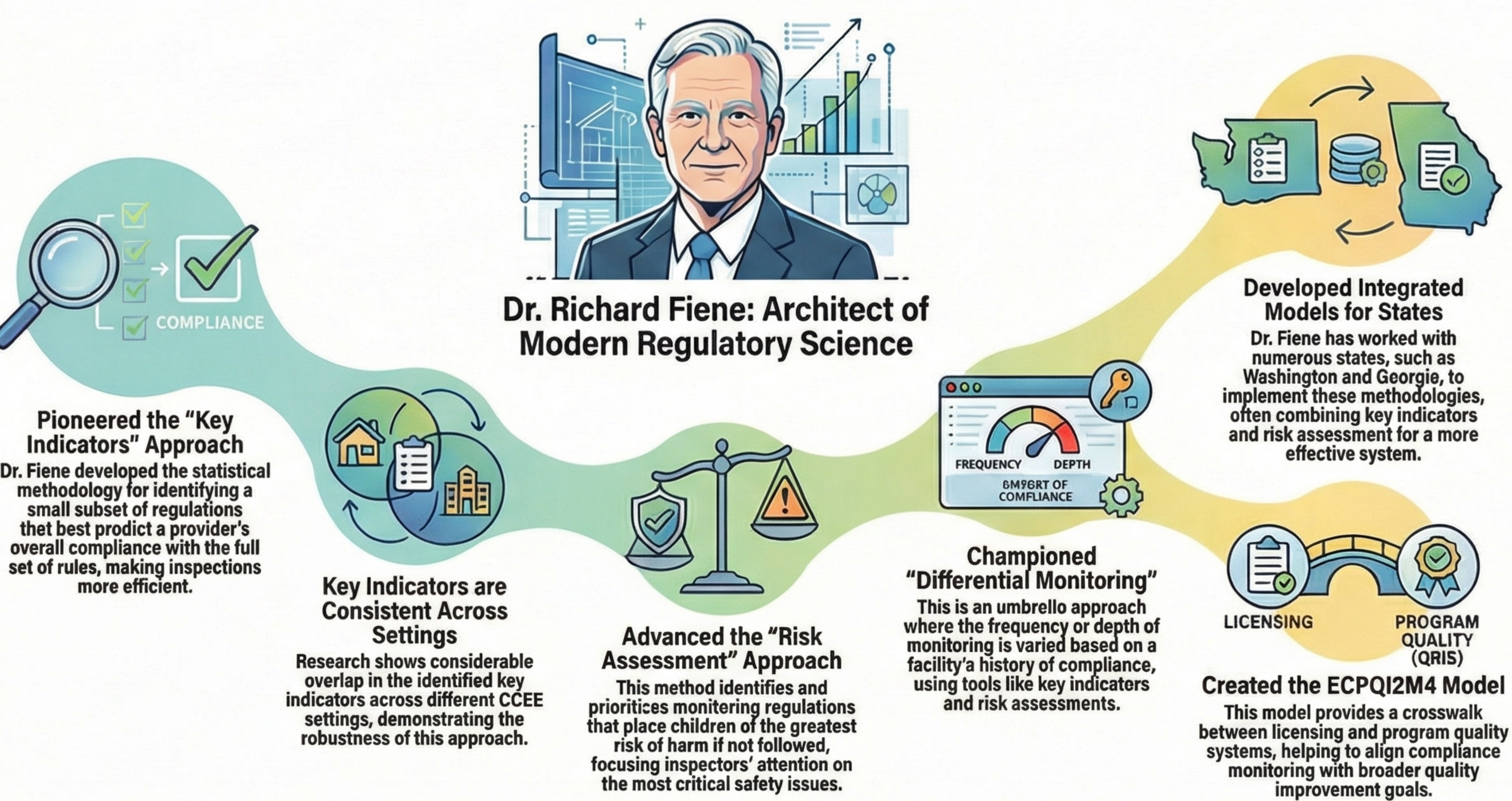


Goal: Efficiency and Focus
This approach allows agencies to focus resources on lower-compliance programs.



NotebookLM

Pioneers of Regulatory Science: Key Scholars Shaping Human Services Licensing



Foundational Concepts from Other Key Scholars

Germley: More Frequent Inspections Improve Performance
A key study in Ittenden by Germley (1985) found that child care centers receiving more frequent inspections performed better over time, regardless of their previous compliance history.

