



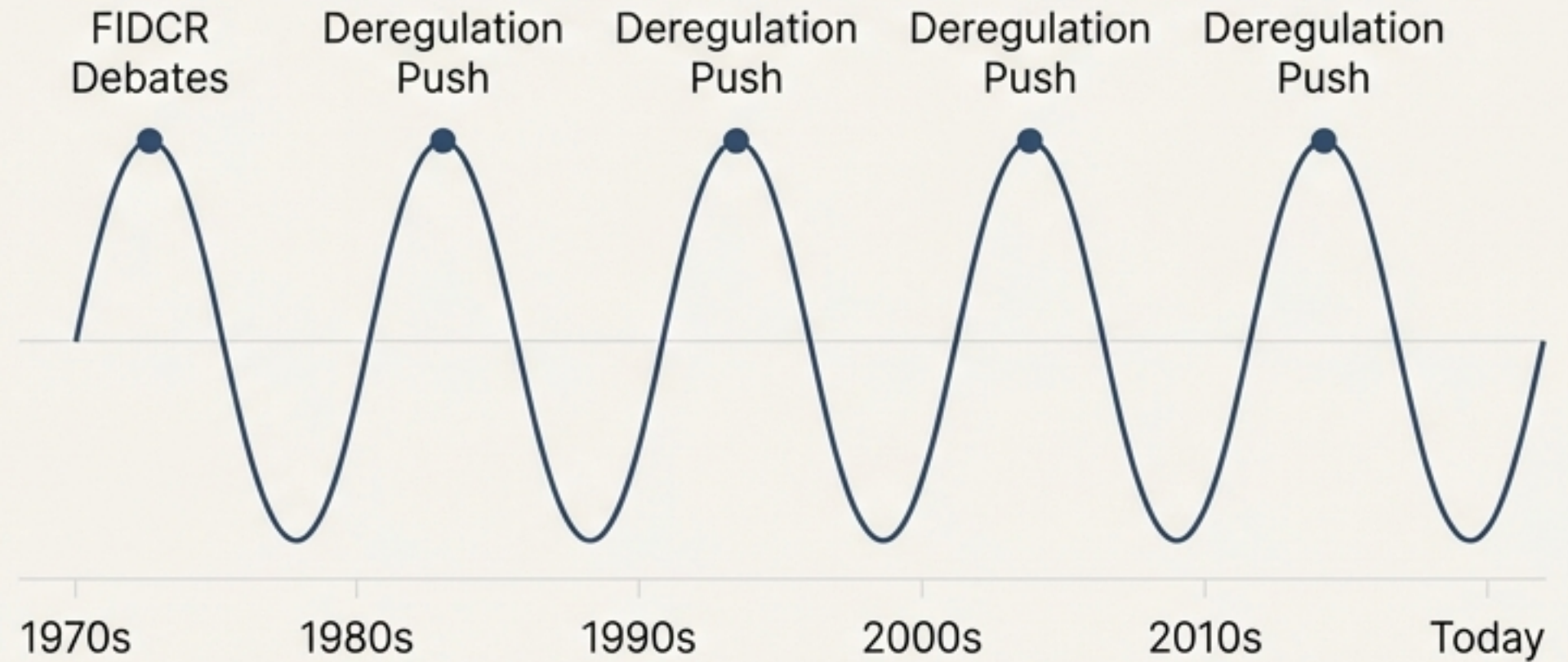
The Right Rules

A Science-Based Solution to the Child Care Trilemma

Based on the work of Richard Fiene,
Leading Researcher in Human Services Regulatory Science.

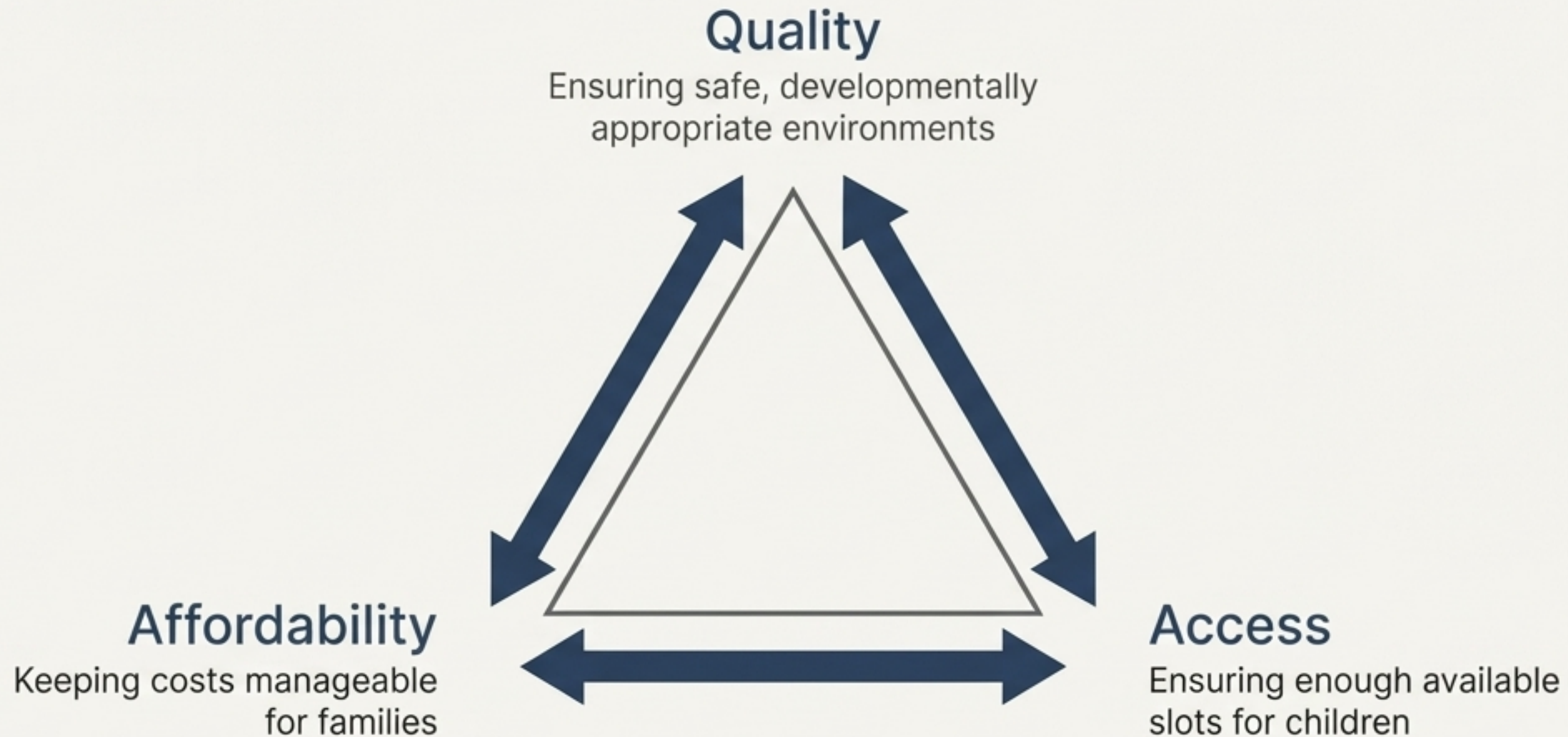
For 60 years, the debate over child care regulation has been stuck in a cycle.

Introduce the perpetual conflict between ensuring basic protections for children and the push for greater access and affordability. Ground this in history by mentioning the author's direct experience with the Federal Interagency Day Care Requirements (FIDCR) debates in the 1970s.



“Rules and regulations: Can’t live with them, Can’t live without them.”

The core challenge is balancing three competing, critical needs.



The central tension: As quality increases, so does cost while accessibility decreases based upon what parents can afford.

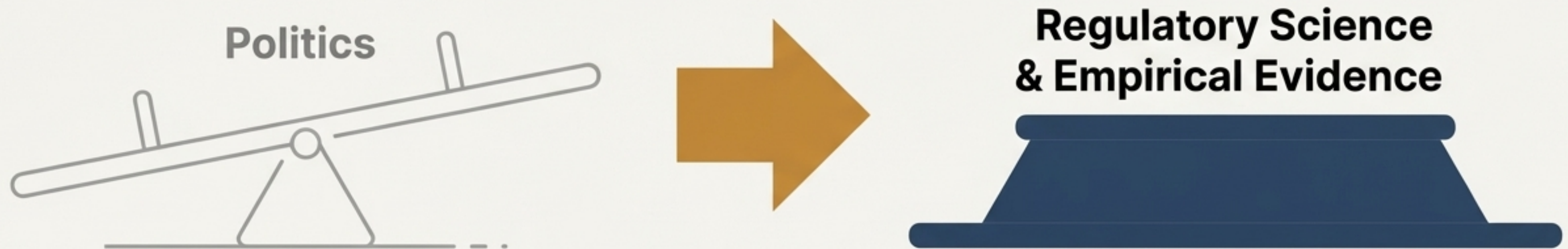
Today, the call to “deregulate” is getting louder, posing a risk to child safety and quality.

Acknowledge the current child care crisis is fueling a push to “arbitrarily” remove rules to increase access, citing recent reports (Hechinger Report, NAEYC). Characterize this approach as a “**knee-jerk reaction**” and “**politically expedient**,” setting up the need for a more rational alternative.



There is a better way: taking the debate out of the political arena and into the field of Regulatory Science.

Introduce “Regulatory Science” as an emerging field focused on empirical evidence to solve regulatory challenges. Introduce Richard Fiene’s Theory of Regulatory Compliance, noting it has been empirically proven in the U.S. and Canada.

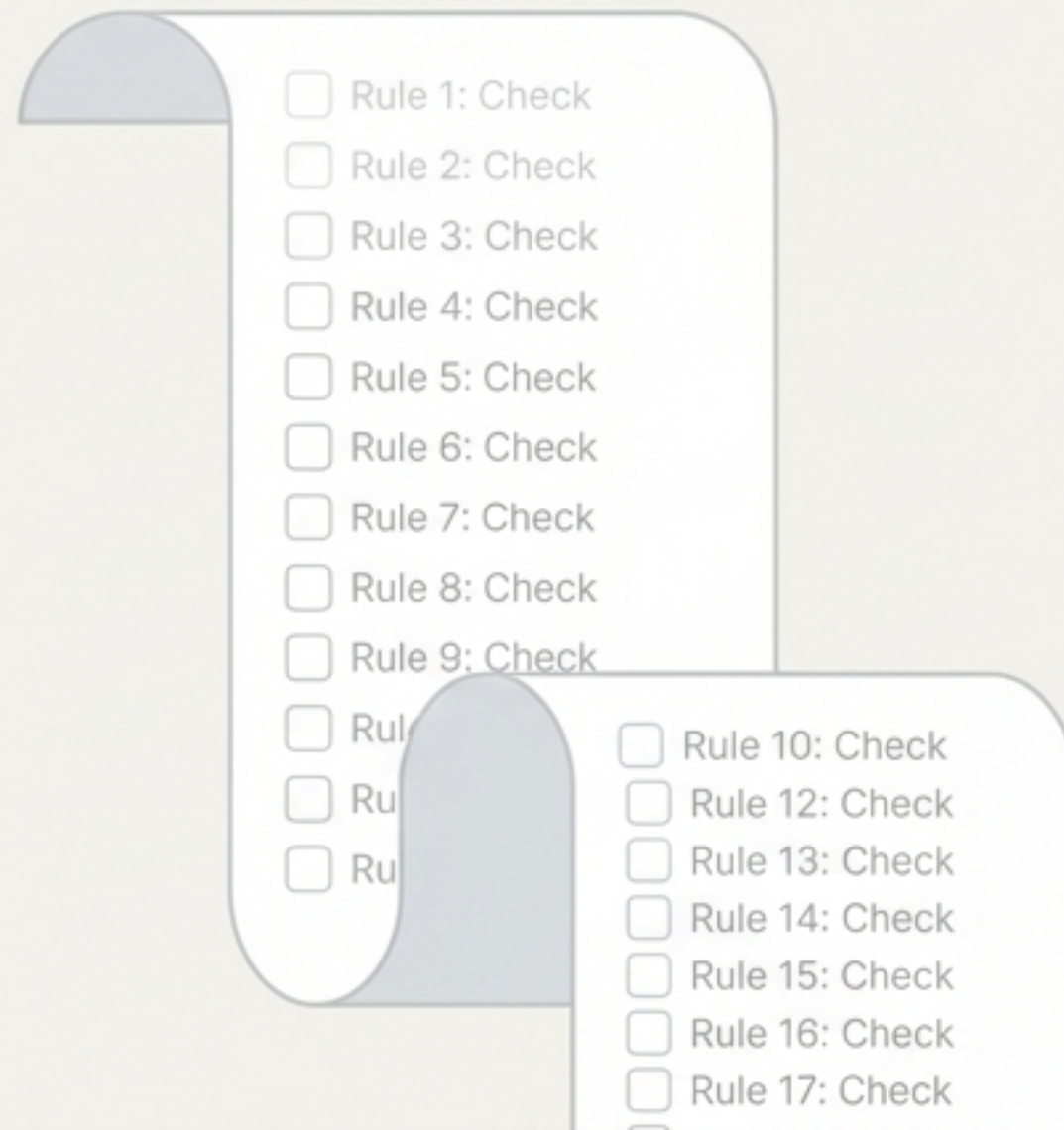


The Theory: “Substantial regulatory compliance with child care rules... may be equivalent to full (100 percent) regulatory compliance with all child care rules...”

This theory changes everything about how we monitor and ensure quality.

Old Way: Uniform Monitoring

A “one-size-fits-all” approach. Checking every rule, every time, regardless of importance.

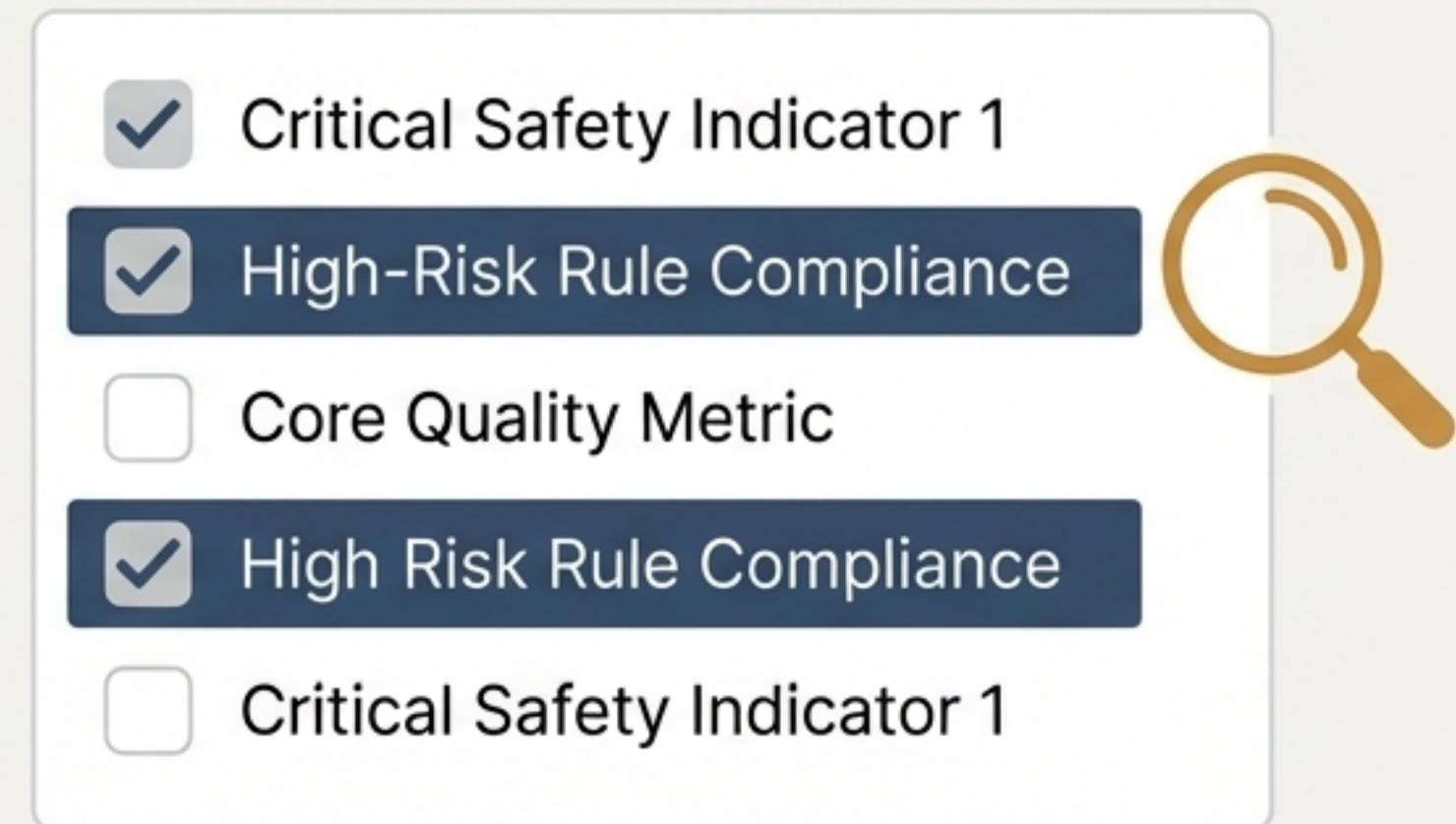


A checklist titled 'Old Way: Uniform Monitoring' showing a list of 17 rules, each with an unchecked checkbox. The list is split into two columns. The first column contains Rule 1 through Rule 9, and the second column contains Rule 10 through Rule 17. The checkboxes are all empty, indicating that every rule is being checked uniformly.

- ☐ Rule 1: Check
- ☐ Rule 2: Check
- ☐ Rule 3: Check
- ☐ Rule 4: Check
- ☐ Rule 5: Check
- ☐ Rule 6: Check
- ☐ Rule 7: Check
- ☐ Rule 8: Check
- ☐ Rule 9: Check
- ☐ Rule 10: Check
- ☐ Rule 11: Check
- ☐ Rule 12: Check
- ☐ Rule 13: Check
- ☐ Rule 14: Check
- ☐ Rule 15: Check
- ☐ Rule 16: Check
- ☐ Rule 17: Check

New Way: Differential Monitoring

A targeted approach. Using risk assessment and key indicators to focus on the rules that most predict overall compliance and safety.



A checklist titled 'New Way: Differential Monitoring' showing a list of five items. The first two items, 'Critical Safety Indicator 1' and 'High-Risk Rule Compliance', are checked and highlighted with a dark blue background. The third item, 'Core Quality Metric', is unchecked. The fourth item, 'High Risk Rule Compliance', is checked and highlighted with a dark blue background. The fifth item, 'Critical Safety Indicator 1', is unchecked. A magnifying glass icon is positioned over the 'High Risk Rule Compliance' item, indicating a focused approach.

- ☒ Critical Safety Indicator 1
- ☒ High-Risk Rule Compliance
- ☐ Core Quality Metric
- ☒ High Risk Rule Compliance
- ☐ Critical Safety Indicator 1

The "gold standard" for child care, *Caring for Our Children* (CFOC), is comprehensive but daunting.

