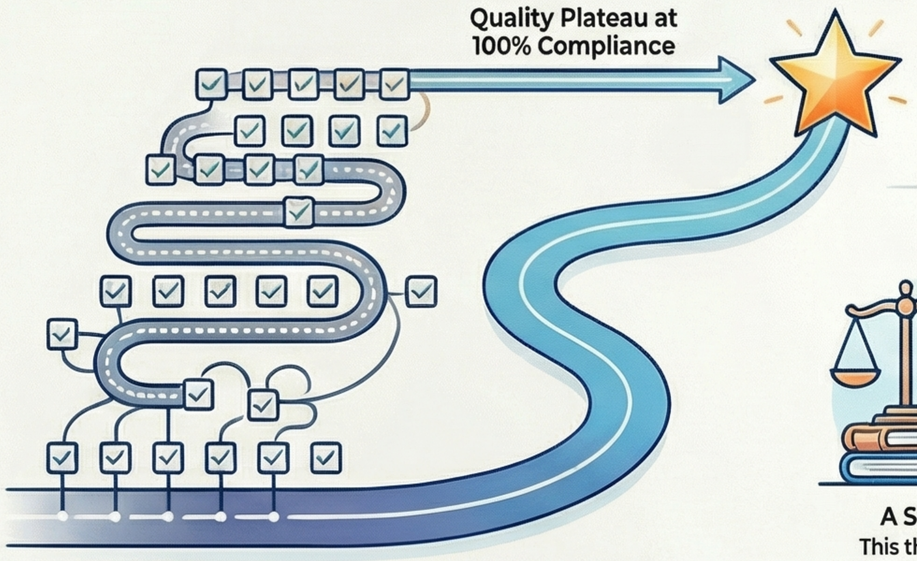
A Legacy of Quality: Dr. Richard Fiene's Impact on Early Childhood Education

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.

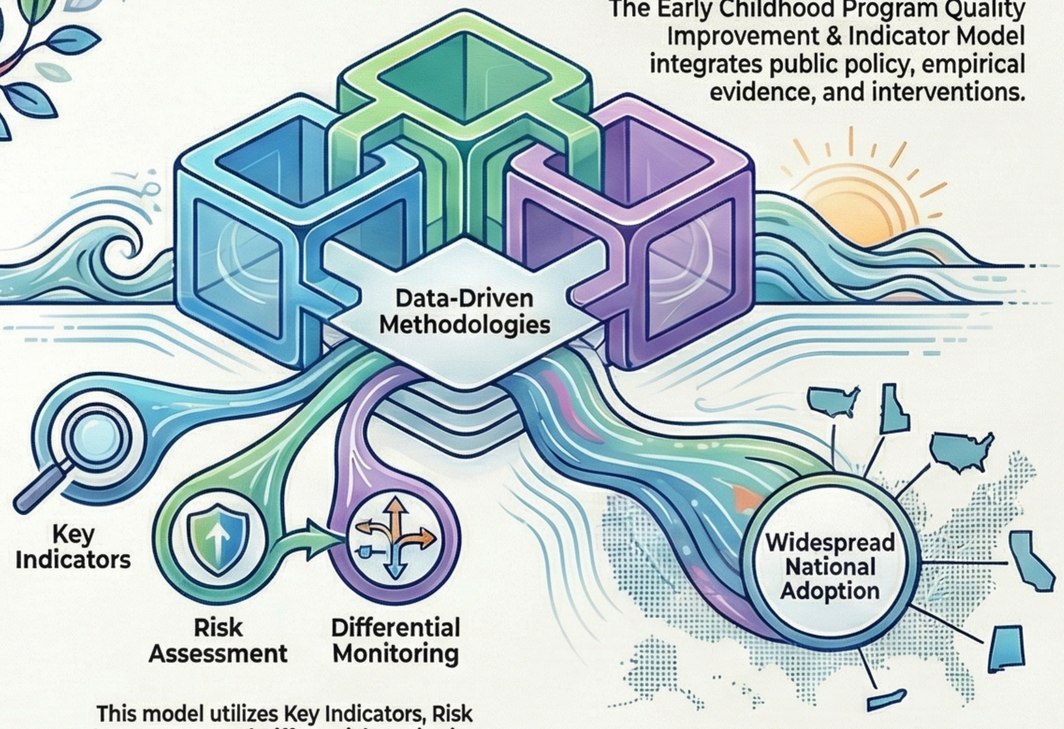
Substantial Compliance (Key Indicators)
Proposes that substantial, not full, compliance with all rules produces the best quality outcomes.