Germley & Morgan: The Regulatory Balancing Act
These scholars highlighted that regulations most balance protecting children with the need for an adequate supply of care regulations that are too costly or intrusive may reduce the number of available licensed providers.

Maxwell & Start: Linking Licensing to Quality
They provided a framework for how licensing can actively support CCTP quality, viewing regulations as a foundational subset of broader quality standards and promoting TA as a key licensing activity.

Payne: Establishing Best Practices for Licensing Staff
Payne's research contributed to defining licensing management and establishing recommended best practices, such as a maximum caseload of 50 programs per licensing staff member to ensure effectiveness.

The Goals of Regulatory Science in Licensing

Increase Efficiency
Use data-driven methods like abbreviated compliance reviews to save time for both inspectors and providers, allowing staff to focus on technical assistance.

Focus on High-Risk Areas
Prioritize regulations that are most critical to children's health and safety, ensuring that monitoring efforts have the greatest impact on preventing harm.

Improve Consistency and Objectivity
Employ statistical methods to create standardized monitoring tools, reducing inconsistencies between individual inspectors and regions.

Enhance Provider Quality
Align licensing compliance with broader quality improvement initiatives (like QRIS) to create a seamless system that supports provider growth.

Contact Hours: A Smarter Metric for Child Care Safety

A simple mathematical model used to predict and monitor health and safety risks in child care centers without requiring on-site inspections.

What is the Contact Hour (CH) Metric?



A Simple Model to Measure Interaction Density.

It calculates a risk score based on the number of people and time spent together.



Predicts Risk for Illnesses & Injuries

Higher CH scores are correlated with higher risks of infectious disease spread and injuries.



Enables Efficient Virtual Monitoring

The metric can be calculated remotely, helping target limited on-site inspection resources effectively.

How It Works: From Data to Risk Assessment

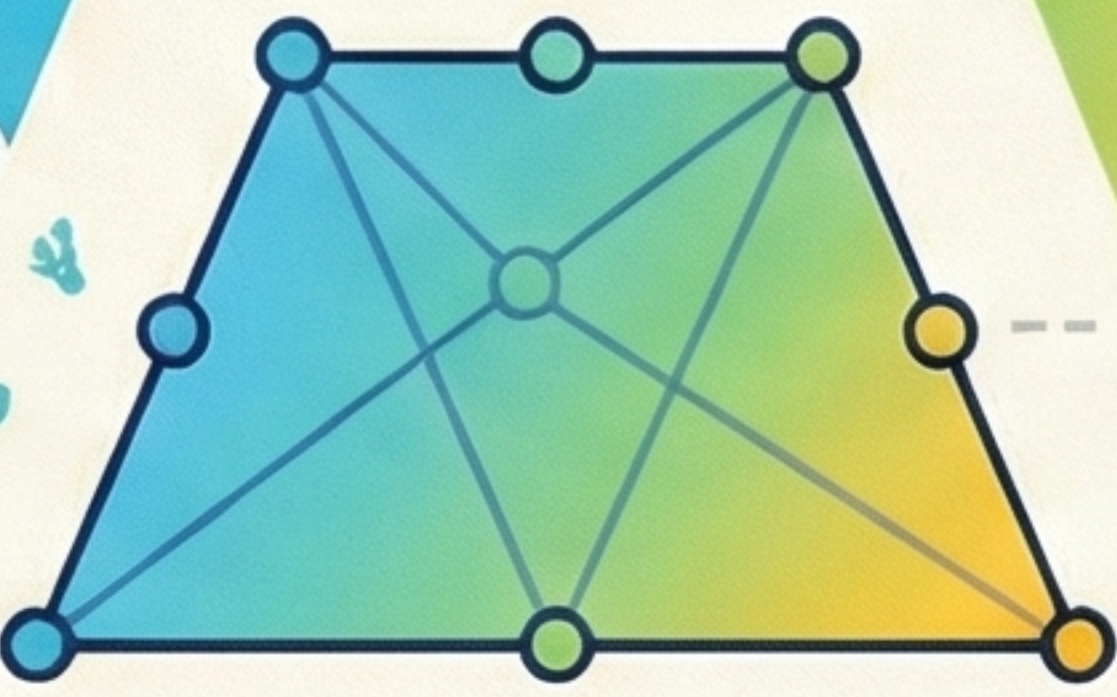
Step 1: Gather Data with 6 Simple Questions

- When does the first staff arrive?
- When does the last staff leave?
- How many staff are there?
- How many children are there?
- When does the last child arrive?
- When does the first child leave?