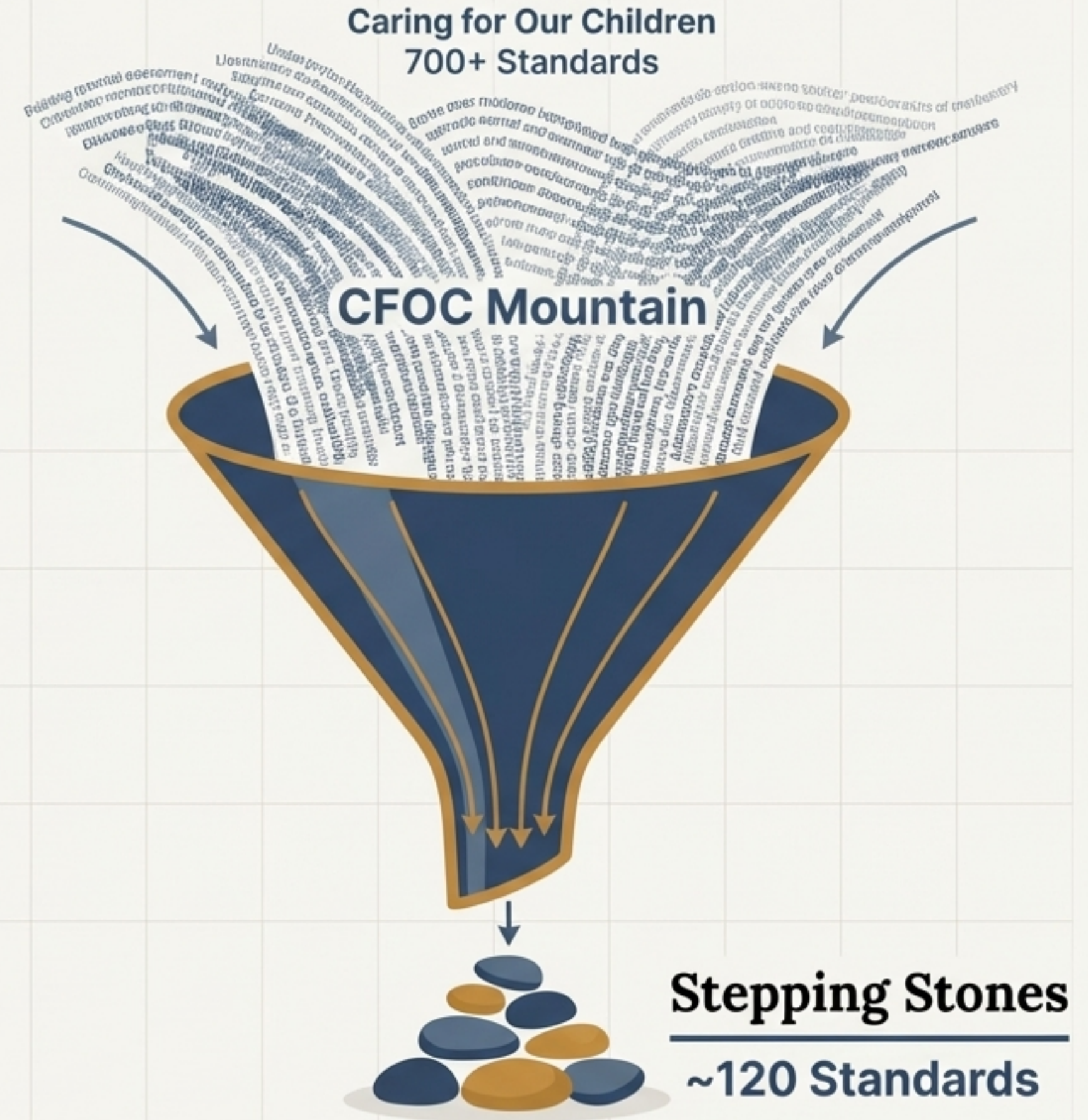
Caring for Our Children is the peer-reviewed, science-backed foundation for health and safety standards, published by the AAP, APHA, and other leading organizations. However, its sheer volume, containing over 700 individual standards, often makes it a target for claims of “over-regulation.”



Regulatory science first helped distill CFOC by identifying the rules that prevent the most harm.

Explain the risk assessment methodology: a process to determine which standards, if not met, would place children at the greatest risk of morbidity or mortality.

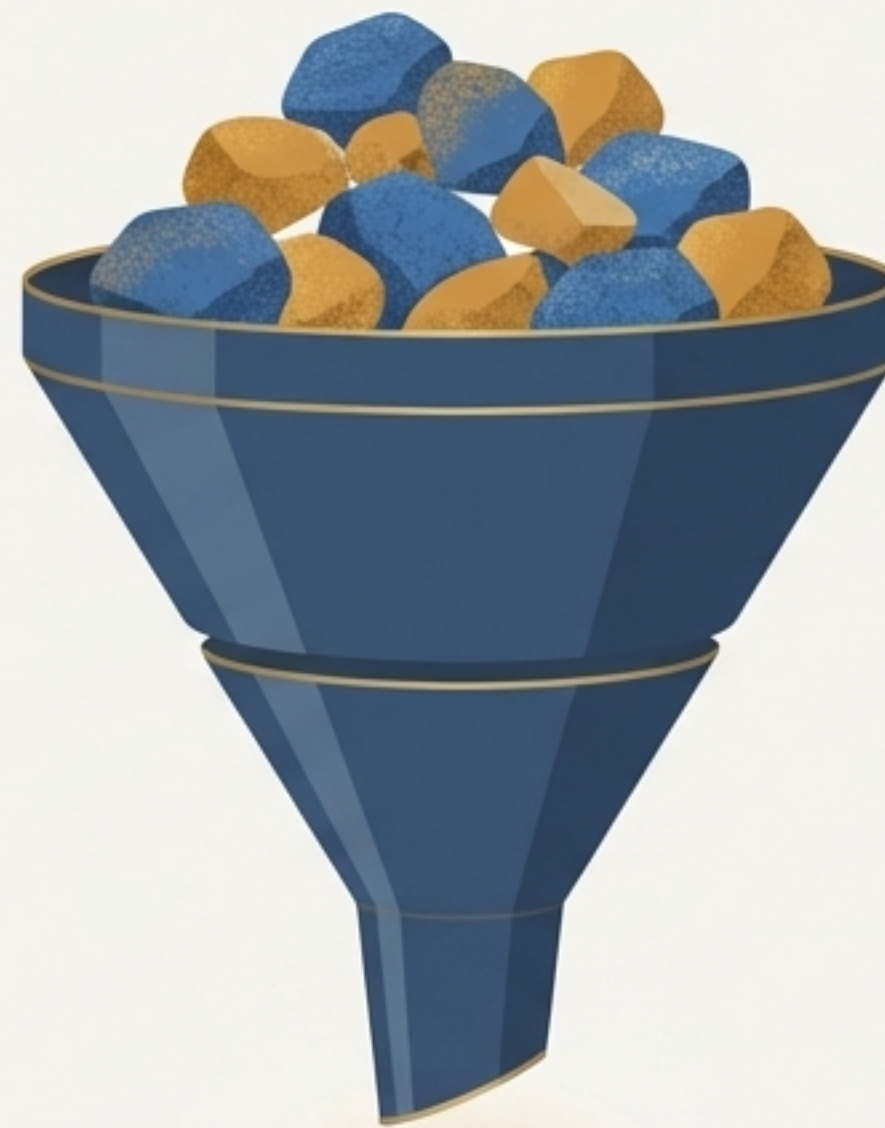
State that this process resulted in the creation of **Stepping Stones to Caring for Our Children**.



The final refinement identified the essential standards that predict overall compliance.

Explain the “key indicator” methodology: a scientific process used to find the smaller set of standards that have the most predictive value for overall quality and safety. State that this process resulted in the creation of Caring for Our Children Basics (CFOCB).

~120 Stepping Stones



← **CFOCB**

The 65 Essential Standards

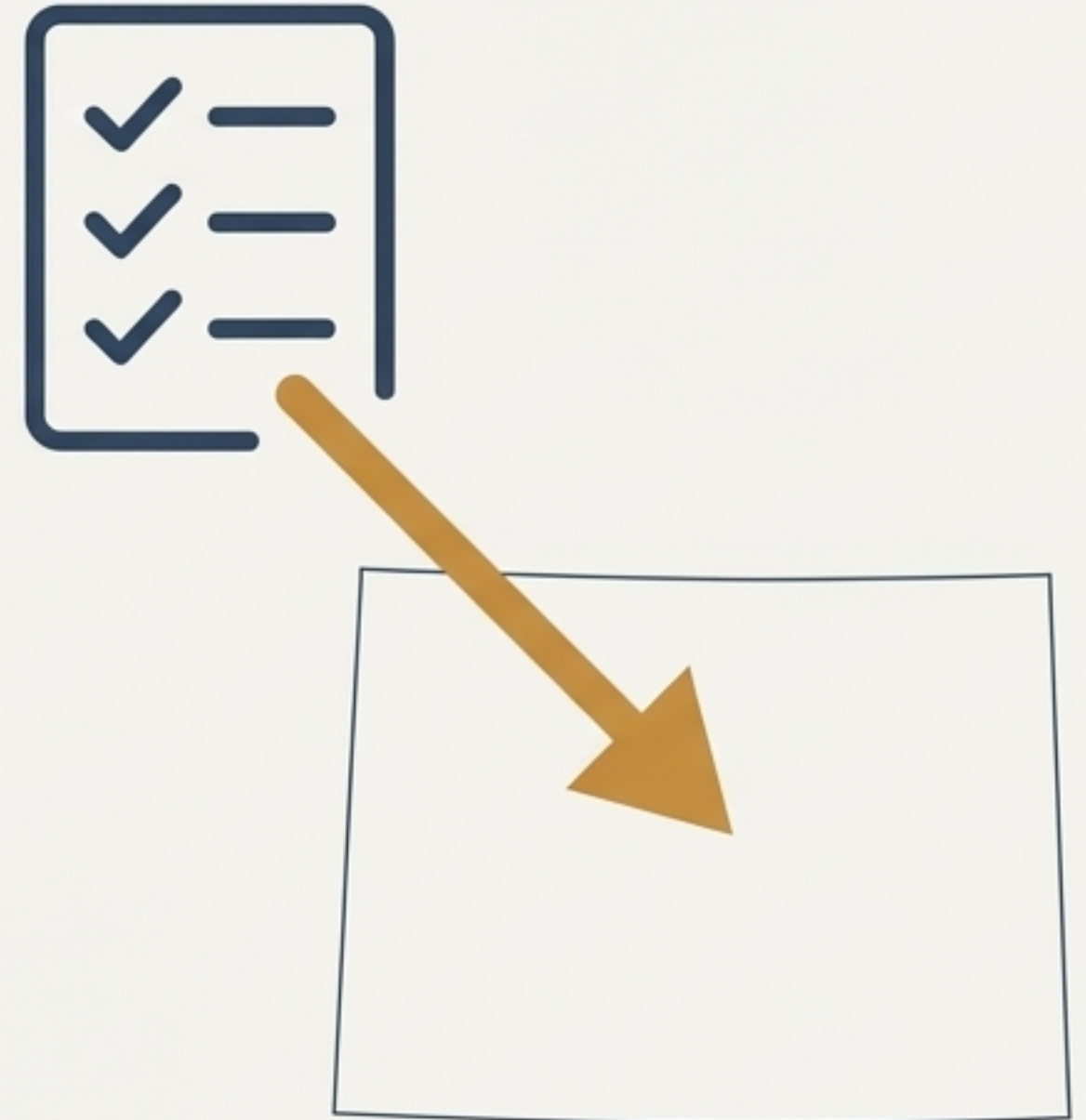
***Caring for Our Children Basics (CFOCB)* provides a science-based, non-negotiable floor for safety and quality.**



Position CFOCB's 65 standards as the direct, evidence-based alternative to deregulation. The choice isn't *fewer* rules; it's the *right* rules. These standards were developed by a cross-representation of medical experts, early care and education experts, child developmental experts, public health and environmental experts.

The path forward begins with one question: How do your state's rules measure up to CFOCB?

Provide a clear, direct challenge to the audience: benchmark your current state child care rules against the 65 standards in *Caring for Our Children Basics*. Mention that templates have been developed to guide this comparison process (citing Fiene, 2025).



A strong foundation lets us innovate on the toughest rules, like staff-child ratios.

- **The Problem:** Staff-child ratios have the greatest impact on cost, access, and quality, and have been the focal point of debate for 50 years.
- **An Innovative Solution:** Propose an alternate rule where the staff-child ratio can be increased slightly, but *only with the most highly qualified staff*.
- **The Key Incentive:** The additional revenue generated by the extra child goes directly to the more qualified staff member as a salary increase.



The guiding principle is simple: use empirical data, not political whims, to protect children.

Reiterate that regulatory compliance is a measurement issue and should be solved with corresponding measurement tools.



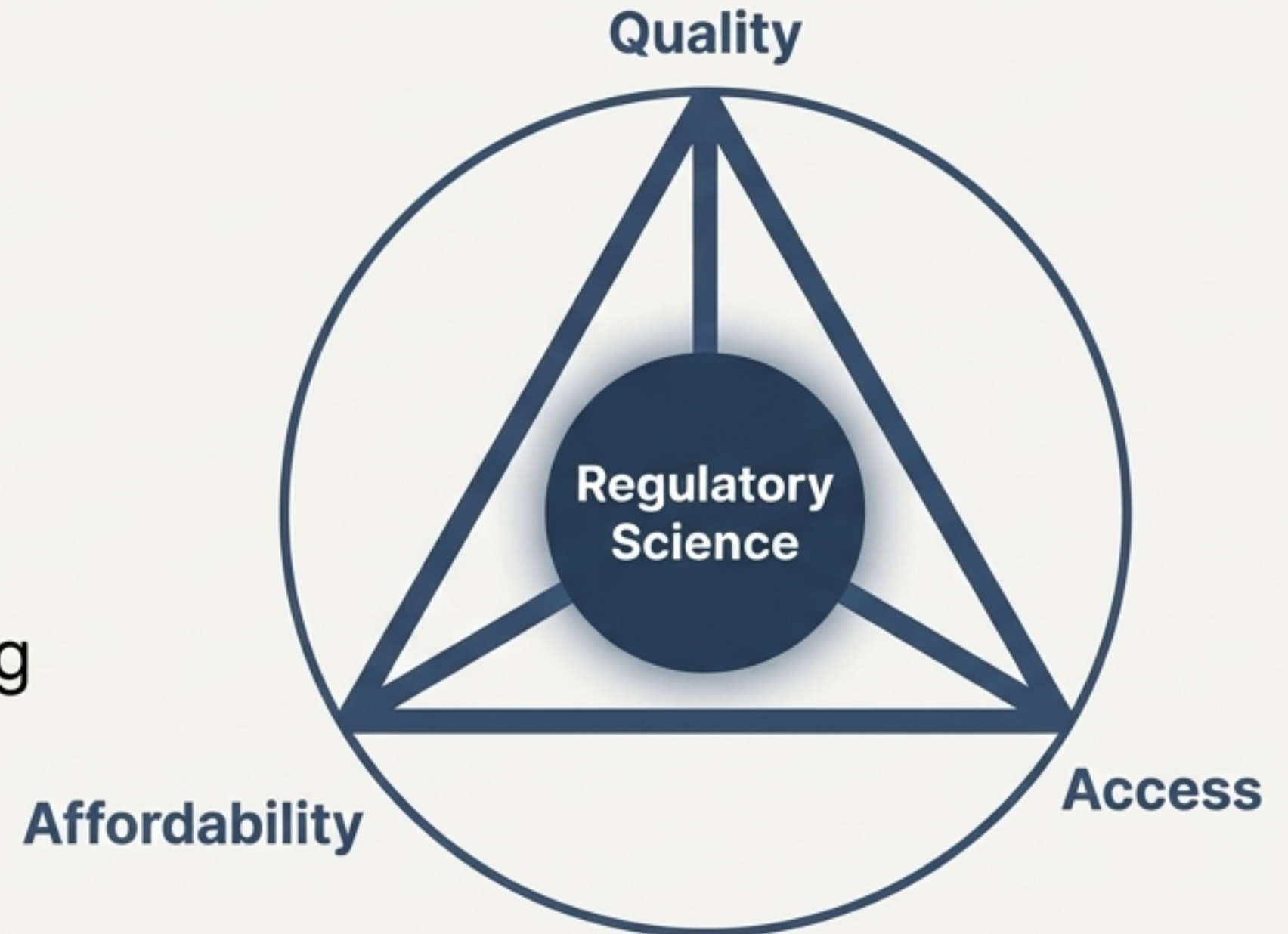
“Use the data, do not ignore the empirical evidence and leave it up to the whims of the political process to determine what stays and what gets pitched.”

- Richard Fiene

Find studies and guidance at the National Association for Regulatory Administration: naralicensing.org

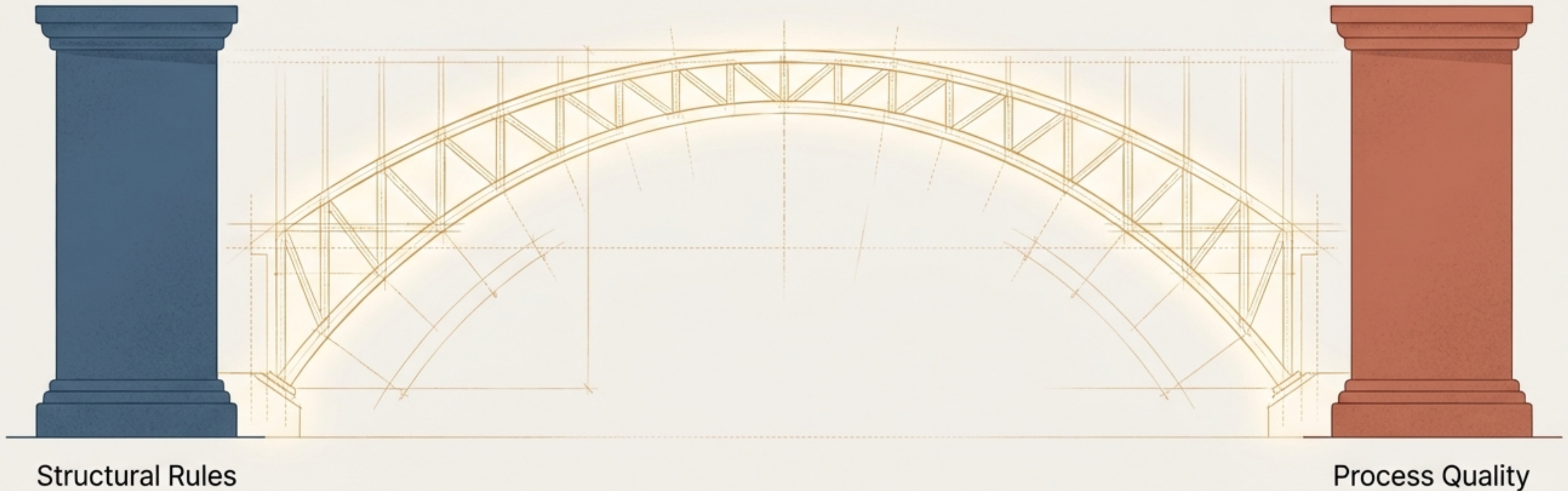
A science-based approach offers a future where quality, affordability, and access can support each other.

1. **ANCHOR** your system in the 65 essential standards of *CFOCB*.
2. **BENCHMARK** your current rules against this non-negotiable floor.
3. **INNOVATE** on complex rules using data-driven, creative solutions.