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.



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

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

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 subest of regulations statistically shown to bost predict a provider's compliance with the full set of rules. (Source: Fiene, 2013a; Fiene & Rroh, 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)

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 offerts to standards empirically proven to be associated with program quality and child safety. (Source: Fiene, 2016)

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)

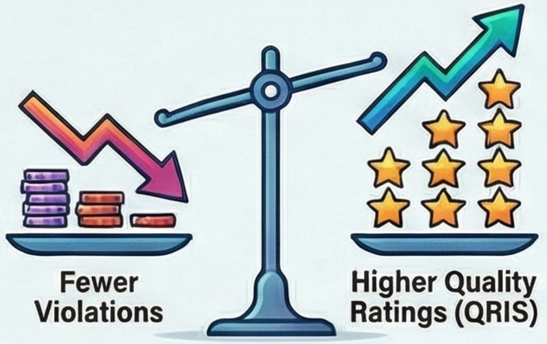
Washington: A Hybrid Model for Monitoring.

Planned new inspection system, co-developed by Stevens & Fiene, combines key indicators, highest-rish 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 conters, homes, and legally license-esempt homes, showing flexibility. (Source: Fiene, 20196)

Linking Licensing Compliance to Program Quality



Fewer violations are linked to higher quality ratings.

Fiene's research with Washington licensing data found higher QBIS atar 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 rolee" was a predictor of program quality for clole-funded pre-kindergarten programs. (Source: Fiene, 2014a)

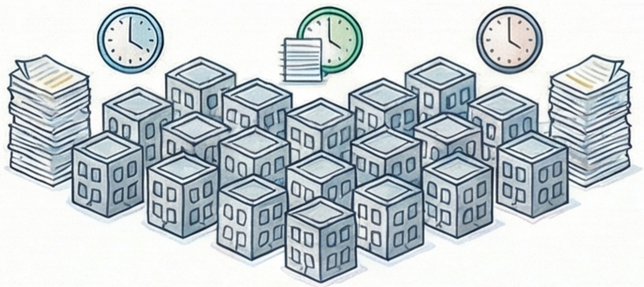
A call for continued research and validation.

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

Smarter Monitoring for Early Childhood Education: The DMLMA Framework

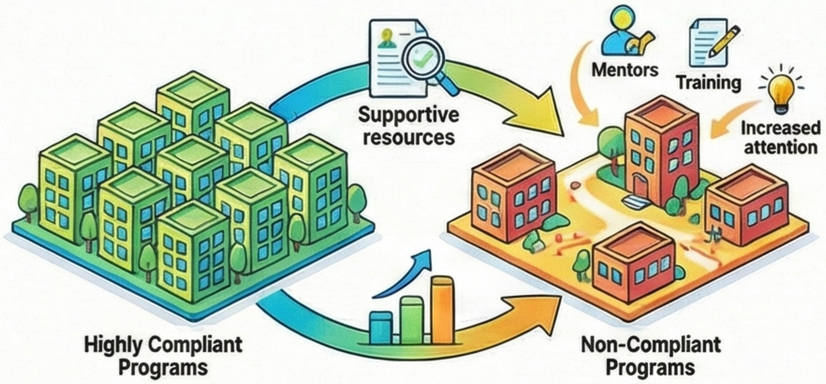
The DMLMA framework integrates various monitoring systems (licensing, risk assessment, quality ratings) into one validated model. This allows regulatory agencies to move away from inefficient, uniform monitoring and instead focus resources on programs that need the most support, ultimately improving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

The Shift to Targeted Monitoring



The Old Way: Inefficient "One-Size-Fits-All" Monitoring

Traditional systems spend equal time on all programs, regardless of their compliance history.



The DMLMA Solution: A Targeted, Cost-Neutral Approach

Re-allocates resources from highly compliant programs to non-compliant programs needing more assistance.