How Adult-to-Child Ratios Impact the CH Score

Number of Children	CH Score (S:1 ratio)	CH Score (1B:1 ratio)	CH Score (1S:1 ratio)
5	~20	~40	~60
10	~40	~80	~120
15	~60	~120	~150+

Demonstrates how improving adult-to-child ratios significantly reduces the Contact Hour score, thereby lowering risk.



Step 2: Calculate the CH Score

A formula combines the data to visualize interaction density, often shaped like a trapezoid.



Step 3: Assess the Risk Level

The resulting CH score indicates potential risk, validated by studies in Washington State.

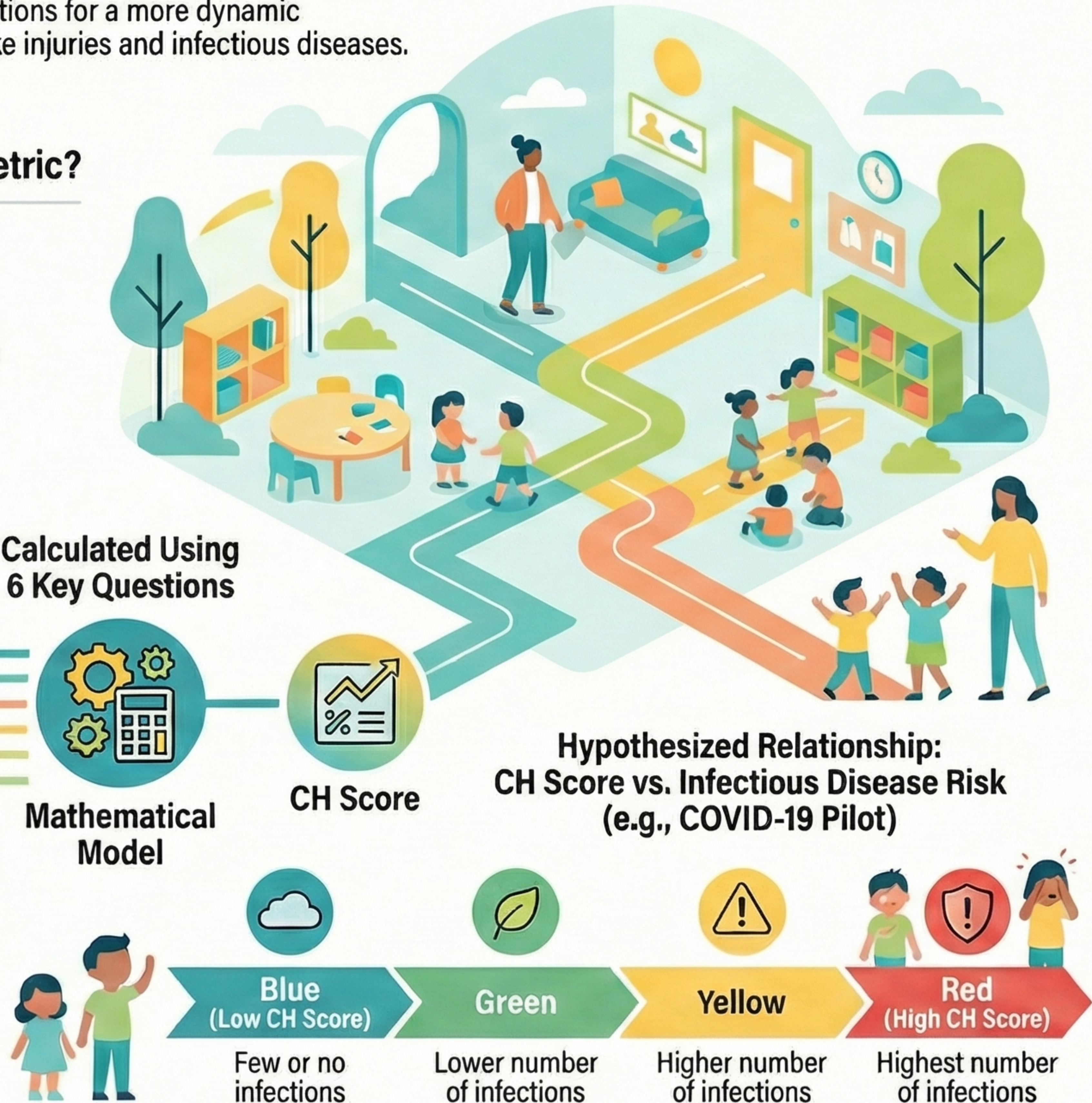
Measuring What Matters: The Contact Hour Metric for Child Care Safety