Bridging the Gap: A New Framework for Quality in Human Services Regulation

Moving from Disconnected Metrics to an Integrated Model of Oversight



Our Shared Mission: Ensuring Every Child Thrives in a Safe and Enriching Environment

For over 40 years, the core objective of child care regulation and quality improvement has been consistent. We aim to create systems that not only protect children from harm but also actively promote their development. This requires a deep understanding of what truly defines 'quality.'



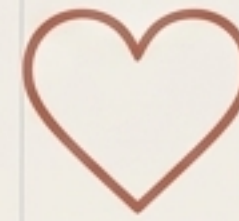
The Enduring Challenge: Two Disconnected Views of Quality



Structural Quality

The foundation of safety and health. These are the countable, objective standards set by licensing rules.

- Examples: Staff-child ratios, group sizes, background checks, physical environment safety.
- Focus: Preventing harm.
- Source: Primarily found in licensing rules and regulations.



Process Quality

The nuanced, interpersonal dynamics that foster development. The nature of interactions between adults and children.

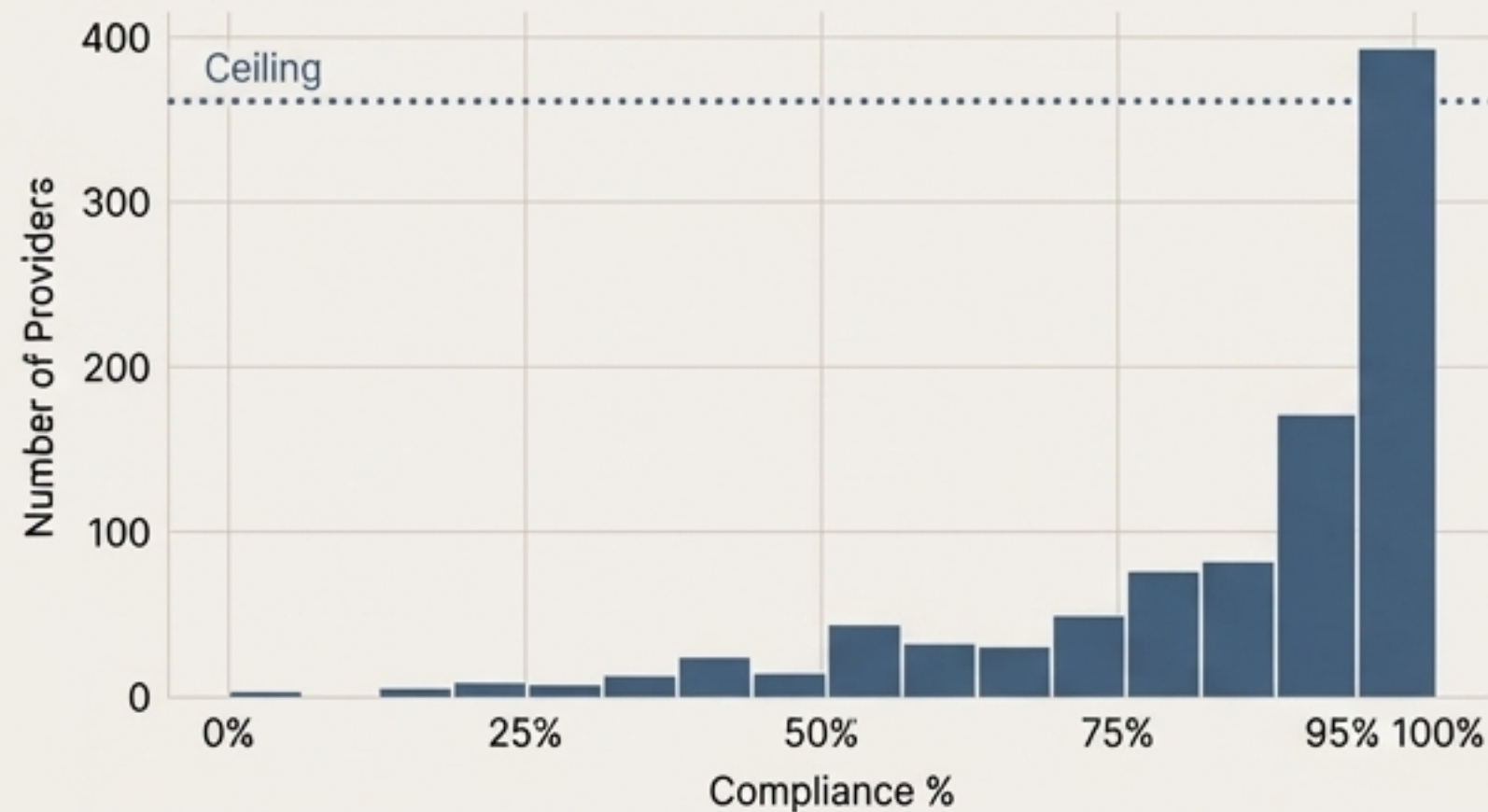
- Examples: Emotional climate, engaging language, opportunities for problem-solving.
- Focus: Promoting enrichment.
- Source: Assessed by tools like ERS (Environmental Rating Scales) and CLASS.

Why the Gap Persists: A Tale of Two Data Sets

The weak statistical correlation between structural and process quality isn't a failure of intent, but a result of fundamental differences in measurement. Structural data has a "ceiling effect," while process data follows a normal distribution.

Positively Skewed Distribution with a Ceiling Effect

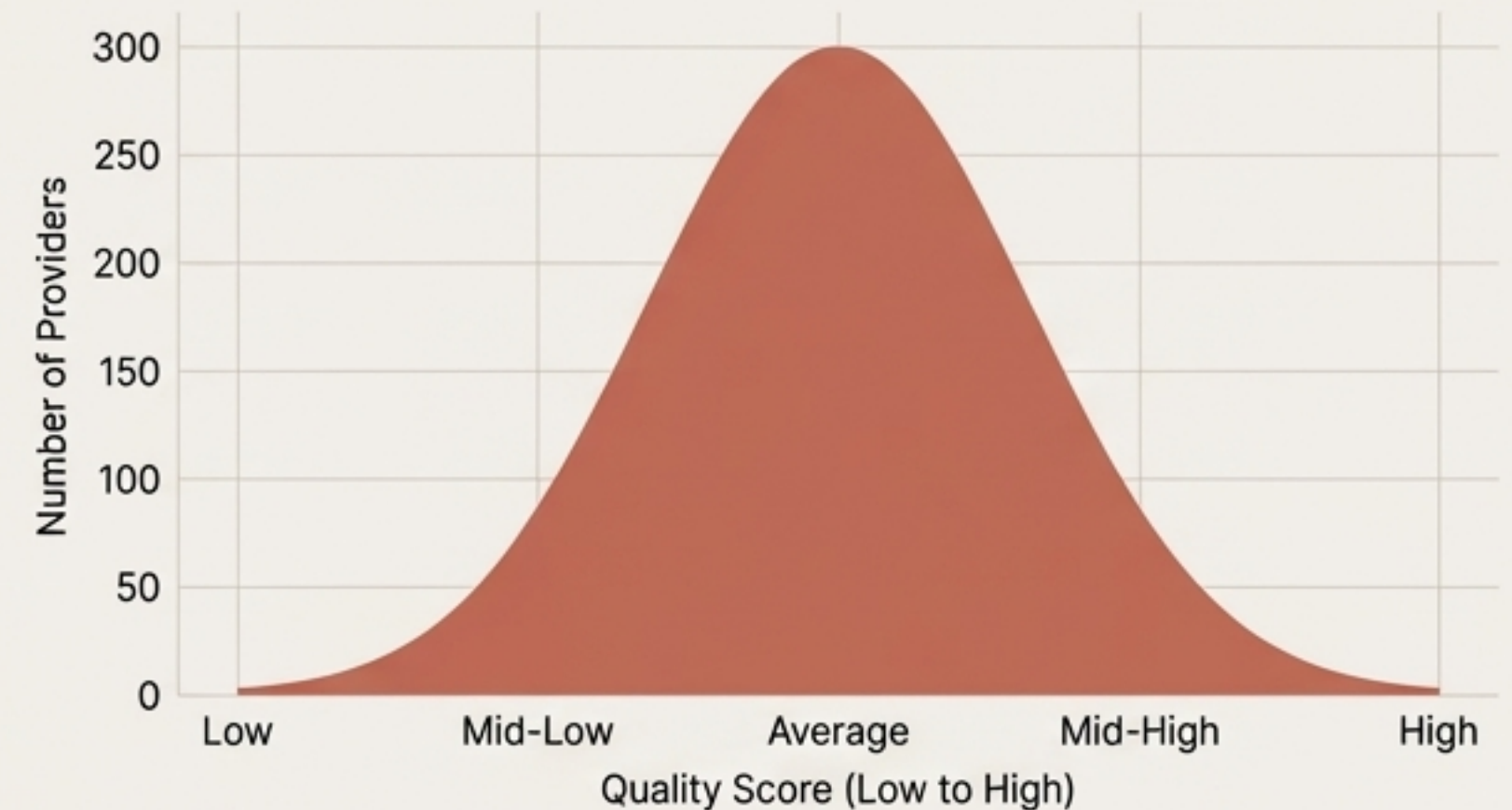
Compliance with Licensing Rules



Visualizes providers clustering at the top, showing little differentiation.

Normal Distribution

ERS/CLASS Observation Scores



Illustrates an even distribution of providers across the quality spectrum.

Because structural measures are binary (yes/no compliance), they struggle to differentiate between good and great programs, unlike the scaled scores of process tools.

The Traditional Paradigm: Uniform Monitoring is Inefficient and Incomplete

Through the 1970s and 1980s, the standard approach was to treat all providers and all rules equally. This model proved insufficient for predicting quality or using resources effectively.

Uniform Monitoring



Every provider receives the same level of oversight, regardless of history or risk. Resources are spread thin.

100% Compliance Focus



The goal is full compliance with every rule, even though research shows diminishing returns after achieving "substantial compliance."

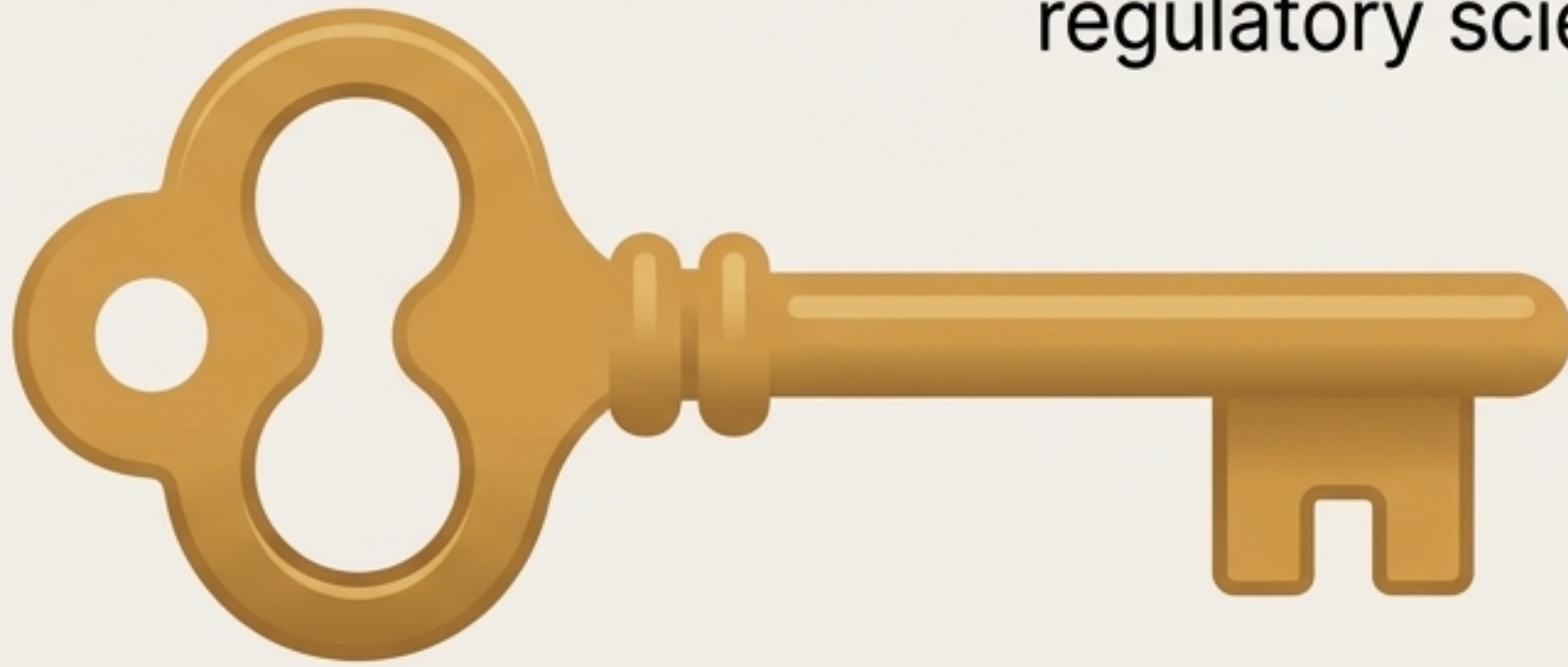
Disconnected Metrics



Structural compliance data is collected and analyzed separately from process quality data, missing the opportunity to build a holistic view of a program.

A New Theory to Connect Compliance with Quality

Introducing the **Theory of Regulatory Compliance (TRC)**, a paradigm shift in regulatory science developed by Dr. Richard Fiene.



Substantial Compliance is More Predictive

TRC demonstrates that achieving substantial compliance with structural rules is often more predictive of program quality than striving for 100% compliance, which can show diminishing returns.

Enabling a New Approach

This theory moves the field away from uniform monitoring and creates the foundation for a more targeted, predictive, and efficient model.

“TRC has been described as a paradigm shift that moved the licensing field... away from a uniform monitoring approach toward a differential monitoring model.”

The Tool for the Job: The Key Indicator Methodology



What are Key Indicators?

A small subset of rules, regulations, or standards that are statistically proven to predict overall compliance with the full set of rules.

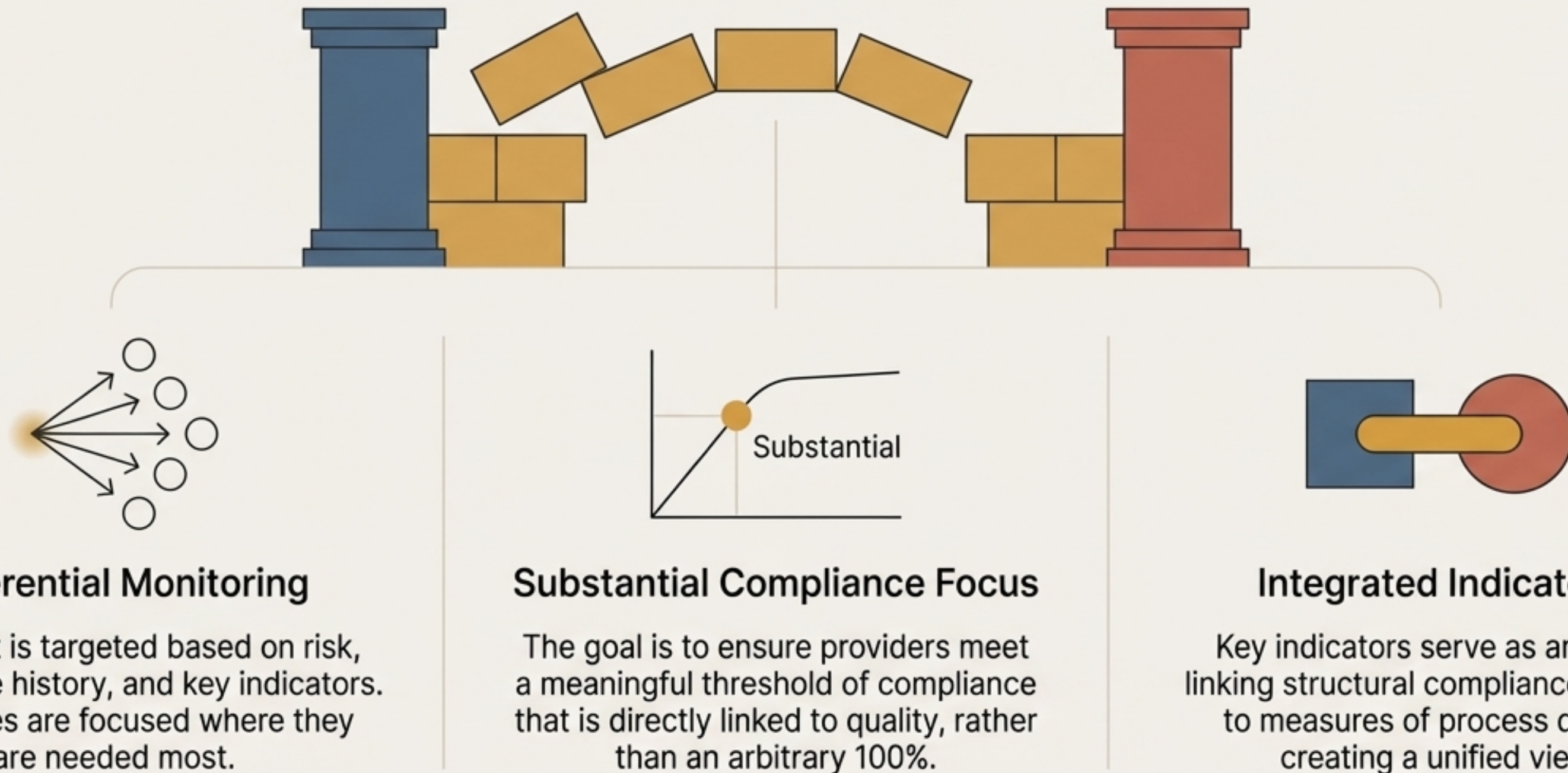
How it Works

1. **Identify:** Through statistical analysis, identify the rules that have the most predictive power.
2. **Focus:** Build abbreviated or targeted inspections around these "key indicators."
3. **Predict:** A provider's performance on these indicators reliably signals their overall compliance and quality.

Critical Components

The methodology's predictive power relies on two specific techniques: the **weighting of rules** and the **dichotomization of data** to mitigate false positives and negatives in licensing decisions.

The New Paradigm: Differential Monitoring is Targeted, Predictive, and Efficient



Making Data Comparable: The Regulatory Compliance Scale (RCS)

The Challenge

Traditional structural data is binary (compliant/not compliant), making it difficult to compare statistically with process quality tools that use 1-to-7 point scales.

The Solution

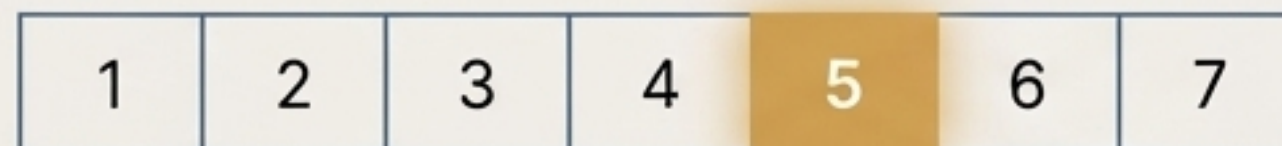
The RCS translates violation counts and compliance data into a categorical, ordinal scale (e.g., a 1-7 rating).

Binary Structural Data

Rule A: ☒ Yes
Rule B: ☐ No
Rule C: ☒ Yes
Rule D: ☒ Yes
Rule E: ☐ No



RCS Ordinal Scale



The Benefit

“By establishing a categorical structure, the RCS enables structural quality to be analyzed on more equal footing with process quality from a statistical measurement standpoint, creating a more effective comparative tool.”