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)

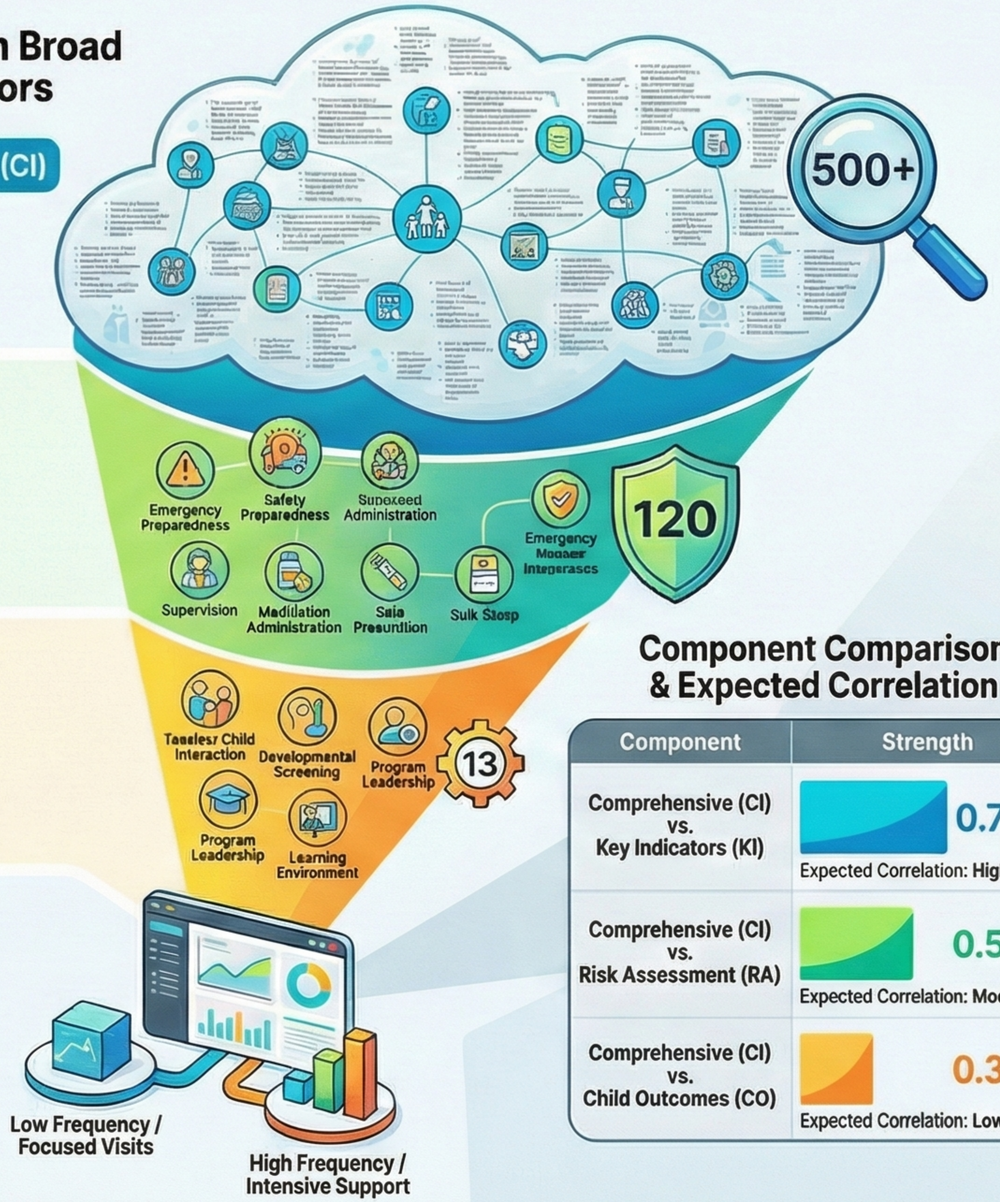
A subset of the most critical rules essential for safety (e.g., Stepping Stones: 120 rules).

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.