A proposed statistical tool for child care centers, moving beyond static ratios to quantify the density of adult-child interactions for a more dynamic and predictive measure of potential risks, like injuries and infectious diseases.

What is the Contact Hour (CH) Metric?

A Dynamic Measure of Interaction Density

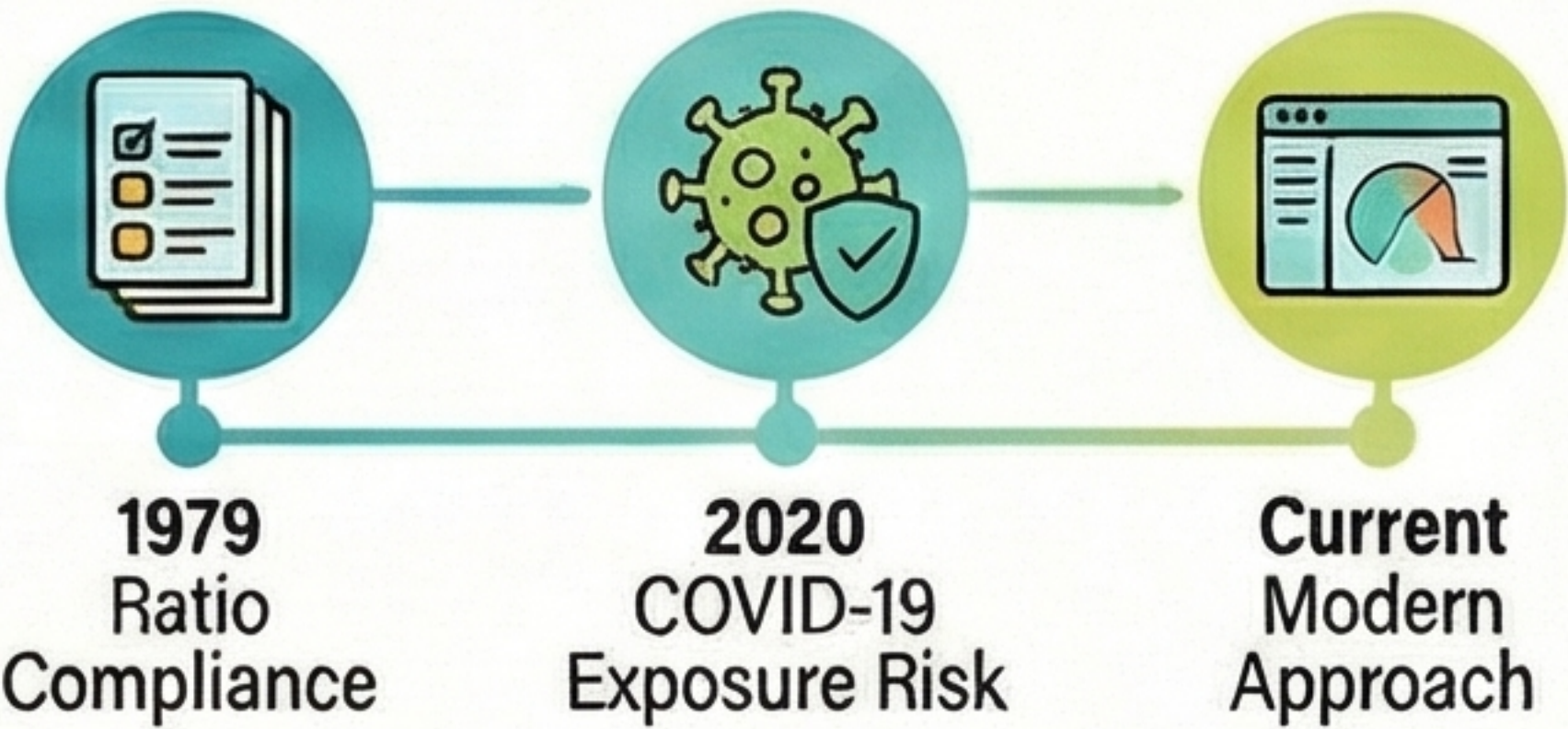
It calculates the total exposure time between children and staff in a given space.