Proof in Practice: Key Indicators Have Been Validated Across All Quality Systems



Accreditation

Used to develop the National Early Childhood Program Accreditation (NECPA) system as a cost-effective and empirically validated alternative.



Professional Development

Identified coaching and mentoring as more effective than traditional workshops for improving teacher-child interactions.



Quality Rating & Improvement Systems (QRIS)

Developed Key Quality Indicators (KQIs) for domains like family engagement, which are statistically linked to higher QRIS ratings.

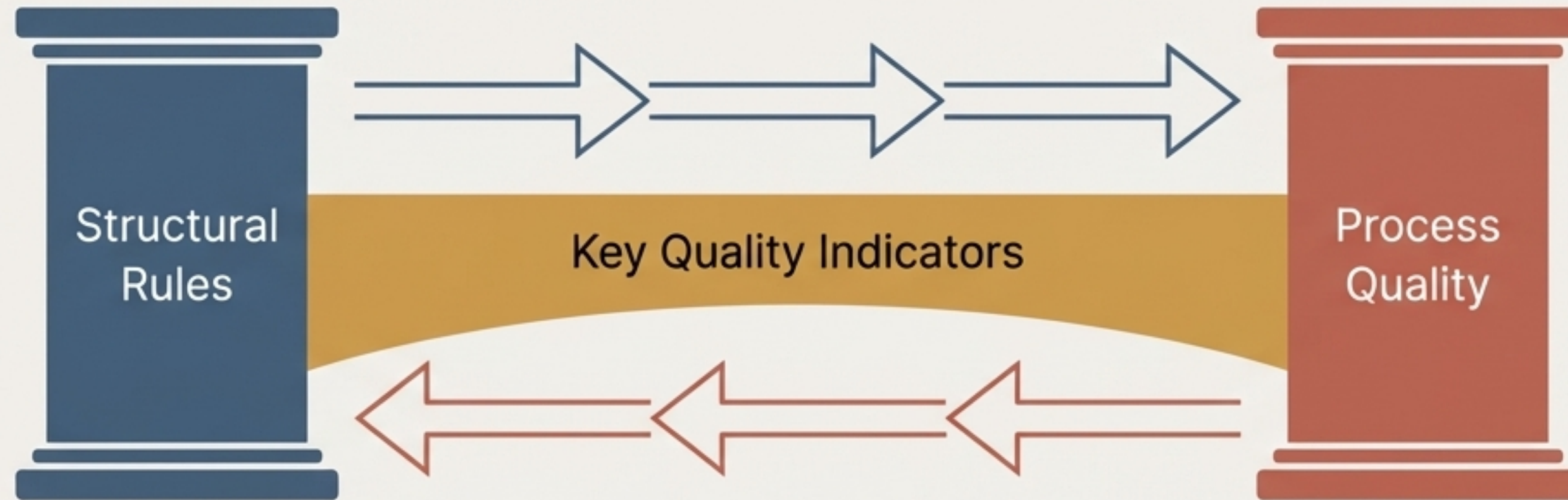


Quality Observation (ERS)

Identified that subscales related to language exchange and reasoning skills serve as strong predictors of overall ERS scores.

The Integrated Monitoring Model: A Unified Approach to Oversight

The evolution from uniform to differential monitoring now leads to integrated monitoring. Key Quality Indicators (KQIs) drawn from licensing, QRIS, accreditation, and ERS create a single, comprehensive framework for evaluating both structural and process quality.



"This integrated model offers jurisdictions a promising framework to align compliance monitoring with broader goals related to service effectiveness and developmental outcomes."

The Path Forward: Expanding the Integrated Model Beyond Child Care

The Opportunity



“The underlying methodology is applicable across a wide range of human service systems, including child residential and adult residential programs—any setting governed by rules, regulations, or standards.”

The Challenges



Expanding into new domains requires addressing key differences:

- **Defining Quality:** It is harder to quantify ‘quality’ for adolescents or aging populations, where developmental milestones are less universal.
- **Lack of Tools:** There is an absence of established, population-wide quality evaluation systems for many adult services. Most existing tools focus on individual experience, not provider-level performance.



The Goal

Future research must focus on adapting and validating provider-level quality assessment tools for other human services to realize the full potential of this transformative model.

A Framework Built on Decades of Research and Validation

The concepts presented are the result of over 40 years of research by Dr. Richard Fiene, a leading international scholar on human services licensing and regulatory science. His work, including the Theory of Regulatory Compliance and the Key Indicator Methodology, has been instrumental in shifting public policy toward more effective, data-driven oversight.



The Research Institute for Key Indicators, an affiliated data laboratory with the Edna Bennett Pierce Prevention Research Center at Pennsylvania State University.

For a comprehensive review of the research and methodology, please refer to the NARA White Paper: "Key Quality Indicators."

The Fable of the Donkey



An old fable recounts how a father and son, taking a donkey to market, try to please every critical villager they meet. Their efforts to follow every piece of advice end absurdly and tragically, with them carrying the beast of burden themselves, ultimately causing its death.



Like the villagers' advice, regulations are well-intentioned. But programs that try to follow every single rule to the letter may find themselves too weighed down to achieve what they set out to do.

The Compliance Paradox



For four decades, a consistent pattern has emerged in childcare regulation:

Perfectly Compliant Programs: Staff spend an inordinate amount of time dotting i's and crossing t's on paperwork, leaving little time for improving classroom instruction.

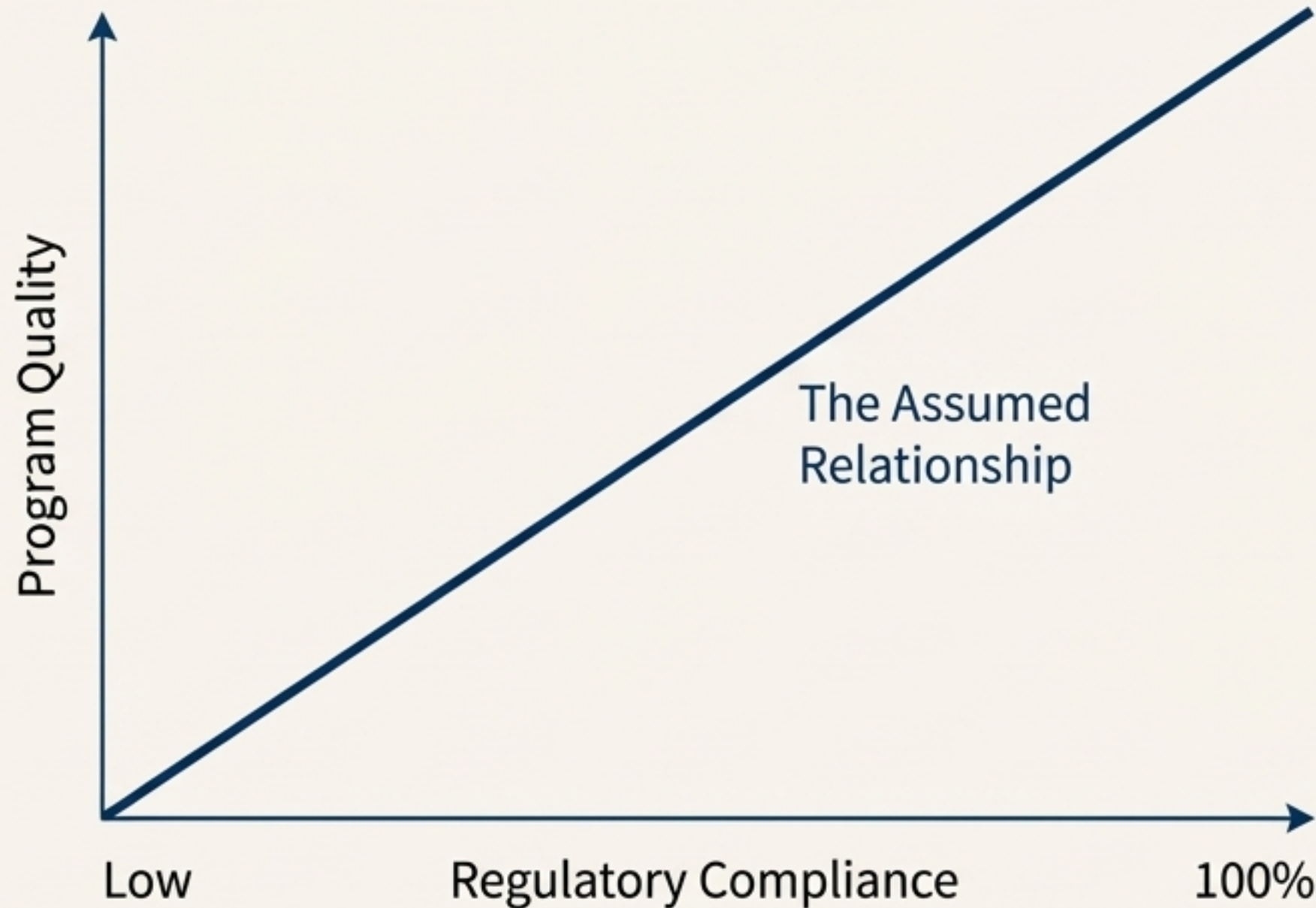


Substantially Compliant Programs:

Staff, while still careful about rules, fuss less with paperwork and work more with teachers on improving skills and curriculum.

“When you’re up to your behind in alligators, it’s hard to remember that you set out to drain the swamp.” - Richard Fiene

The Common-Sense Assumption That Led Us Astray



For decades, regulatory policy was built on a logical, philosophical assumption: fuller regulatory compliance would produce, linearly, better quality across programs.

- As compliance goes up, quality goes up.
- Therefore, the ultimate goal should be 100% compliance with every rule.

From a public policy standpoint, this notion sounds aspirational and sensible. **But what does the empirical data actually say?**

The Data Revealed a Surprising Truth

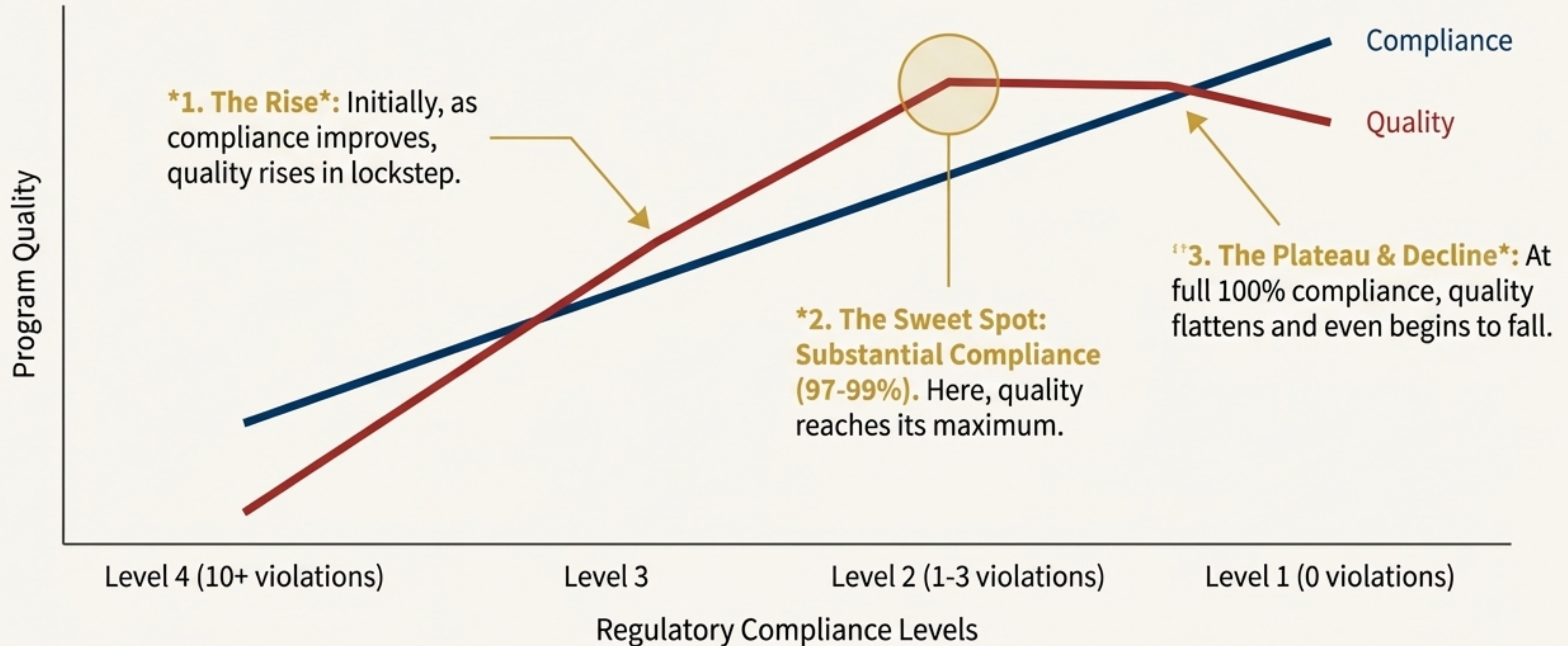


As computing power increased in the 1980s, researchers could finally analyze large datasets from state licensing agencies. When they compared regulatory violations to program quality, they found something unexpected.

- A linear relationship did exist, but only up to a certain point.
- After programs reached **substantial regulatory compliance** (98–99%), quality consistently **plateaued**.
- Worse, some replication studies in the 2010s suggested **diminishing returns**—quality actually declined slightly at 100% compliance.

“If, as data suggested, substantially compliant programs provided the same or better care as fully compliant ones, then clearly we needed to rethink our program evaluation strategies.” — Richard Fiene in Source Sans Pro

Visualizing the Plateau Effect



This data, replicated across eight states and three Canadian provinces, called into question the long-held policy of requiring full compliance for licensure. It showed that the pursuit of perfection was not just inefficient, but counterproductive.

A New Paradigm: The Theory of Regulatory Compliance



This new, outcomes-based scientific framework reframes the central question of regulation. The goal is to close the gap between box-checking and genuine program quality. The theory is not about **arguing for** more or fewer rules.

“It is never about more or fewer rules; it is about which rules are really productive and which are not.”

The theory is built on two key pillars: adopting **Substantial Compliance** as the standard and using **Differential Monitoring** to focus resources.

The Strategy: From Uniform to Differential Monitoring

The Old Way: Uniform Monitoring



One-size-fits-all. Every rule is treated equally.
Comprehensive reviews for everyone, every time.

The New Way: Differential Monitoring



A targeted approach. Focuses on rules proven to
be most critical. Allocates resources based on
risk and performance.

Differential monitoring replaces the brute-force approach with an intelligent system built on two powerful analytical tools: **Key Indicators** and **Risk Assessment**.

Component 1: Key Indicators



Definition:

Key Indicators are a small subset of rules that are statistical predictors of overall compliance.

How They Work:

- They are identified through statistical analysis of historical data.
- If a facility follows these specific rules, it strongly suggests they will follow most other rules as well.
- This allows for highly efficient and predictive inspections without needing to review all 200-400 regulations every single time.

Think of them as the '**canary in the coal mine**' for regulatory health.

Component 2: Risk Assessment



Definition:

Risk Assessment focuses on rules and regulations which, when breached, place children at the greatest risk of sickness, injury, or death.

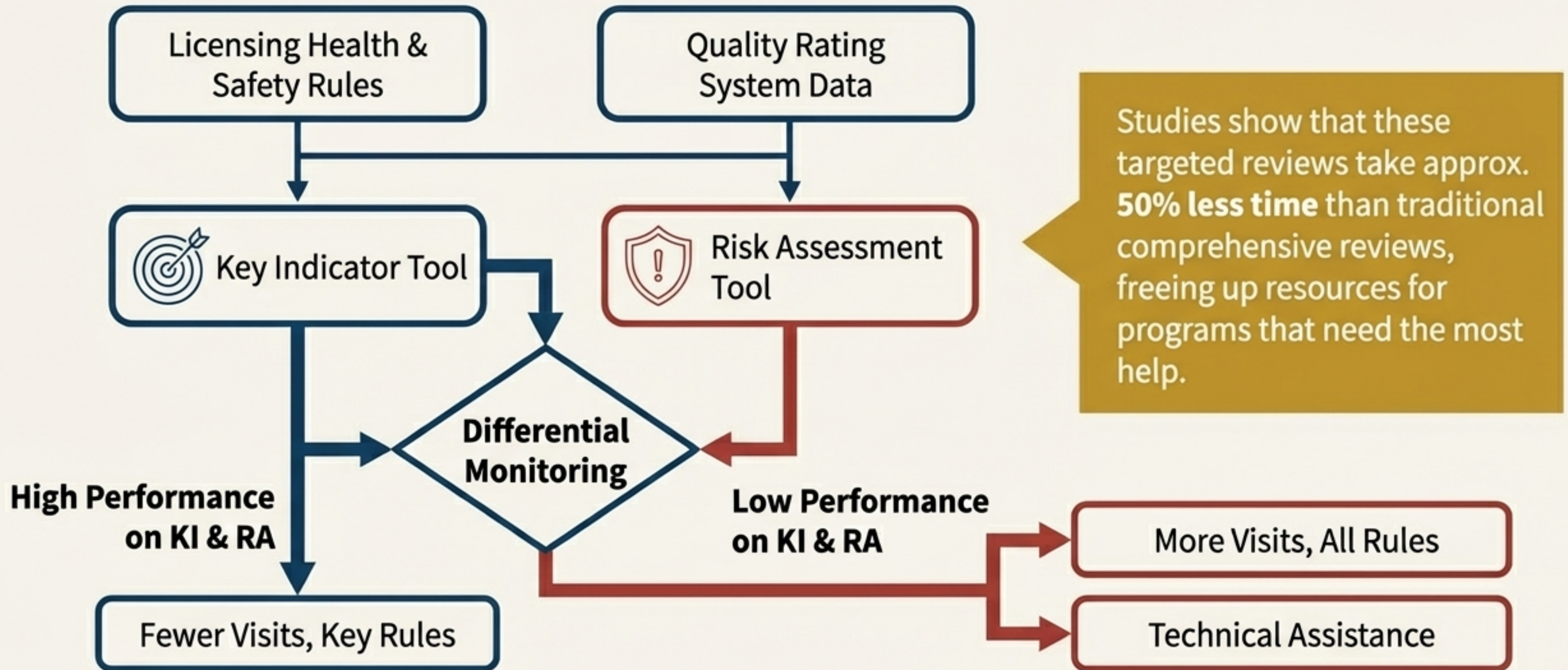
How It Works:

- Stakeholders (providers, parents, licensing staff) collaboratively “weight” each rule’s risk on a scale (typically 1-10).
- Rules with high-risk weights (e.g., related to supervision, hazardous materials) become part of every single differential monitoring review.



While Key Indicators predict broad compliance, Risk Assessment ensures that the most critical health and safety rules are never overlooked.