Component Comparison & Expected Correlation

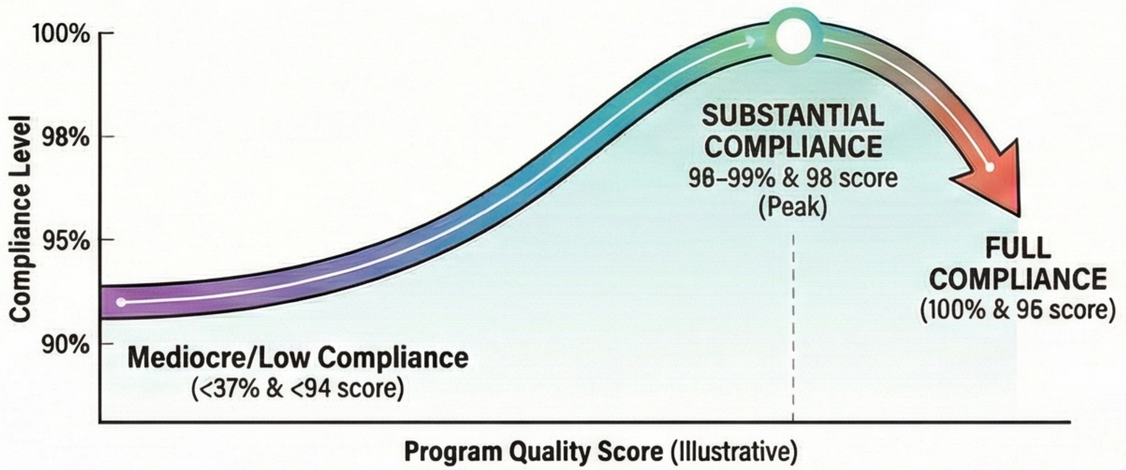
Component	Strength
Comprehensive (CI) vs. Key Indicators (KI)	0.70+ Expected Correlation: High
Comprehensive (CI) vs. Risk Assessment (RA)	0.50+ Expected Correlation: Moderate
Comprehensive (CI) vs. Child Outcomes (CO)	0.30+ Expected Correlation: Lower

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

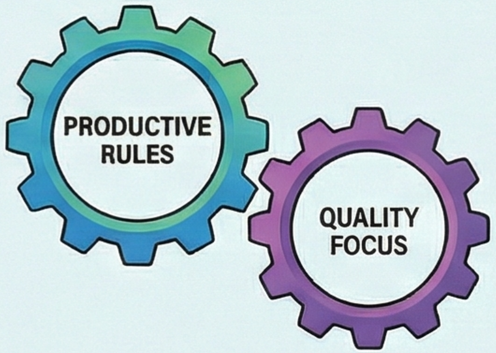
An all-or-nothing approach creates unreliable data and increases the risk of incorrect assessments.

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"

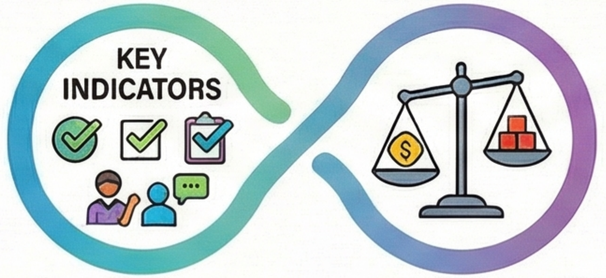


Prioritize adherence to the most productive rules

Prioritize adherence to the most productive rules instead of demanding perfection on all of them.

Use Differential Monitoring

Rules that statistically predict a facility's overall compliance.



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%

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 threatons 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 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.

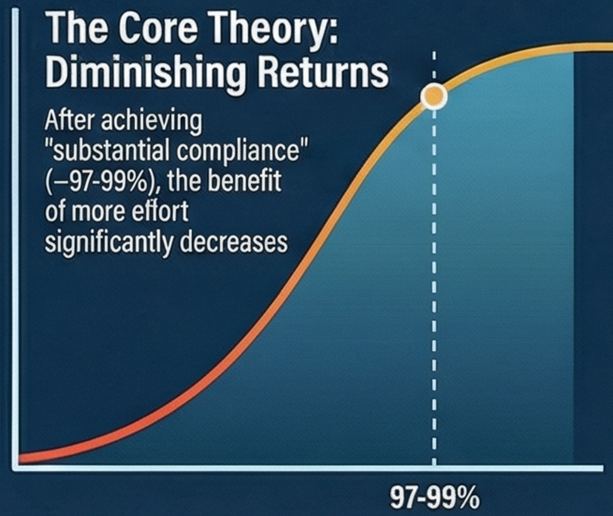
The Result: Wasted Resources & Missed Risks