Applications & Potential of the CH Metric

A Tool with a History of Versatility

Originally for ratio compliance (1979), it was revived and piloted for COVID-19 exposure risk (2020).



A Modern Approach to Monitoring Health & Safety

It is now proposed as a screening tool to help identify centers with higher potential risks.

The Future: Adding Space to the Equation

Future versions may include facility square footage to create a 3D risk assessment model.

A Blueprint for Better Licensing Decisions: The Uncertainty-Certainty Matrix

THE PROBLEM & THE TOOL

Licensing Decisions Suffer from High Inconsistency

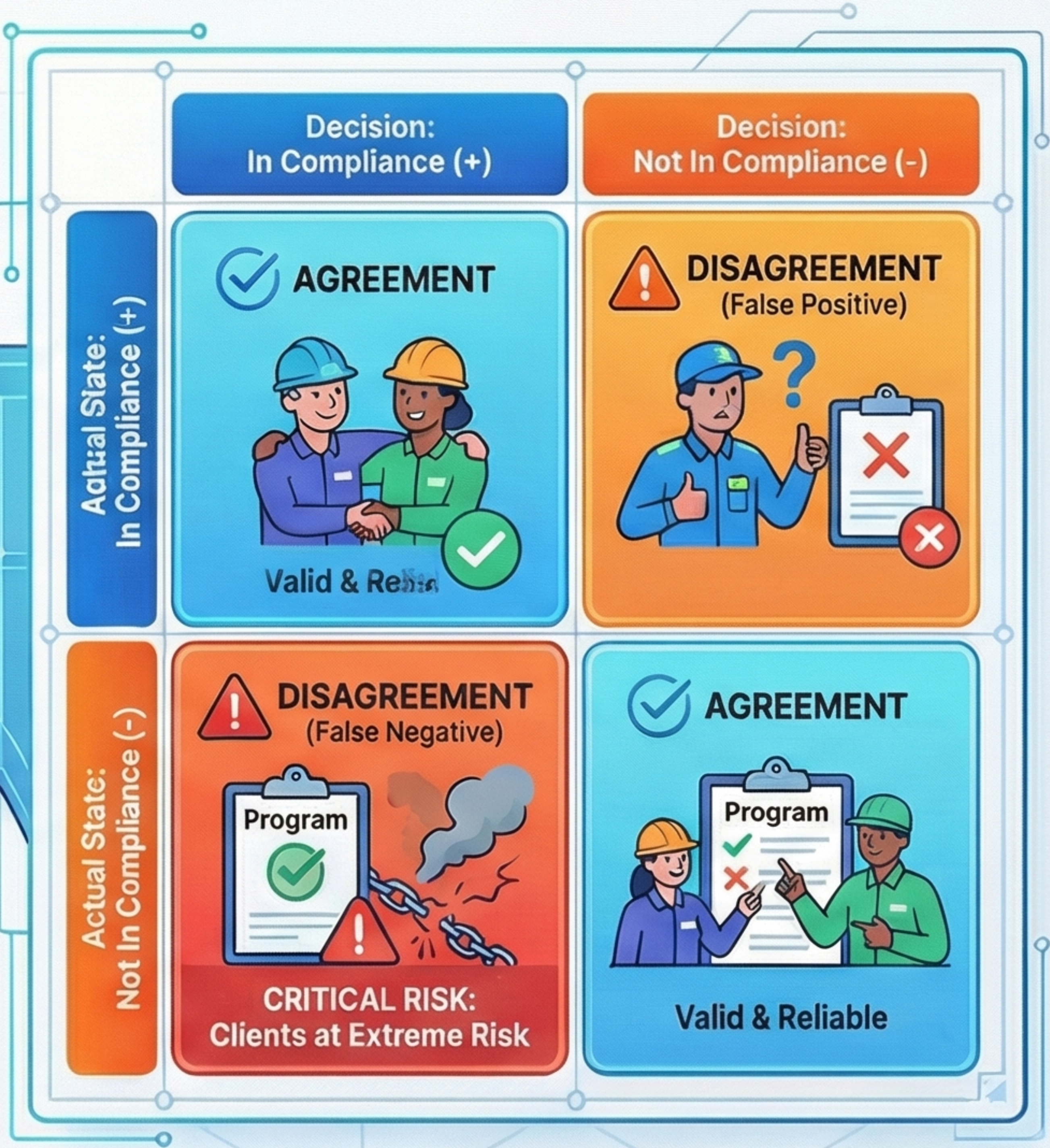


Inconsistency & Risk

Disagreements between inspectors undermine the reliability of monitoring and can put clients at risk.

Solution: The Uncertainty-Certainty Matrix (UCM)