The Differential Monitoring System in Action

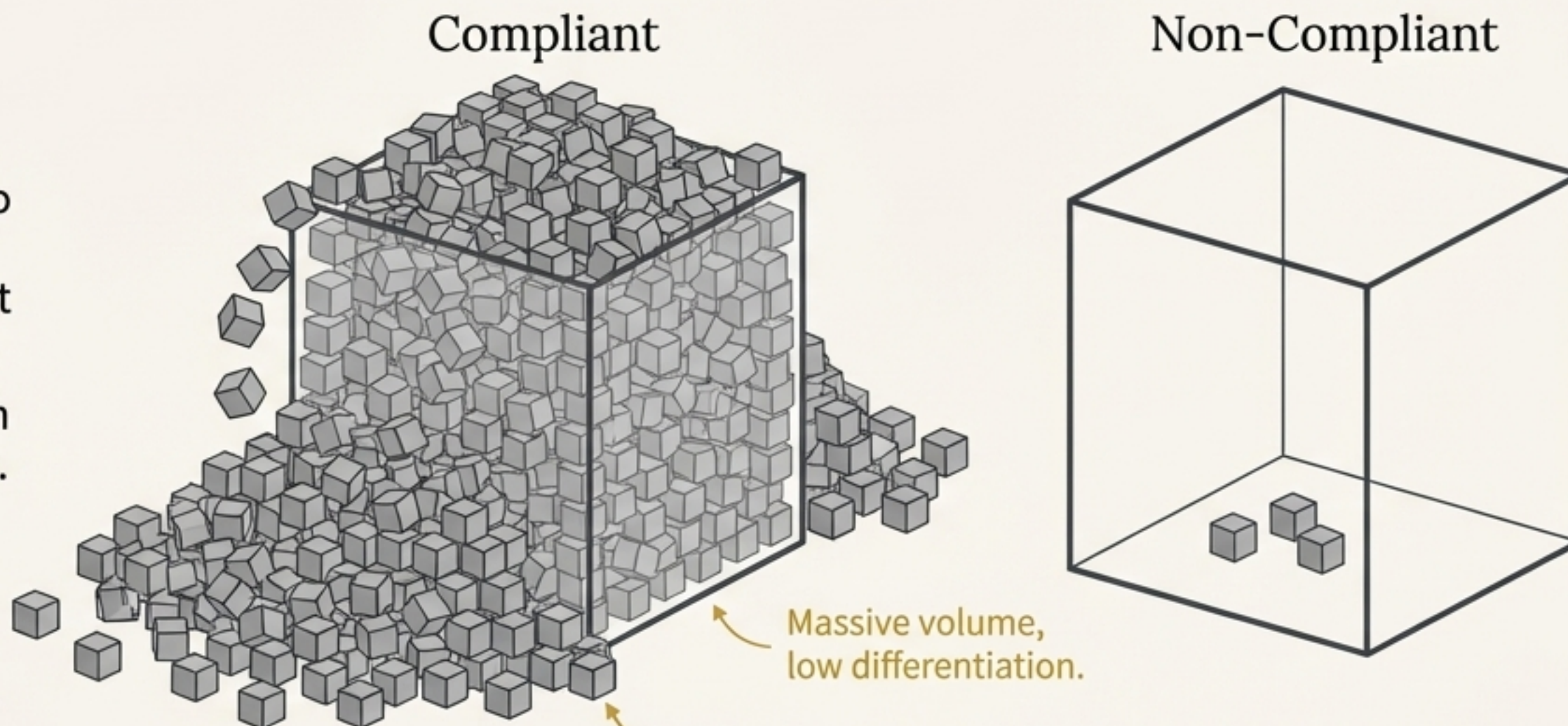


Comprehensive reviews are still required every 3-4 years to validate the predictive power of the Key Indicators and Risk Assessment rules.

A Deeper Problem: The Nature of Licensing Data

The Traditional Approach

- **Nominal Data:** Data is sorted into exclusive categories like “approved” or “denied.” You can’t “do math” on it.
- **Binary Measurement:** A program either follows a rule, or it doesn’t. There are no gray areas.



The Unintended Consequence: Severely Skewed Data

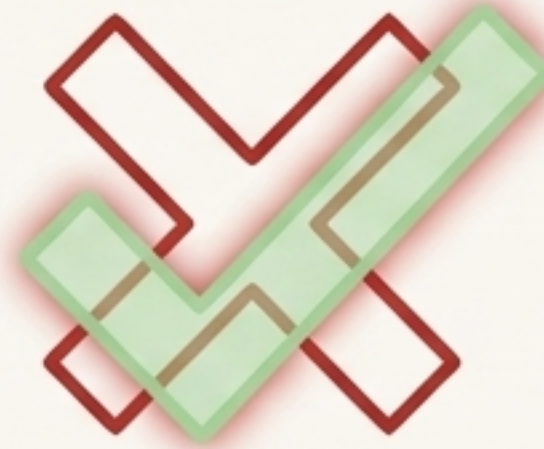
- Because programs must be compliant to operate, nearly all data falls into the “compliant” bucket.
- This makes it incredibly difficult to distinguish between excellent, good, and barely-passing programs.

The Dangers of a Binary System: False Positives & False Negatives



False Positive

An assessor rules a program is non-compliant with a rule it actually follows. This can be frustrating and costly for providers.

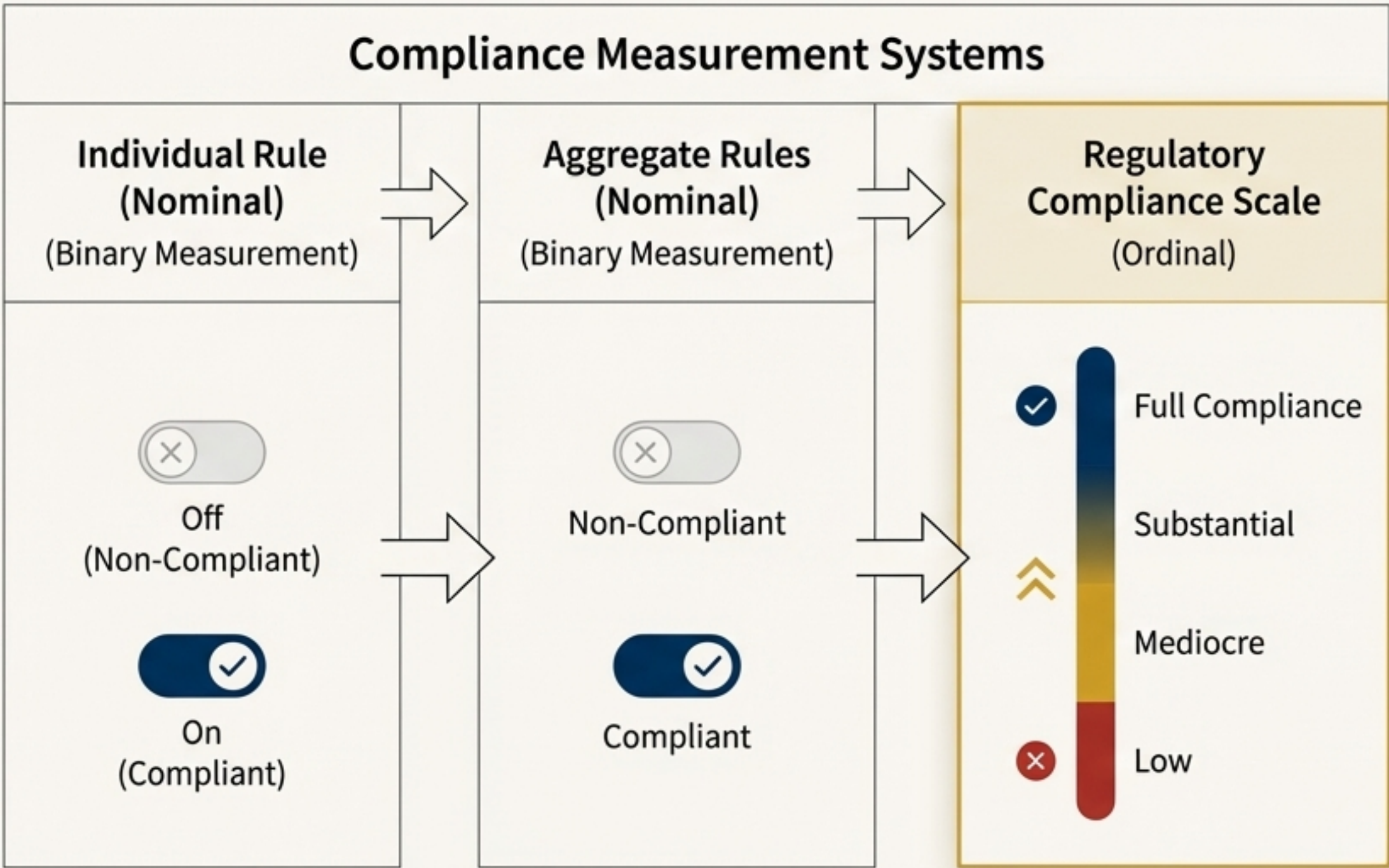


False Negative

An evaluator says a program complies with a rule that it actually breaches. **This is the far more dangerous error, as it places children at risk.**

“The **all-or-nothing** approach fails as a standard because it generates skewed data, raises the risks of false negatives and false positives, and springs from the false assumption that program quality increases in step with 100 percent compliance.”

The Solution: Evolving from a Binary Switch to a Graded Scale



Inspired by the 1-7 Likert scales already used in quality measurement, a new Regulatory Compliance Scale is being developed. This transforms licensing data from a simple violation tally into a more useful and intuitive scale. It allows us to see the difference between “excellent,” “good,” and “mediocre” compliance, aligning the data with real-world quality.

The Future: Toward Integrative Monitoring and Smarter Regulation



The Next Frontier

The ultimate goal is **Integrative Monitoring**, a system that:

- Fully incorporates **program quality** elements into the rules themselves.
- Evolves Key Indicators from predicting mere *compliance* to forecasting true program *quality*.

The Challenge Ahead

Regulatory scientists must untangle the relationship between compliance and quality (a non-linear curve) and compliance and safety (where full compliance remains the linear goal). This requires breaking down silos between licensing, accreditation, and quality rating systems.

A Broader Application

These principles—of challenging assumptions, focusing on key drivers, and improving measurement—can be applied to other human service sectors, such as foster care and adult residential care, to achieve better outcomes with limited resources.



The CCEE Heart Monitor

A New Integrated System for Monitoring Structural
and Process Quality in Early Education

Richard Fiene PhD | Research Institute for Key Indicators Data Laboratory
| Penn State Edna Bennett Pierce Prevention Research Center | July 2025

Our Field Has a Disconnected View of Quality

For decades, we have measured Child Care and Early Education (CCEE) quality using **separate and distinct tools**, creating a fragmented picture.

Structural Quality



Measured by licensing inspectors.
Focuses on health and safety compliance.

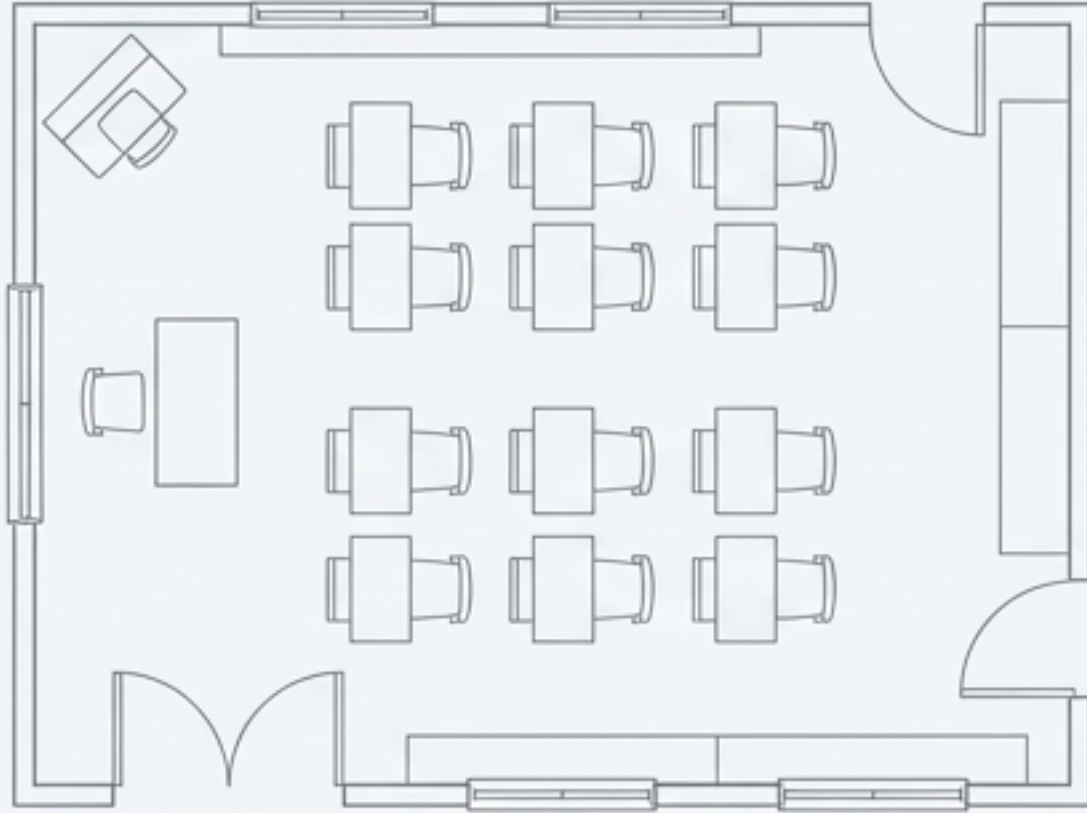


Process Quality



Measured by quality observers.
Focuses on the “magic” of interactions.

We Measure the Framework, But We Miss the Heartbeat



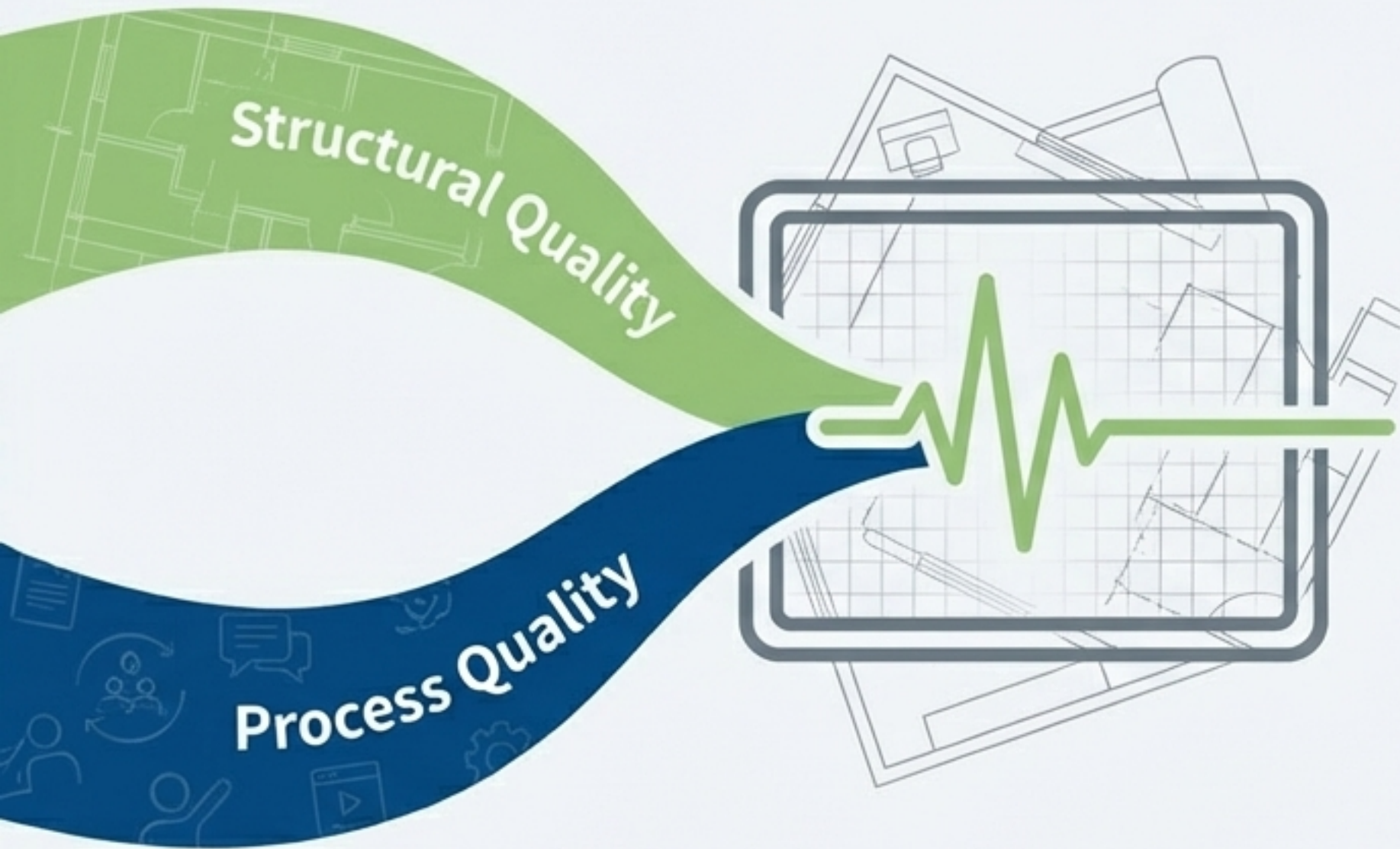
Structural quality—staff-child ratios, group sizes, safety rules—is the essential framework that protects children.



But process quality—the rich interactions between staff and children—is the ‘heart’ of the program. It’s the ‘dance’ where development truly happens.

“All the structural quality rules and regulations are important in protecting children and keeping them healthy but the interaction of child and adult is where the action occurs.”

The CCEE Heart Monitor: A Unified System to See Program Health



The CCEE Heart Monitor (CCEEHM) is a new integrated monitoring system that assesses both structural and process quality on one platform. It places the measurement of process quality squarely within the structural measurement strategy, providing a complete and dynamic picture of a program's health.

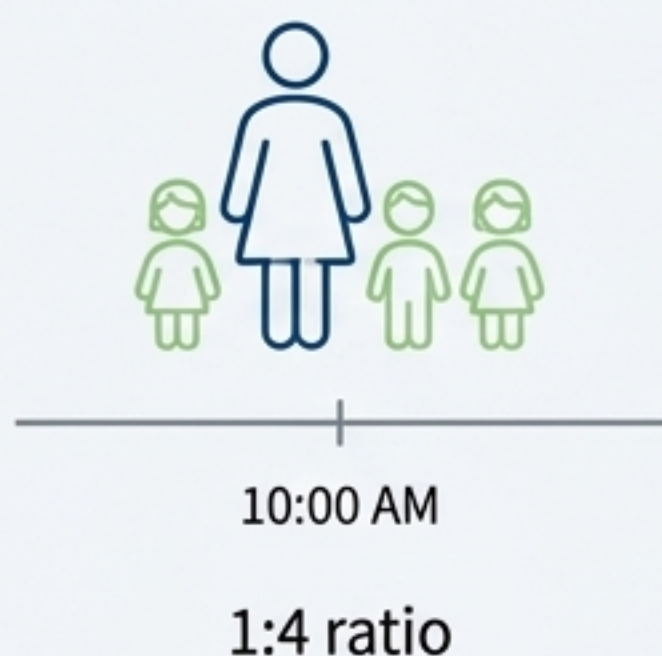
Key Features

- ✓ Integrates structural and process quality.
- ✓ Built on the Contact Hour (CH) metric and Key Indicator Methodology (KIM).
- ✓ Delivered through a user-friendly software application.
- ✓ For use by staff, licensors, and quality assessors.