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



Risk Assessment & Key Indicators

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

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'

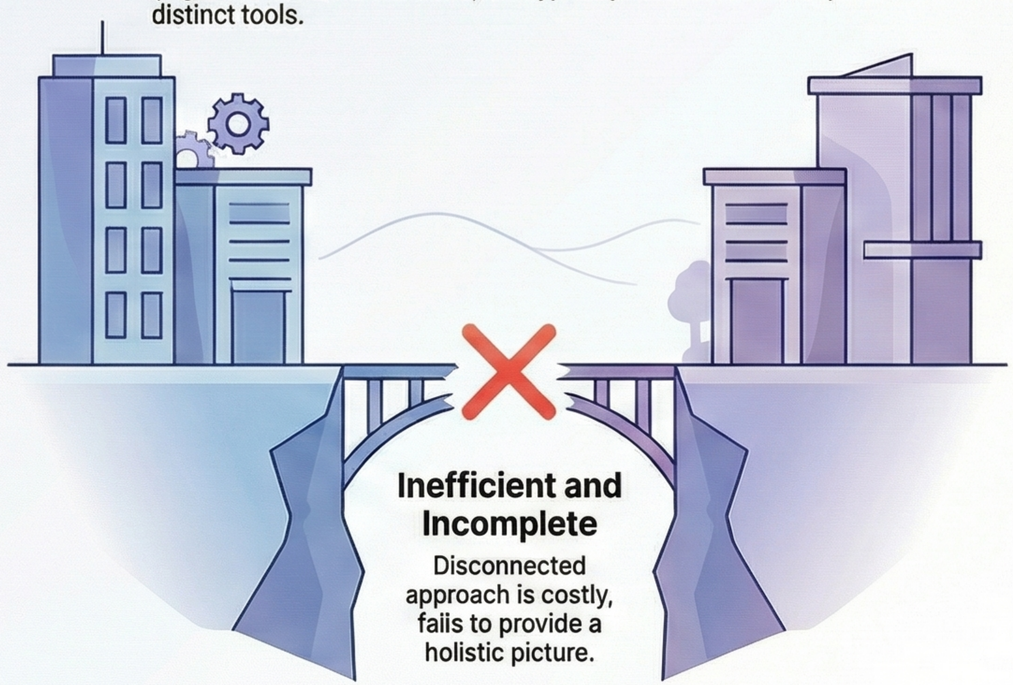
Optimized Outcomes

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

THE CHALLENGE:
A Disconnected View of Quality

Two Silos of Child Care Assessment

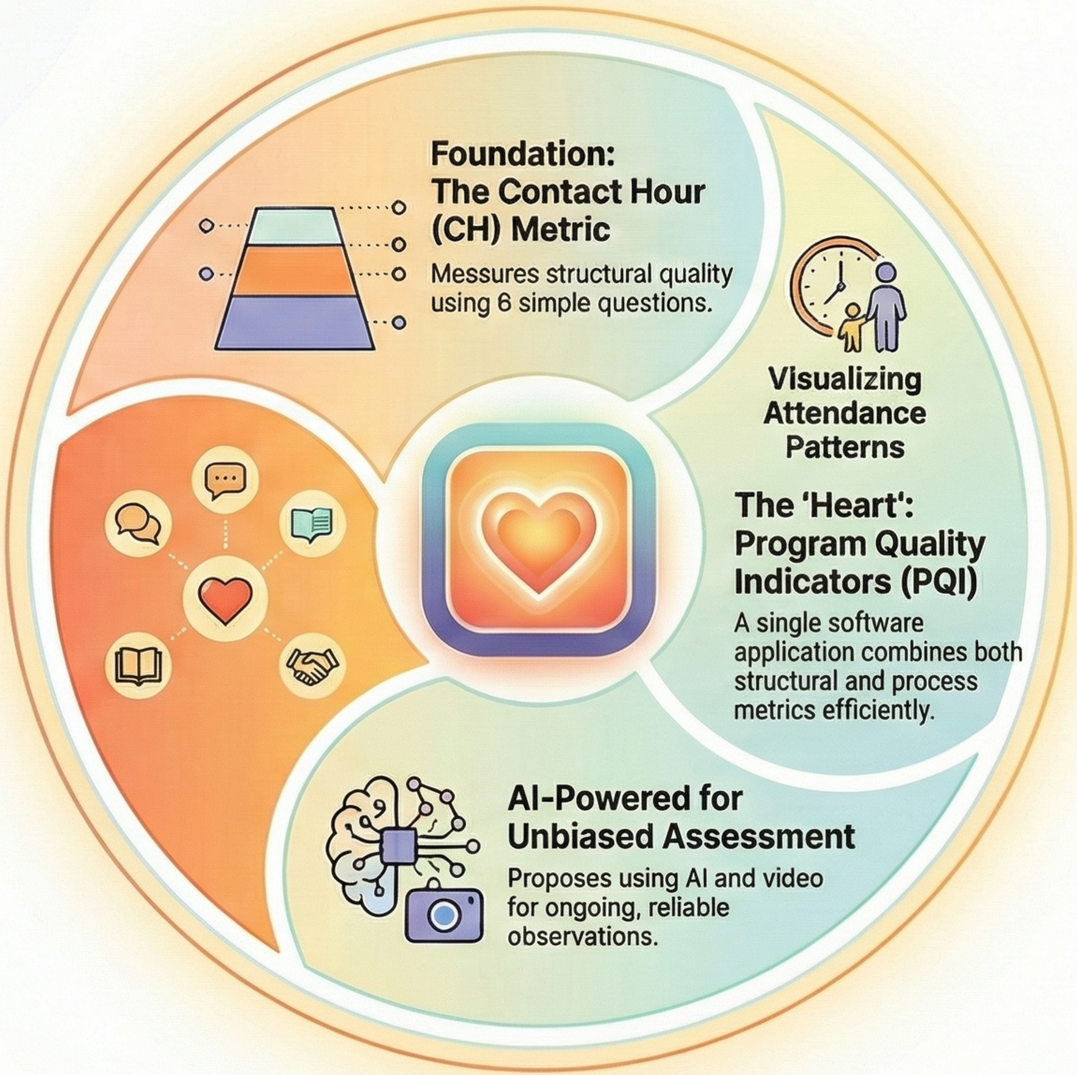
Structural quality (e.g., Health, Safety, Ratios) and process quality (e.g., Staff-Child Interactions) are typically measured with separate, distinct tools.



Inefficient and Incomplete

Disconnected approach is costly, faiis to provide a holistic picture.

THE SOLUTION:
The CCEE Heart Monitor (CCEEHM)



Foundation: The Contact Hour (CH) Metric

Messures structural quality using 6 simple questions.

Visualizing Attendance Patterns

The 'Heart': Program Quality Indicators (PQI)

A single software application combines both structural and process metrics efficiently.

AI-Powered for Unbiased Assessment

Proposes using AI and video for ongoing, reliable observations.

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

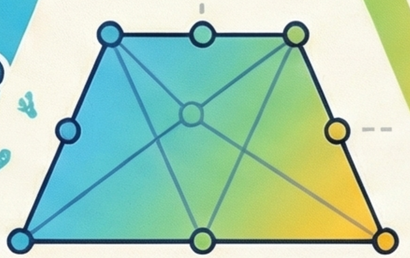
Step 1: Gather Data with 6 Simple Questions

- 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.



Data + Formula = Interaction Density (Trapezoid)

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.