A simple 2x2 tool that compares an inspector's decision to the actual state of compliance.



SPOTTING ERRORS AND BIAS WITH THE UCM



Primary Goal: Valid and Reliable Results

Ideal outcomes show a strong diagonal pattern, where decisions consistently match the actual reality.

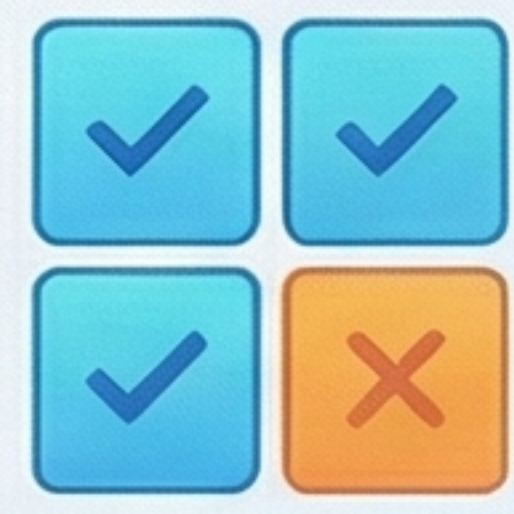


CRITICAL RISK:

Beware of False Negatives

Deciding a program is 'in compliance' when it's not places clients at the most extreme risk.

Diagnostic Patterns



Ideal: Valid & Reliable
Strong diagonal agreement. The inspection system is working correctly.



Problem: Random Results
All four cells are filled equally. The decision-making process is chaotic and unreliable.



Problem: Inspector Bias
A strong horizontal or vertical line. The inspector is consistently too lenient or too strict.