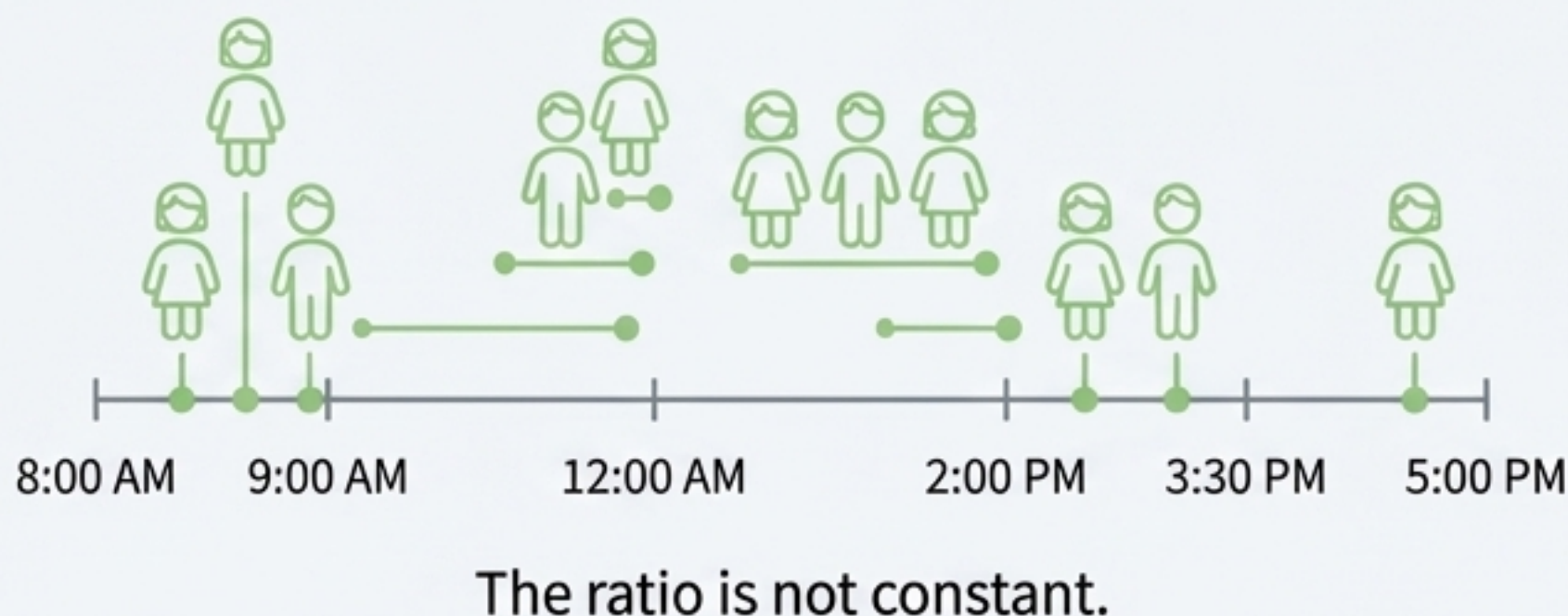
The Foundation: Replacing Static Ratios with the Dynamic Contact Hour (CH) Metric

Traditional adult-child ratios and group size measurements are static snapshots. The Contact Hour (CH) metric is a more effective and efficient measurement because it incorporates the dimension of **time**, capturing the flow of children and staff throughout the day.

Static Snapshot



Dynamic Flow



How it Works

The CH metric calculates the total exposure time of adults with children. A higher CH value can correlate with increased non-compliance with adult-child ratios.

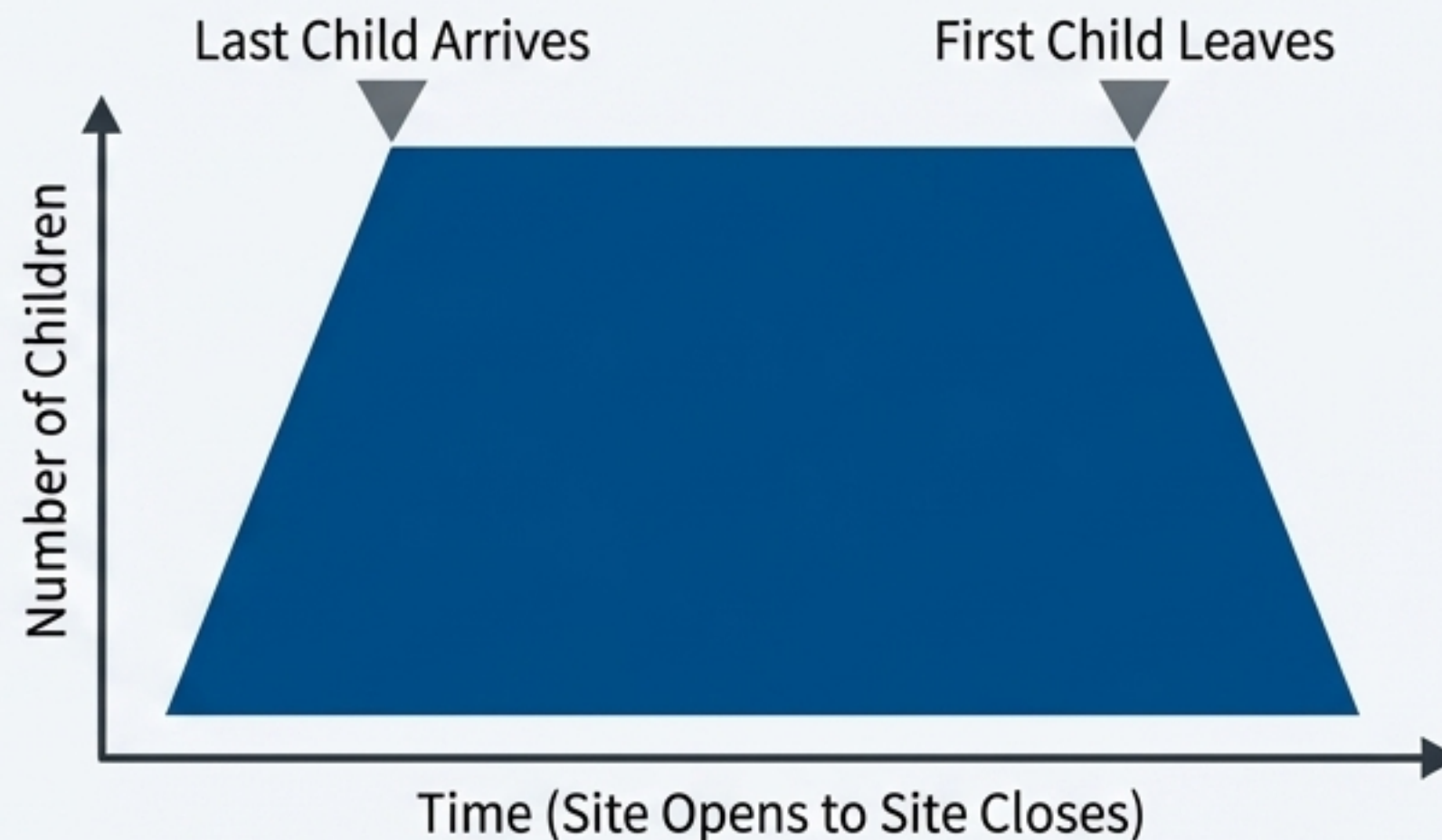
Calculating the Contact Hour is Simple

The entire CH calculation is based on the answers to six straightforward questions about a specific classroom or group.

The 6 Questions

1. First teaching staff arrival time?
2. Last teaching staff leave time?
3. Number of teaching/caregiving staff?
4. Number of children on maximum enrollment day?
5. Last child arrival time?
6. First child leave time?

The Trapezoidal Model



These 6 inputs create a model representing the daily density of the program. The area of this shape determines the Contact Hours and compliance with ratio standards.

The Shape of the Day Reveals Program Density and Compliance

The relationship between when children arrive and leave changes the shape of the CH model. Each shape tells a different story about the program's operation and compliance.



1. Triangle Shape: Lowest CH.

Unlikely scenario where full enrollment is a single point in time.



2. Trapezoid Shape: Most likely scenario.

Children gradually arrive and leave, with a period of full enrollment.



3. Square/Rectangle Shape: The efficiency benchmark.

All children arrive and leave at the same time.



4. Tall Rectangle Shape: High CH.

Indicates non-compliance with adult-child ratios and group size—the key issue the CH metric was designed to identify.

The “Heartbeat”: Measuring Process Quality with 10 Validated Indicators (PQI)



The Contact Hour metric provides the structural baseline. The Program Quality Indicators (PQI) measure the interactions, curriculum, and environment—the true ‘process quality.’ These 10 indicators were drawn from decades of key indicator studies and validated in a study in Saskatchewan.

Key Idea: The PQIs move the CCEEHM from an absolute value (in or out of compliance) to a relative one that captures the nuances of quality.

A Comprehensive Look at Program Quality

The 10 PQIs are grouped into three core domains of early childhood education quality.

Staffing & Program



- 1. ECE III Educators (AA/BA Level)
- 2. Stimulating and Dynamic Environment
- 3. Developmentally Appropriate Curriculum

Family & Community Partnership



- 4. Opportunities for Staff & Families to Engage
- 5. Regular Information on Child's Progress

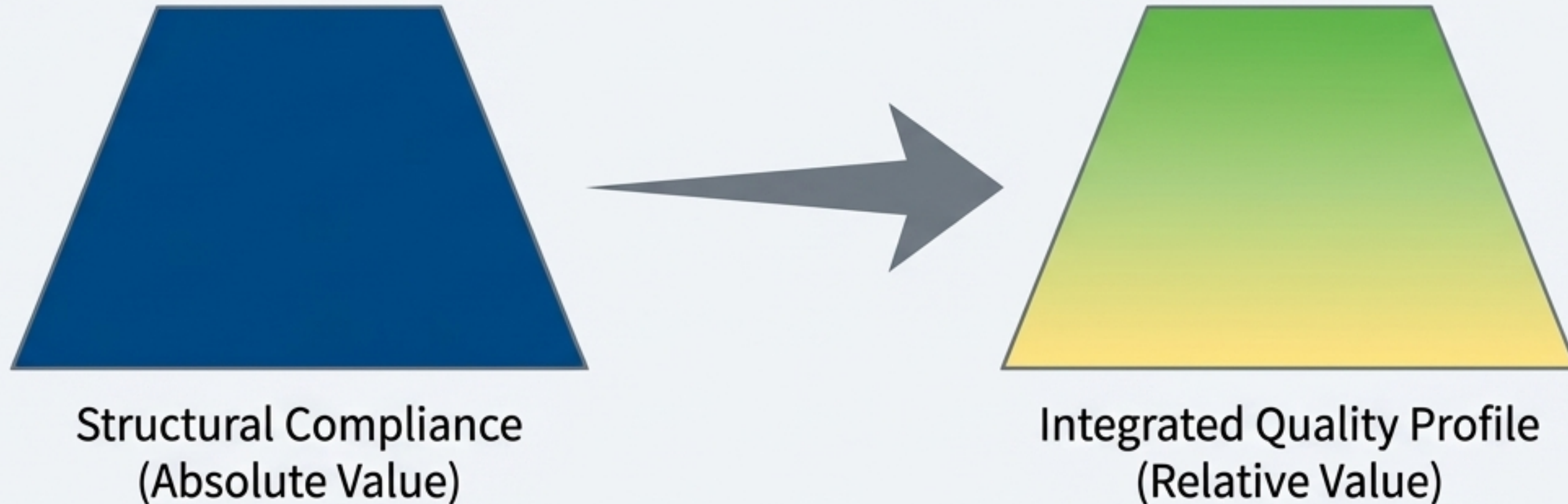
Classroom Interactions (Observation)



- 6. Encouraging Communication (Preschool)
- 7. Infant/Toddler Conversation & Questioning
- 8. Using Language for Reasoning Skills (Preschool)
- 9. Educators Listen Attentively
- 10. Educators Speak Warmly to Children

The Intersection: Creating a Complete Picture of Program Health

The CCEEHM integrates the structural CH metric with the process PQI scores. This transforms the compliance model. A program's CH trapezoid is no longer just a measure of capacity; it becomes a canvas filled with data on the quality of interactions happening every hour.



We can now see not only *if* a program is compliant with ratios, but *how* high-quality the interactions are within those hours.

The Future of Observation: Powering the PQI with Artificial Intelligence

To fill the CH model with rich PQI data would require thousands of human observations, which is unrealistic. AI makes this possible.

How it Works



Observation

Video cameras in classrooms allow AI to observe interactions continuously.



Training

The AI is trained on what constitutes various quality levels for each PQI, similar to training human observers for inter-rater reliability.



Analysis

The AI provides summary measurements on an hourly basis, feeding directly into the CCEEHM.

Key Benefits



Scalability: Allows for constant, comprehensive observation.



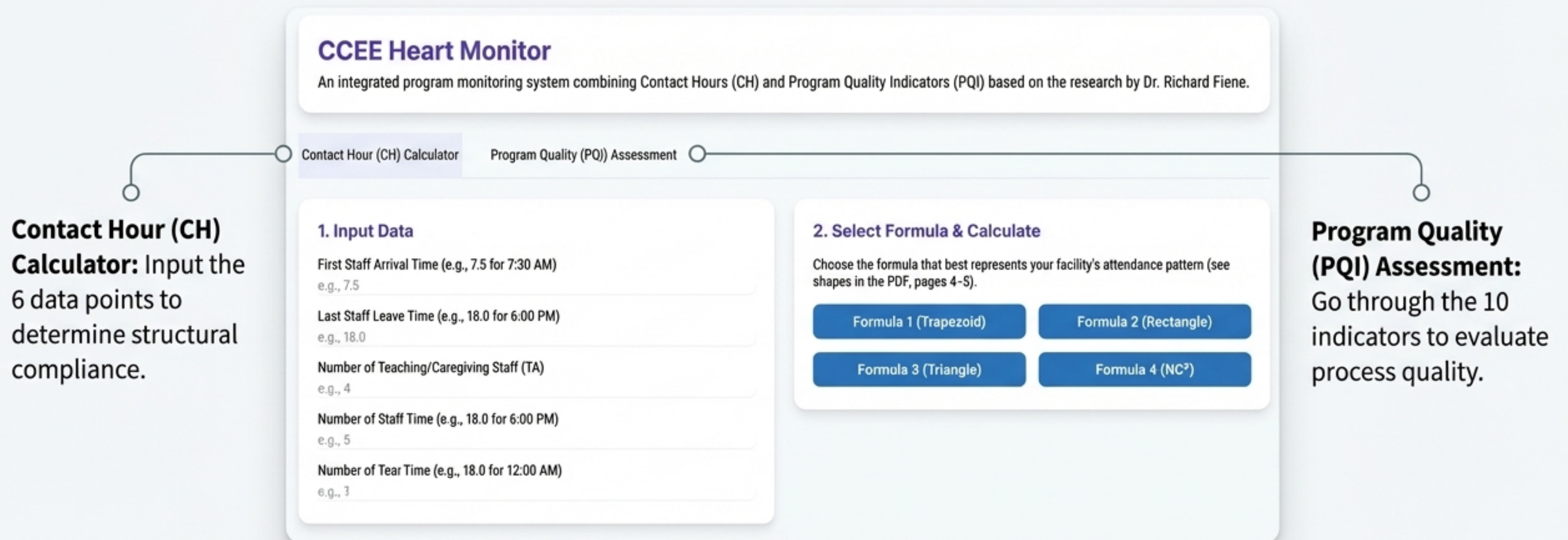
Objectivity: Reduces issues of human bias in observing and decision-making.



Consistency: AI observers have less 'drift' over time than human observers.

From Theory to Tool: The CCEE Heart Monitor App

The CCEE Heart Monitor is an intuitive software application that performs all scoring and calculations. Assessors can use it manually, or it can be integrated with AI observation systems. It provides real-time results for both the Contact Hour metric and the Program Quality Indicators.



A More Effective, Efficient, and Holistic Approach to Quality

The CCEEHM offers significant advantages over traditional, fragmented monitoring systems.



Unified

Provides a single, integrated view of structural and process quality.



Cost-Effective & Efficient

Based on the proven Key Indicator Methodology and delivered in a simple app.



Objective & Reliable

AI-powered observation enhances consistency and reduces bias.



Comprehensive

Delivers a true, holistic picture of a program's daily health and quality.

A New Paradigm for CCEE Monitoring and Improvement



The CCEE Heart Monitor is more than a new tool—it's a paradigm shift. By providing an integrated, dynamic, and nuanced view of program quality, it moves the field beyond simple compliance checking. It offers the data and insights necessary to support genuine, continuous quality improvement, ultimately helping us better understand and enhance the daily experiences of children.

Measuring What Matters: Moving Beyond Pass/Fail in Regulatory Compliance

Introducing the Regulatory Compliance
Scale (RCS): A New Paradigm for
Licensing and Quality Improvement



Current System:
In/Out of Compliance



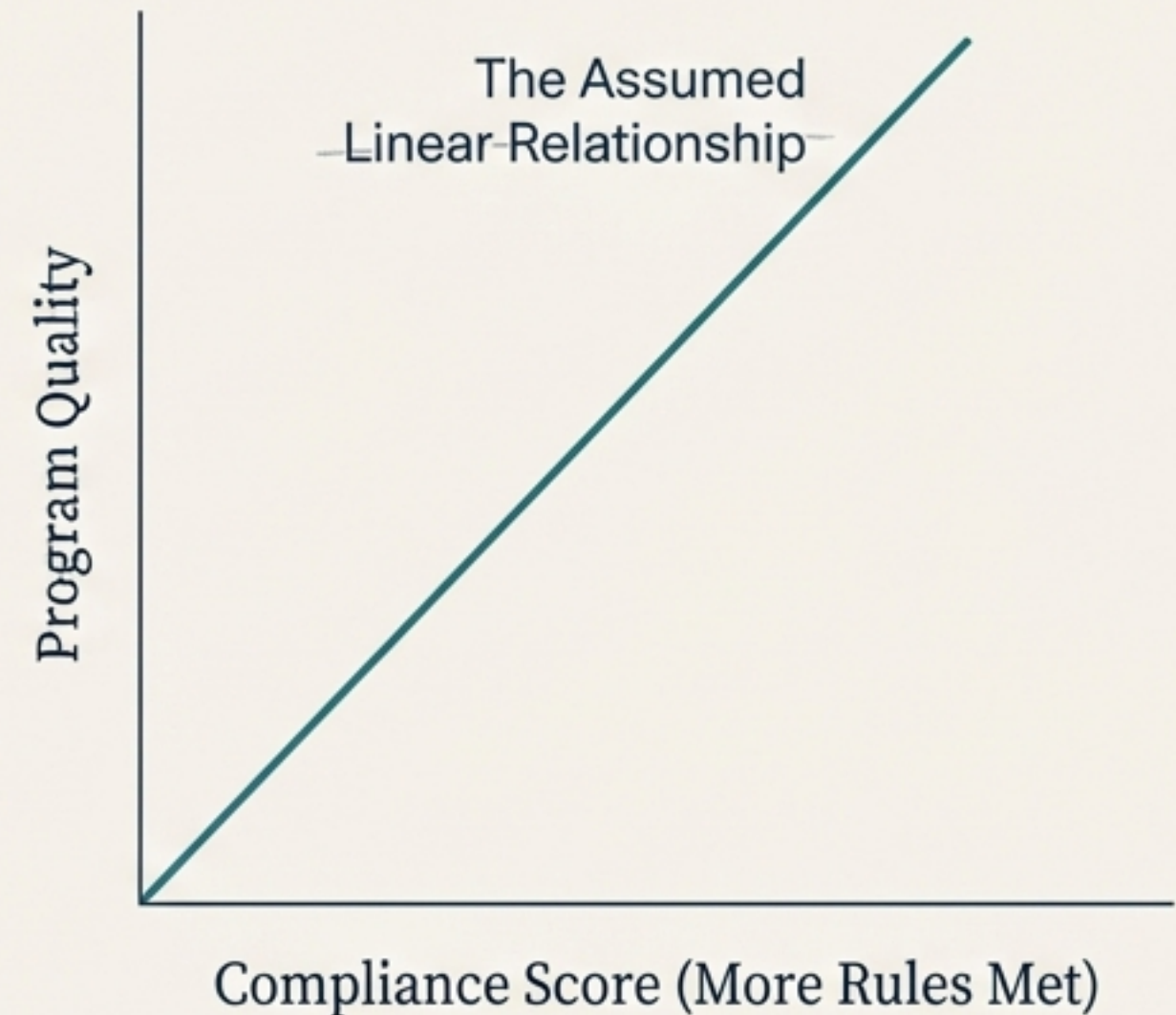
RCS:
Gradients of Compliance

The Current System Is Absolute. Our understanding of quality is not.