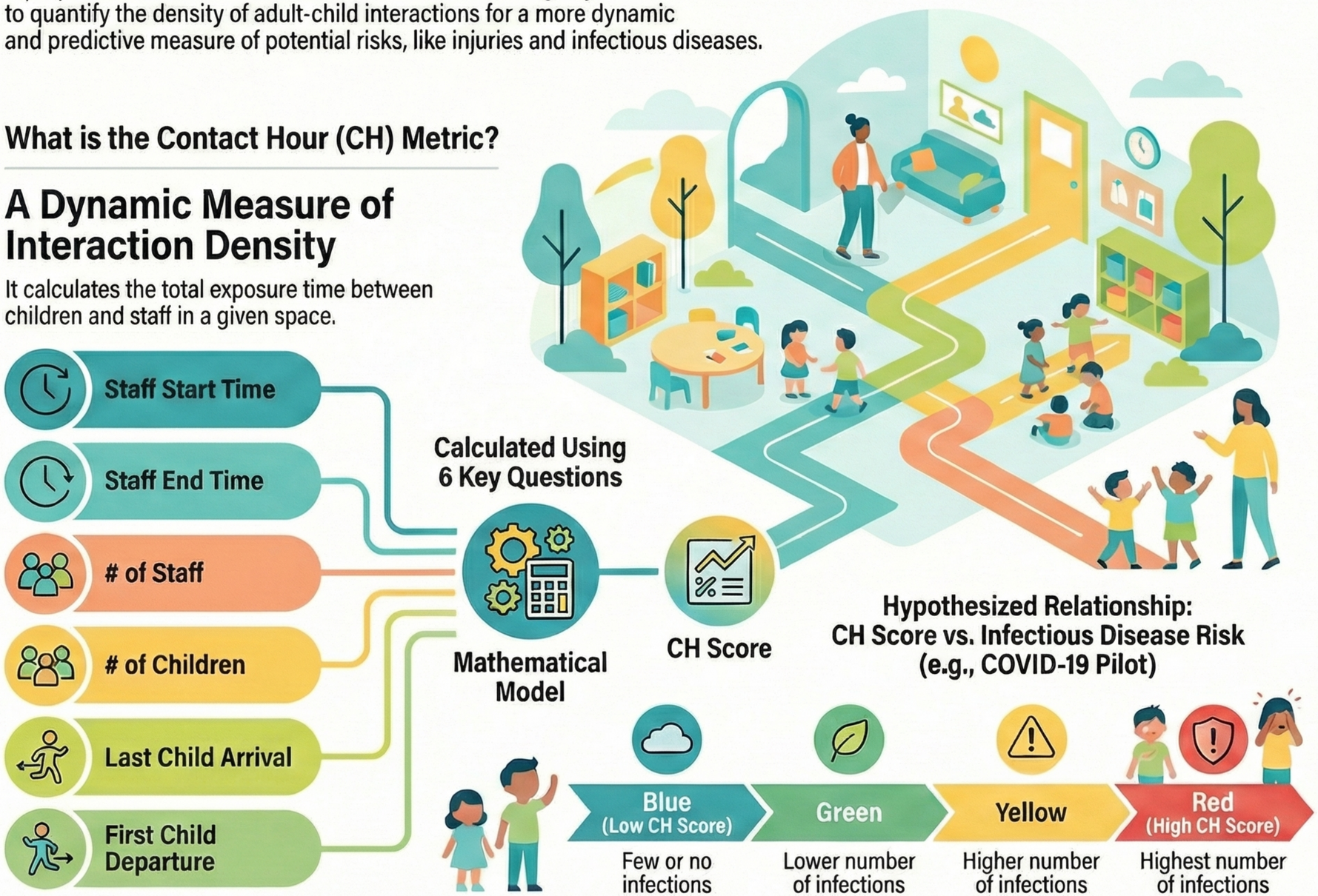
Measuring What Matters: The Contact Hour Metric for Child Care Safety

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 plloted 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.