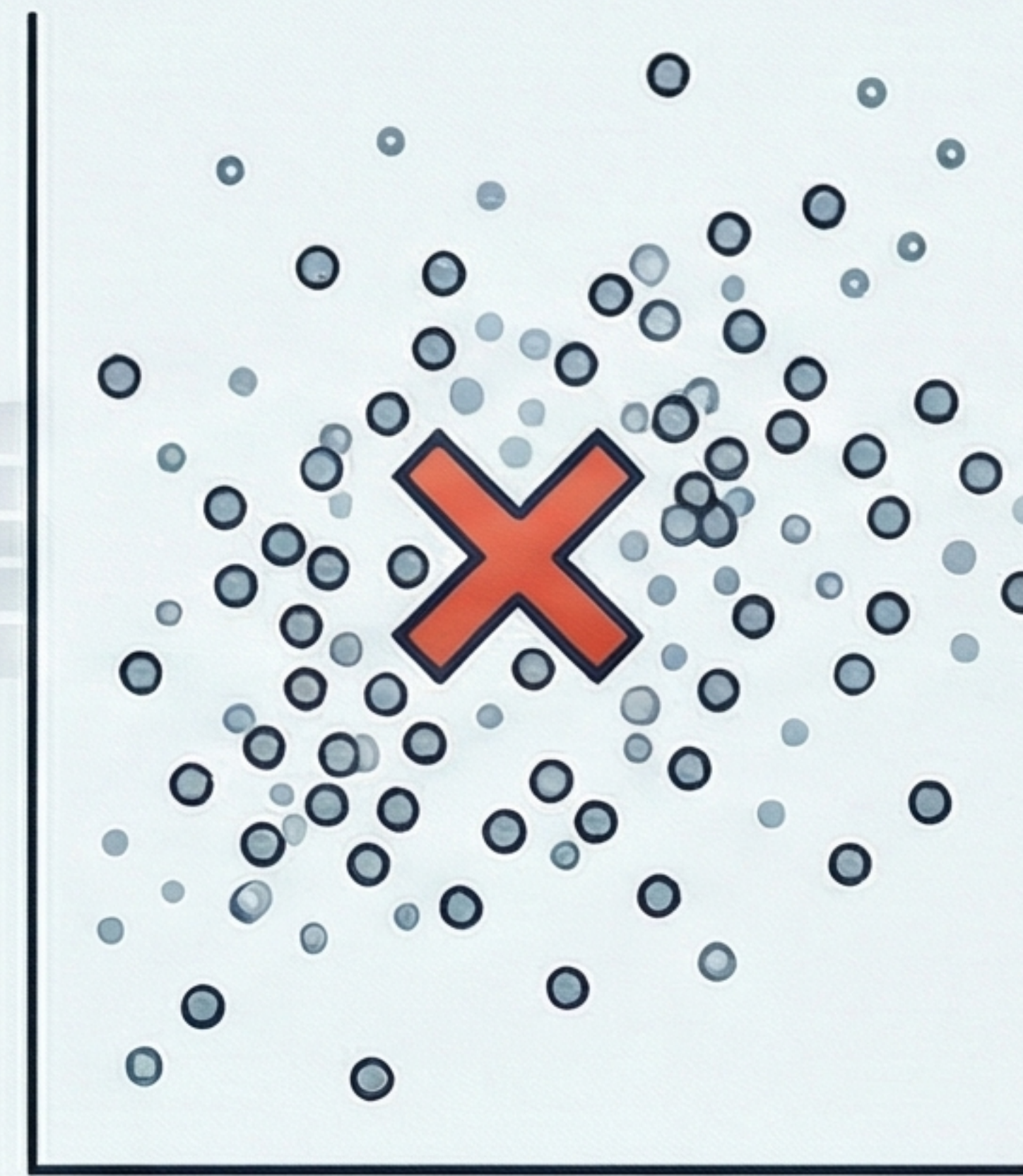
A Better Way to Measure Regulatory Compliance

THE PROBLEM: An Absolute "Yes/No" System



All-or-Nothing Compliance

The old system measures compliance as all-or-nothing. A program is either 100% compliant or not, with no room for nuance.



No Correlation to Quality

More compliance doesn't equal higher quality. Research shows that simply counting violations does not reliably predict a program's quality. Data shows a scattered, uncorrelated relationship.

THE SOLUTION: A Graded Regulatory Compliance Scale (RCS)

Nuanced, Graded Levels



The new system groups compliance into meaningful or compliance into meaningful levels. This reveals a "sweet spot" for quality; programs with "Substantial Compliance" often show higher quality than fully compliant ones.

Clear Licensing Decisions



The scale provides a clear basis for licensing decisions. Each compliance level corresponds to a specific licensing action, improving consistency.


Boosting Child Care Quality:

Proven Strategies for Infant & Toddler Care

THE CHALLENGE:

Critical Gaps in Child Care Quality


Low Compliance with Health & Safety Standards



66%


Centers met only 66% of key health and safety standards before intervention.

Inadequate Care for Children with Special Needs



Only 1 in 66 children with special needs had a complete care plan.

Poor Immunization Tracking




On average, only 24%

On average, only 24% of infants and 42% of toddlers had up-to-date immunization records.

THE SOLUTION:


Targeted Professional Support

Health Consultants Boost Compliance




Centers working with a CCHC improved their quality scores significantly.

BEFORE
Intervention (CCHC)




212 (66%)

Professional Support System




13% INCREASE
in Compliance
in One Year

Mentoring Dramatically Improves Caregiver Sensitivity




A four-month mentoring program led to statistically significant gains in caregiver sensitivity and routines.

AFTER
Intervention (CCHC)



254 (79%)

Improvements are Sustained Over Time



Centers maintained their quality score improvements a full year after the CCHC intervention ended.

Control Group (No Intervention): Pre 218 (69%), Post 221 (69%)