Regulatory compliance measurement is dominated by a nominal, 'all or none' system. A rule is either in full compliance or it is out. There are no gradients.

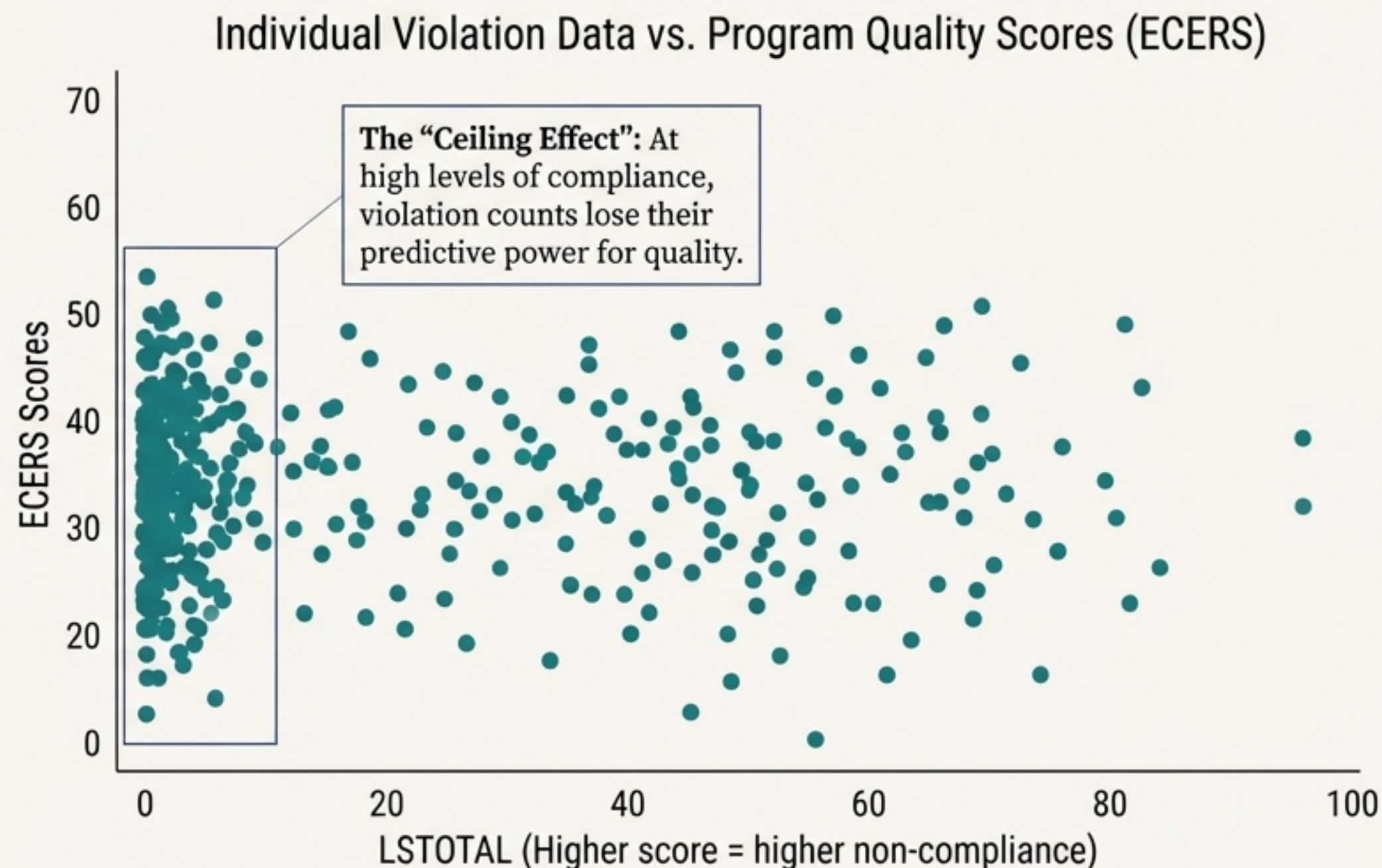
This absolute approach creates a significant challenge: it assumes a simple, linear relationship between the number of rules met and the actual quality of a program.

However, decades of research demonstrate this assumption is flawed. Simply counting violations fails to capture the nuances of program quality and can misrepresent a program's true performance.



The Data Reveals a ‘Ceiling Effect’: More Compliance Doesn’t Always Mean Higher Quality

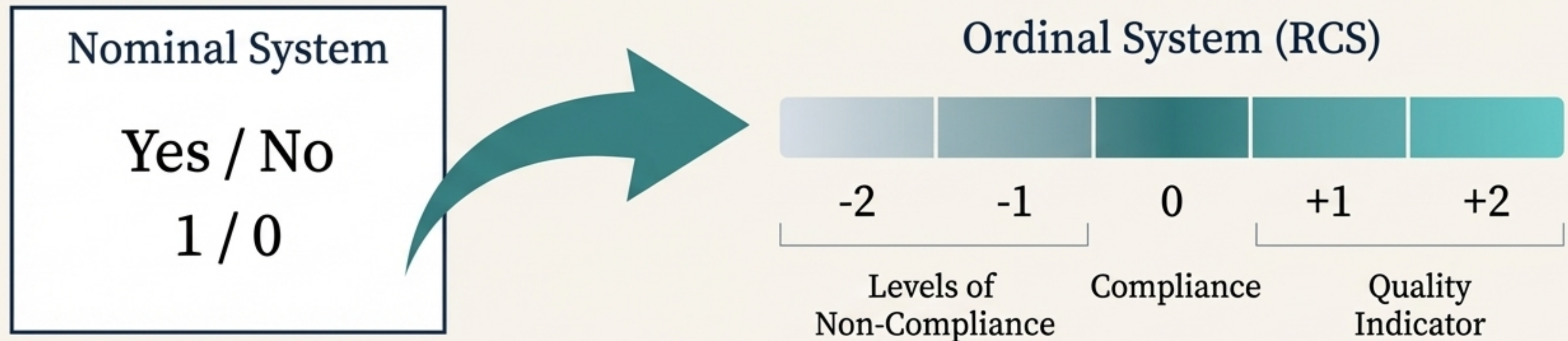
When we plot raw violation data against established quality scores (like ECERS), the expected linear relationship disappears. There is not a significant correlation. Many programs with few or no violations cluster together, making it impossible to distinguish between them on quality.



The Solution: An Ordinal Scale to Measure Gradients of Compliance

We propose a new paradigm: The Regulatory Compliance Scale (RCS). This moves measurement from a nominal (Yes/No) system to an ordinal one that accounts for degrees of compliance.

Instead of a `1` or `0` for each rule, the RCS uses a `-2, -1, 0, +1, +2` format, similar to accreditation systems. This allows us to account for severity, prevalence, and even add a Quality Indicator (QI) element to basic compliance.



The Regulatory Compliance Scale (RCS) Defined

The RCS groups programs into four distinct, logical categories based on violation counts. This framework allows for a more nuanced understanding of performance, moving beyond a simple violation count to a meaningful compliance level.

The Regulatory Compliance Scale (RCS) Framework

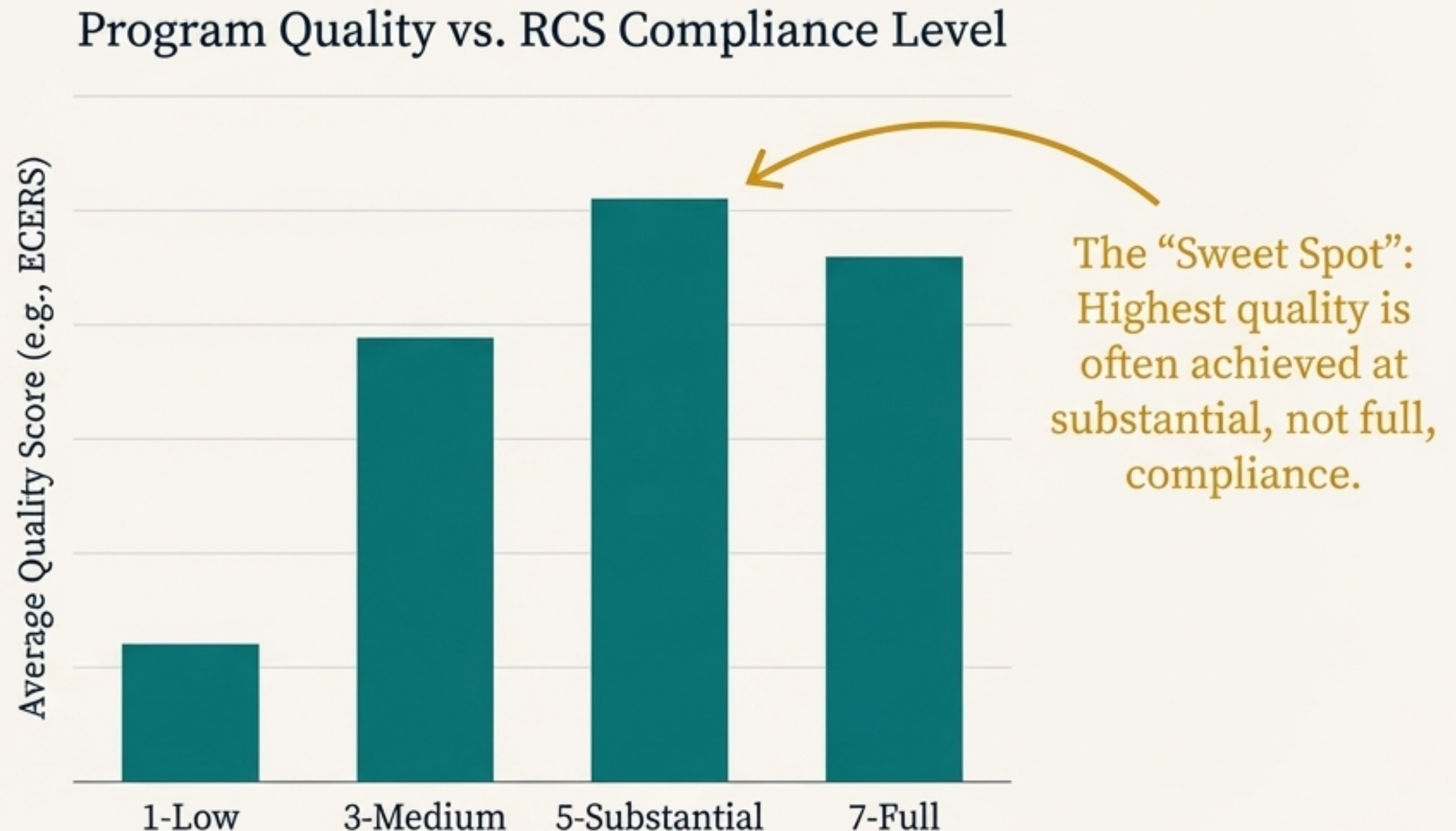
Scale Level	Compliance Level	Violation Count (Unweighted Model)	Risk Level
7 (A)	Full Compliance	0 violations	None
5 (B)	Substantial Compliance	1-2 violations	Low
3 (C)	Medium Compliance	3-10 violations	Medium
1 (D)	Low Compliance	11+ violations	High

These thresholds are based on 40 years of research into regulatory compliance data distributions.

How the RCS Reveals the True Relationship with Quality

When the same data is grouped using the RCS categories, a clear, non-linear pattern emerges.

This confirms the Theory of Regulatory Compliance: “Substantial Compliance” is often the sweet spot for quality—sometimes even outperforming “Full Compliance”.

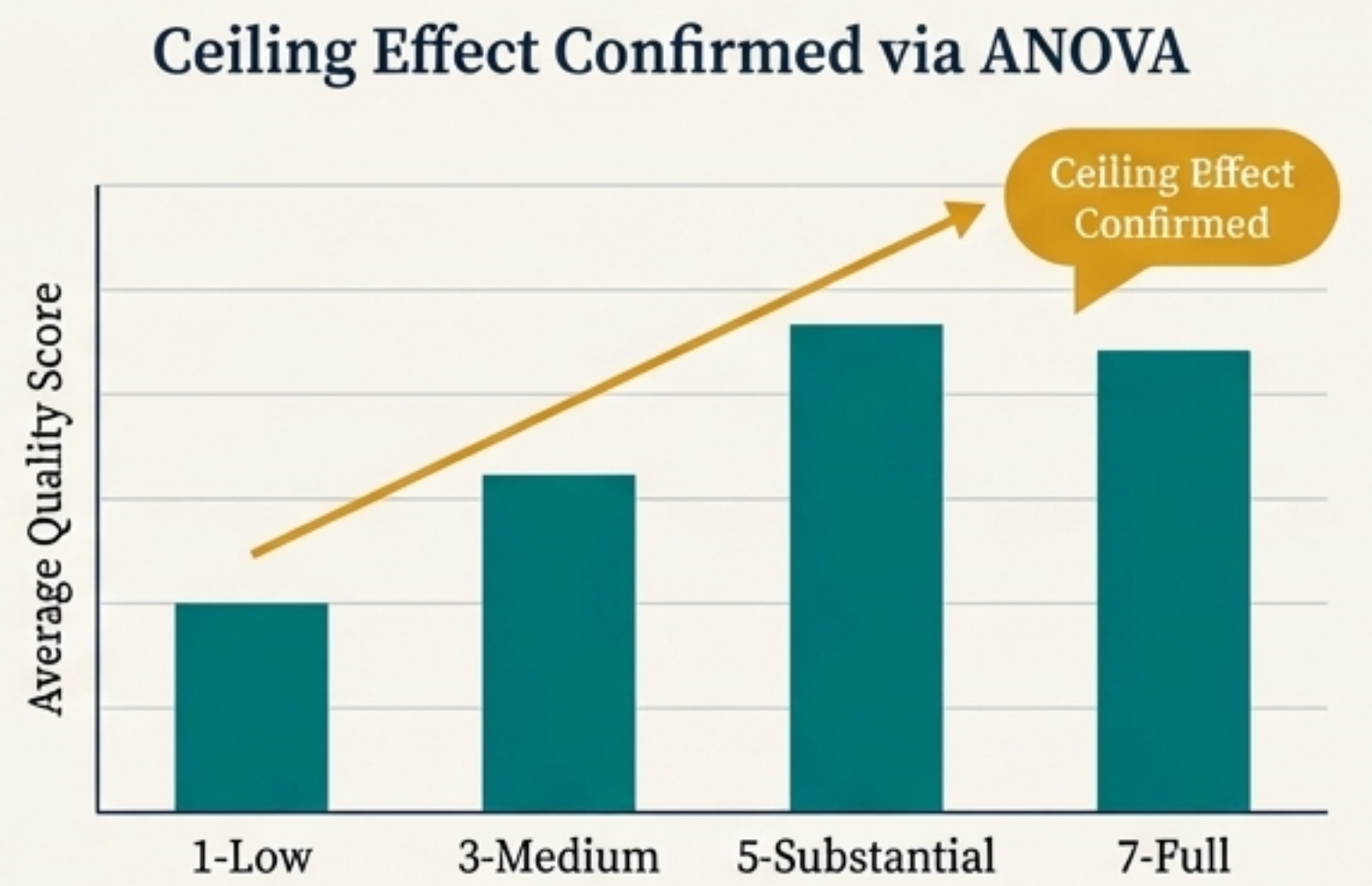


The Original RCS Model Is Validated Across Multiple Jurisdictions and Methods

To ensure its efficacy, the original RCS model was tested against five alternate models, including some based on the Fibonacci sequence, across multiple jurisdictions in the US and Canada. Analyses using both correlations and ANOVAs consistently demonstrated that the original RCS model is the most effective and reliable.

RCS Model Comparison				
Jurisdiction	Original RCS	Model 3	Model 5	Fibonacci Model
Jurisdiction 1	✓	✓	✓	
Jurisdiction 2	✓	✓	✓	
Jurisdiction 3	✓			✓
Jurisdiction 4	✓		✓	✓
Jurisdiction 5	✓	✓	✓	

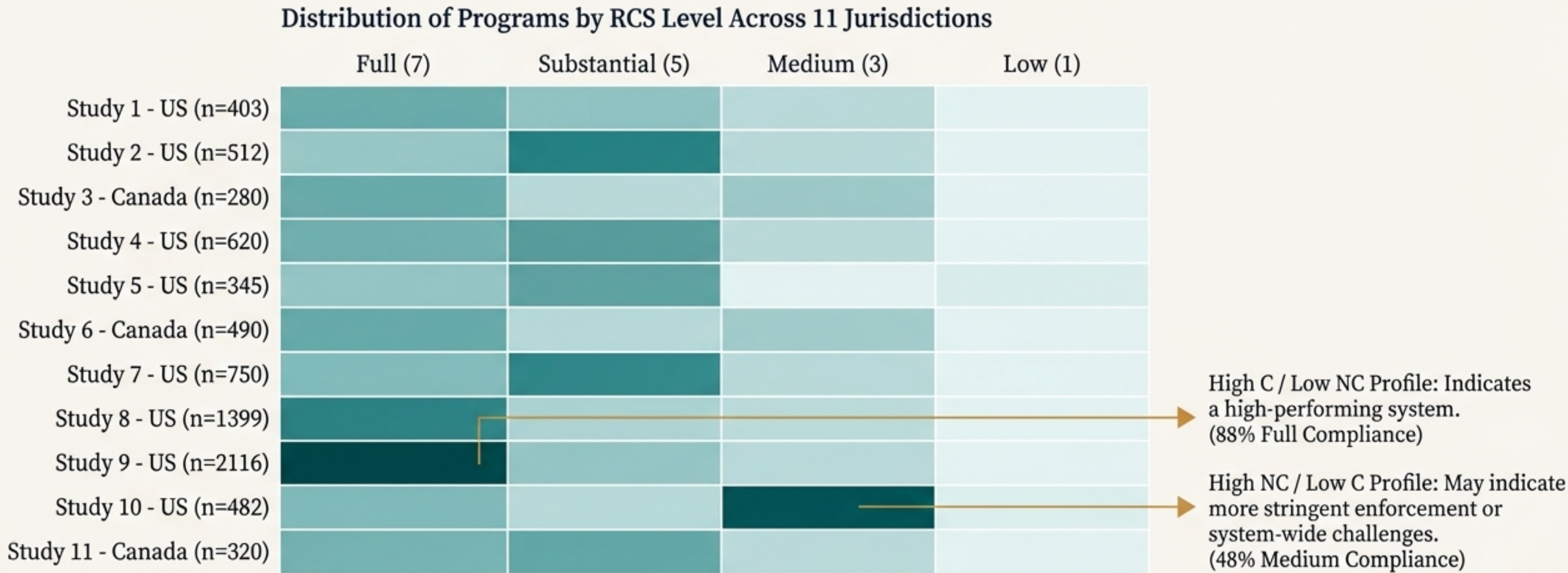
Original RCS (RCS0) demonstrates consistently strong, significant correlations with quality metrics.