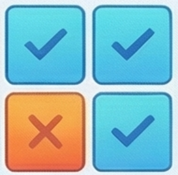
Diagnostic Patterns

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

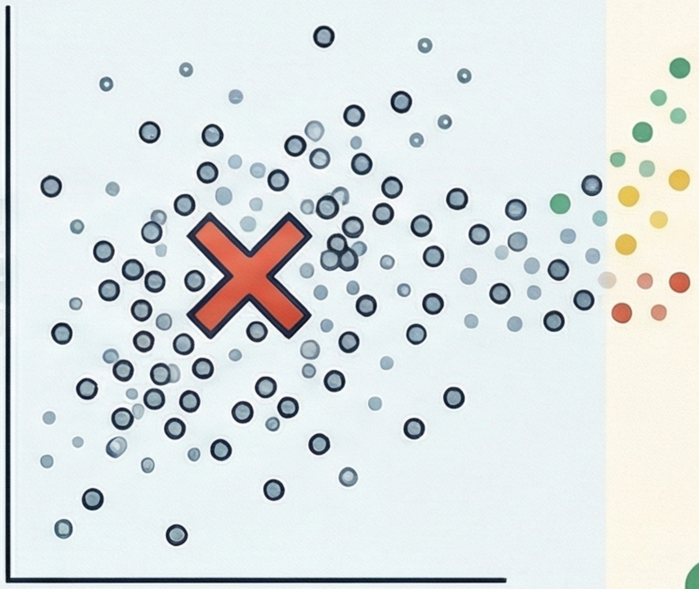
A strong horizontal or vertical line. The inspector is consistently too lenient or too strict.

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.

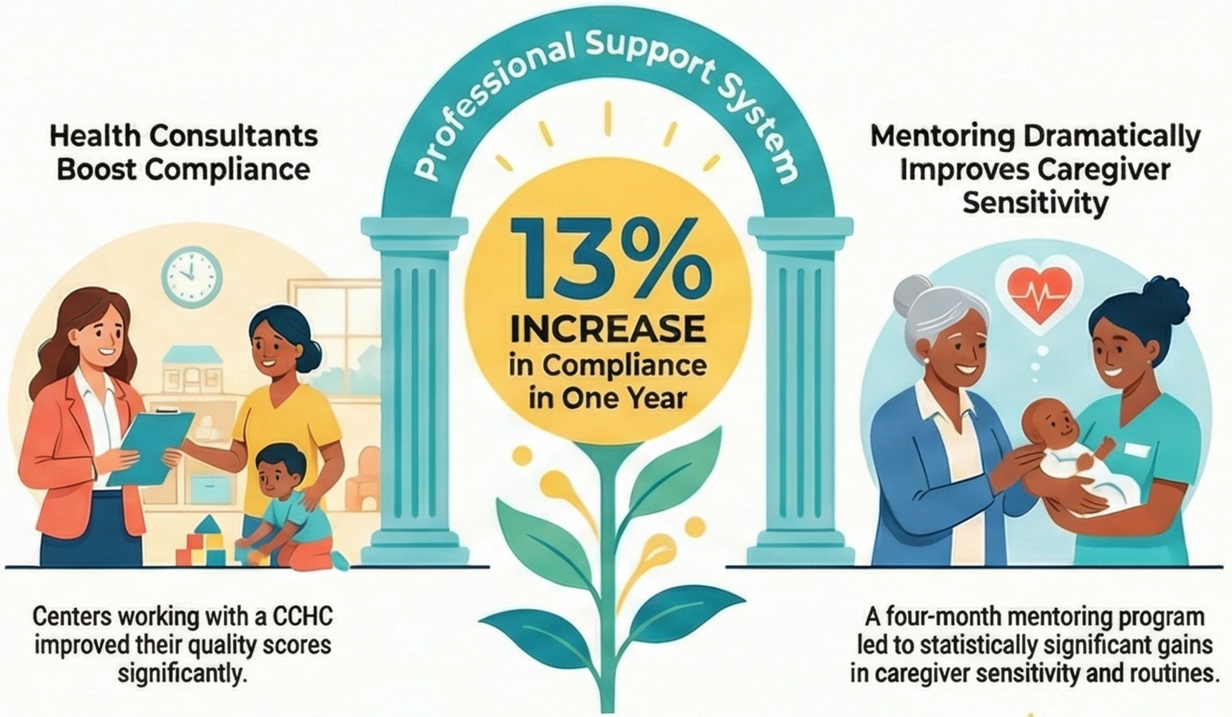
Poor Immunization Tracking

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.

Mentoring Dramatically Improves Caregiver Sensitivity

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

BEFORE
Intervention (CCHC)

212 (66%)

AFTER
Intervention (CCHC)

254 (79%)

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

Improvements are Sustained Over Time

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