ANOVA results confirm the ceiling effect phenomenon is present across jurisdictions ($p < .05$), validating the RCS's structure.

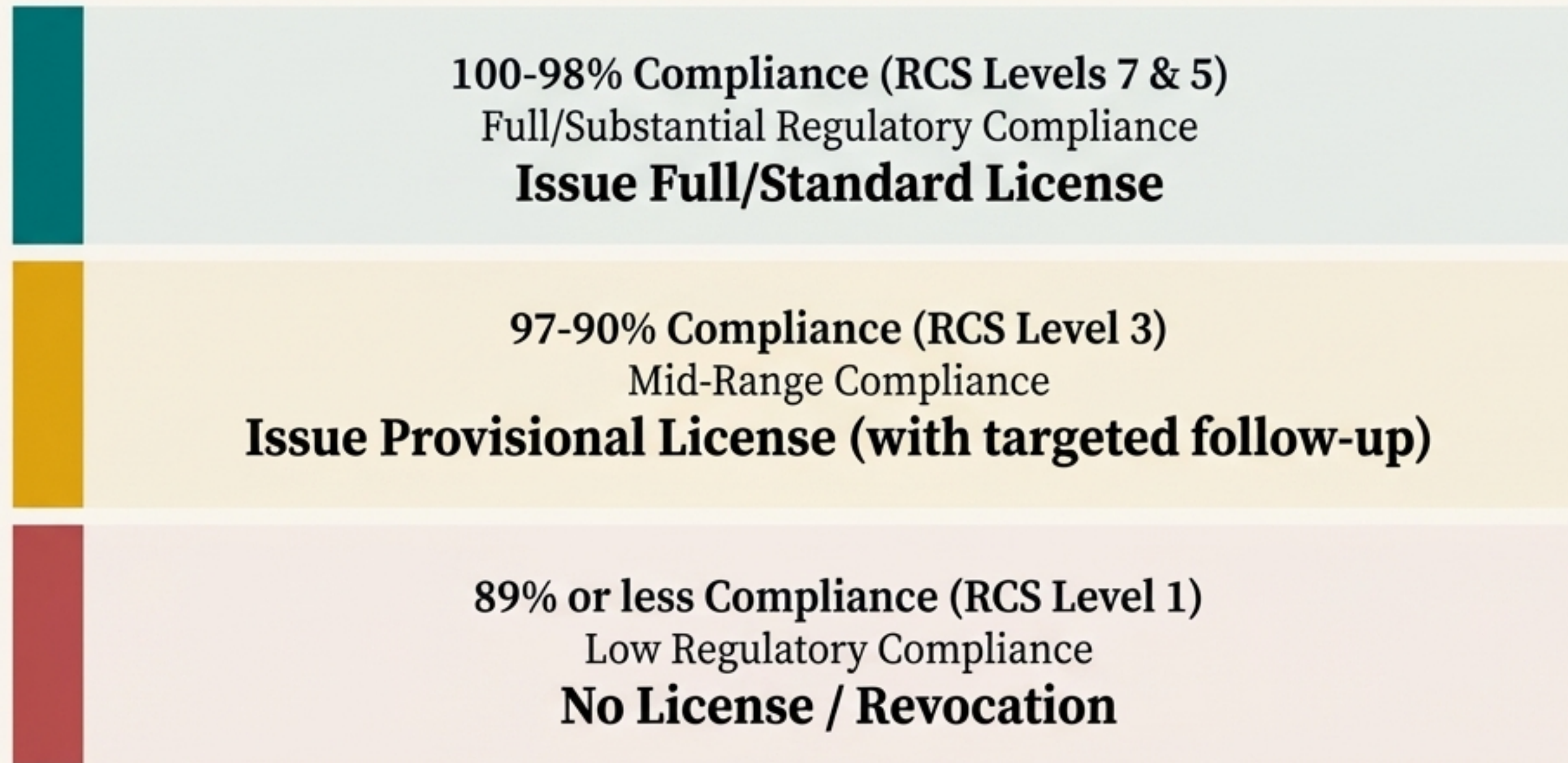
A Decade of Data: How 11 Jurisdictions Compare Using the RCS

Data from 11 studies across the US and Canada (2013-2023) show significant variation in compliance profiles. The RCS provides a standardized lens to understand these differences, highlighting systems that may be overly stringent or have high percentages of low-performing programs.



From Measurement to Action: A Proposed Scale for Licensing Decisions

The RCS provides an empirical foundation for tiered licensing decisions. By moving away from a single cut-off, jurisdictions can create a more responsive system that issues licenses commensurate with a program's demonstrated level of compliance.



Jurisdictions can adjust these thresholds based on their specific data distributions and regulatory goals.

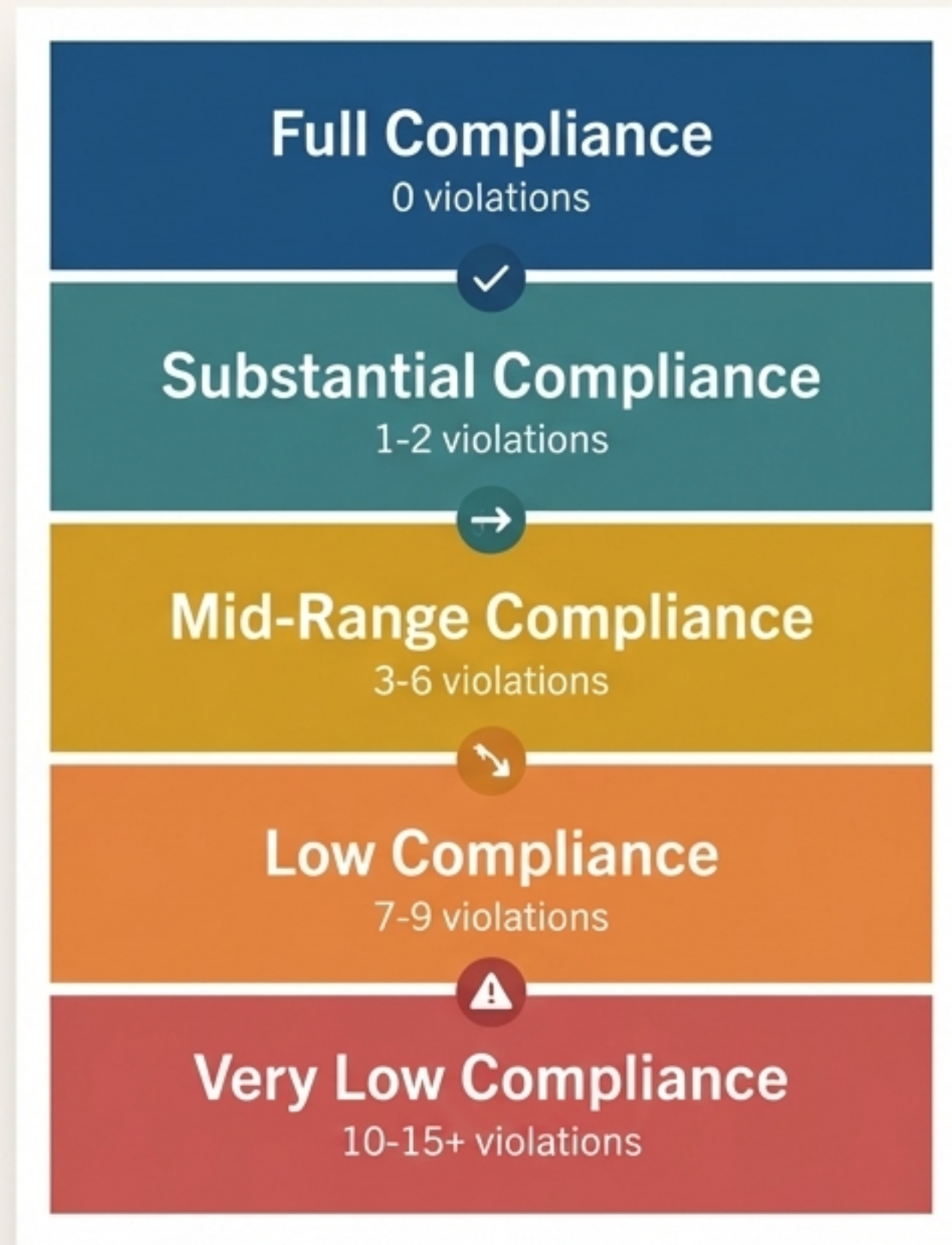
A Strategic View: The Regulatory Compliance x Program Quality Grid

The RCS enables a more sophisticated analysis of the interplay between regulatory compliance (RC) and program quality (PQ). This grid model visualizes the non-linear relationship and provides a theoretical framework for enhancing health and safety rules with quality components to achieve better outcomes.



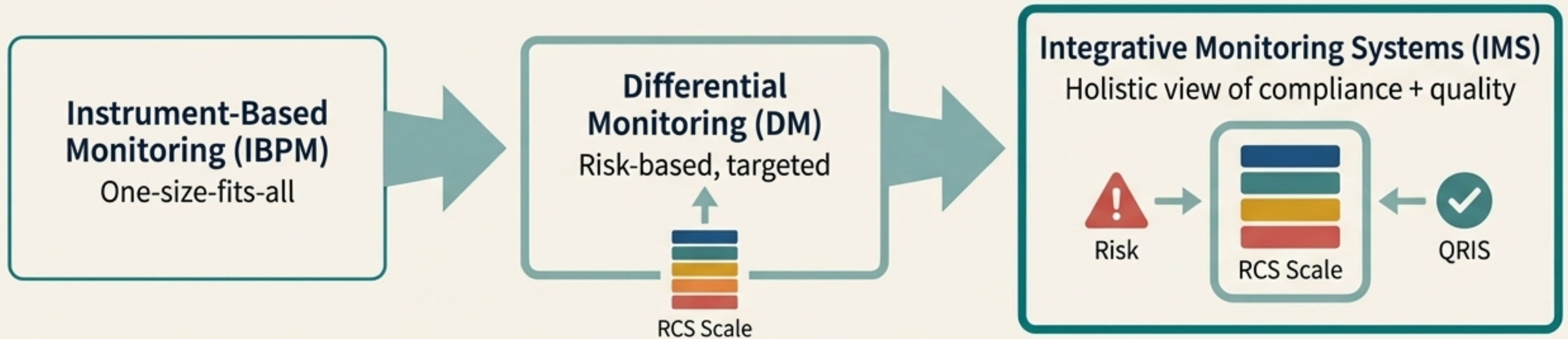
For Public Transparency: The Regulatory Compliance Scoring System & Scale (RC3S)

Just as restaurants receive grades for health inspections, human service facilities can be rated using a clear, color-coded system based on the RCS RCs. The RC3S translates complex compliance data into an at-a-glance rating, empowering parents, clients, and the public.



A Unified System: Integrating Licensing and Quality Improvement

A major implication of an ordinal measurement system is the ability to merge licensing and Quality Rating and Improvement Systems (QRIS). The RCS, combined with the Key Indicator Methodology, allows inspectors to measure both compliance and quality indicators within a single, mandated framework. This balances effectiveness with efficiency.



The RCS is the foundational metric that enables the shift to more advanced, integrated monitoring systems.

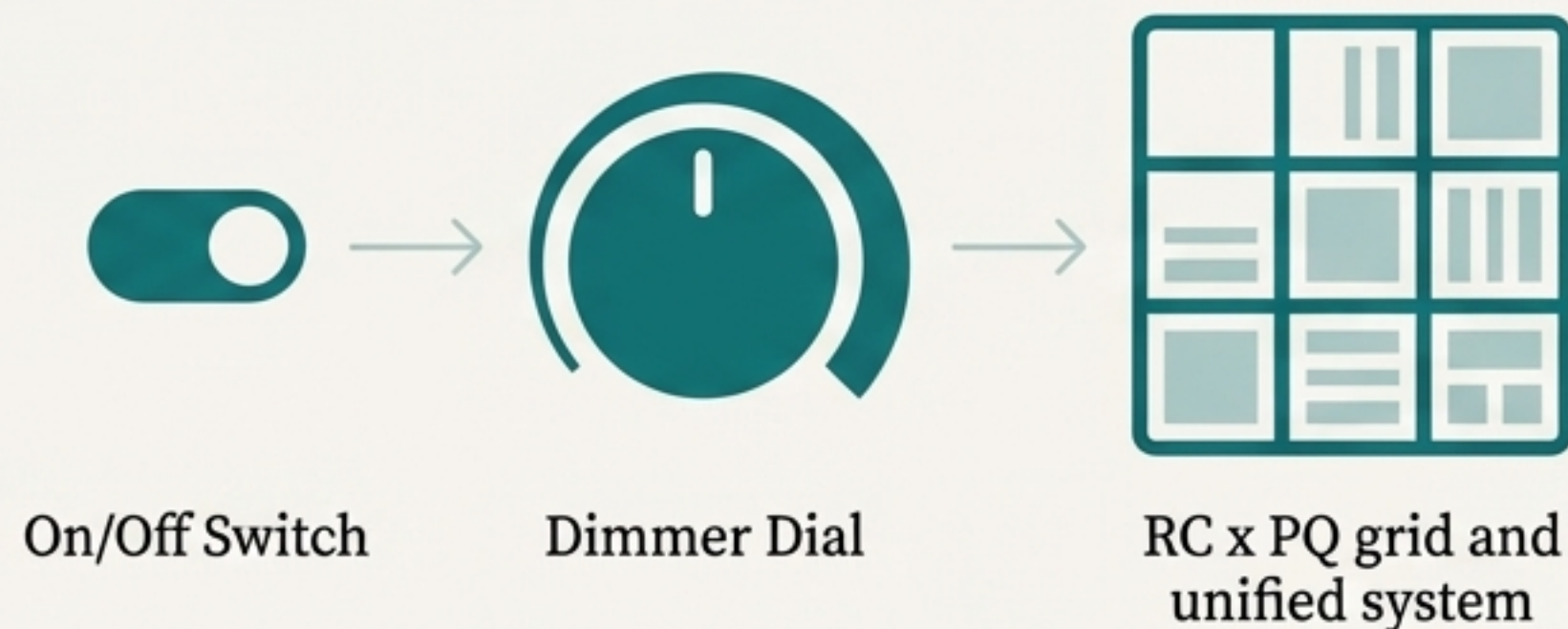
The Future of Regulatory Science is More Nuanced, Not More Absolute

The binary pass/fail model of compliance is an outdated paradigm that fails to predict program quality.

The Theory of Regulatory Compliance and the 'ceiling effect' are proven phenomena that demand a new measurement approach.

The Regulatory Compliance Scale (RCS) offers a validated, ordinal-based metric that provides a more accurate picture of performance.

Adopting the RCS can lead to more informed licensing decisions, greater public transparency, and the potential to unify compliance and quality systems.



It is time to move the field from an instrument-based to a differential and integrative monitoring approach. Consider the Regulatory Compliance Scale. Let's pilot the future of compliance measurement.

The Uncertainty-Certainty Matrix: A New Framework for Licensing Decision-Making

A proposed conceptual model for improving validation, reliability, and monitoring in regulatory science.



We Face a Fundamental Measurement Problem

There is a high level of dissatisfaction with the levels of reliability in the results of program monitoring reviews.

In human services licensing, our decisions must be accurate and consistent. However, the field struggles with maintaining a high degree of inter-rater reliability among inspectors.

This isn't just a process issue; it's a "fundamental measurement problem." Our data is often binary (in compliance / out of compliance), leaving little room for error but suffering from inconsistency.

This unreliability undermines our ability to protect clients and make sound policy decisions, leading to the old adage: "Garbage In, Garbage Out."



The High Cost of Uncertainty: False Positives vs. False Negatives

When a decision about compliance disagrees with the actual state of compliance, two types of errors can occur.



False Positive

A decision is made that a rule is **out of compliance** when it is **actually in compliance**.

Creates unnecessary burden and friction, but is the lesser of two evils.



False Negative

A decision is made that a rule is **in compliance** when it is **actually out of compliance**.

Places clients at extreme and hidden risk. This is the error we must prioritize avoiding.

A New Language for Clarity: The Uncertainty-Certainty Matrix (UCM)

The UCM is a conceptual tool that reframes the classic Contingency Table for regulatory science. It provides a simple, powerful visual language to diagnose the health of our decision-making.

- The matrix is built on two simple axes:
- 1. **The Decision (D):** The judgment made by a licensing inspector regarding a rule's compliance.
 - 2. **The Actual State (S):** The verifiable, ground-truth reality of that rule's compliance.

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance		
	(-) Not In Compliance		

Deconstructing the UCM: The Four Possible Outcomes

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance	Agreement (True Positive) The decision is "In Compliance" and the actual state is "In Compliance". This is a correct, certain outcome.	Disagreement (False Positive) The decision is "Not In Compliance" but the actual state is "In Compliance". An uncertainty to be minimized.
	(-) Not In Compliance	Disagreement (False Negative) The decision is "In Compliance" but the actual state is "Not In Compliance". The most dangerous uncertainty.	Agreement (True Negative) The decision is "Not In Compliance" and the actual state is "Not In Compliance". This is also a correct, certain outcome.

In a perfect world, all results would fall along the diagonal (the agreement cells).
The UCM helps us see how far from perfect we are.

Application 1: A Diagnostic Tool for System Health

Using the UCM for Validation and Reliability Studies

The UCM's primary power is its ability to reveal patterns in data. By plotting licensing decisions against a verified standard, we can visually diagnose the validity and reliability of our system.

For Validity: We look for the elimination or reduction of false positives and false negatives. A healthy system shows a strong diagonal pattern.

For Reliability: We test for bias. A horizontal or vertical pattern indicates a systemic bias in decision-making at the individual inspector or system level.



Visualizing System Health: Patterns of Accuracy vs. Randomness

The Signature of Accuracy

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance		
	(-) Not In Compliance		

Decisions consistently match reality. This is the target state, where the coefficient would approach +1.00.

The Signature of Failure

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance		
	(-) Not In Compliance		

Decisions are random and have no connection to reality. This indicates a complete breakdown in measurement and requires immediate intervention and training.

Diagnosing Bias: Uncovering Skewed Decision-Making

Bias is revealed when data clusters horizontally or vertically, showing a tendency to make a certain decision regardless of the actual state of compliance.

Example: Positive Bias in Assessor

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance		
	(-) Not In Compliance		

The inspector has a tendency to decide facilities are 'In Compliance' even when they are not.

Example: Negative Bias in Assessor

		Decision (D) Regarding Compliance	
		(+) In Compliance	(-) Not In Compliance
Actual State (S) of Compliance	(+) In Compliance		
	(-) Not In Compliance		

The inspector has a tendency to decide facilities are 'Not In Compliance' even when they are.

This provides a helpful visual for administrators to see how decisions are being made in the field and where to target training.

Application 2: Sharpening Focus with Differential Monitoring

Adapting the UCM to Make Smarter Policy Decisions

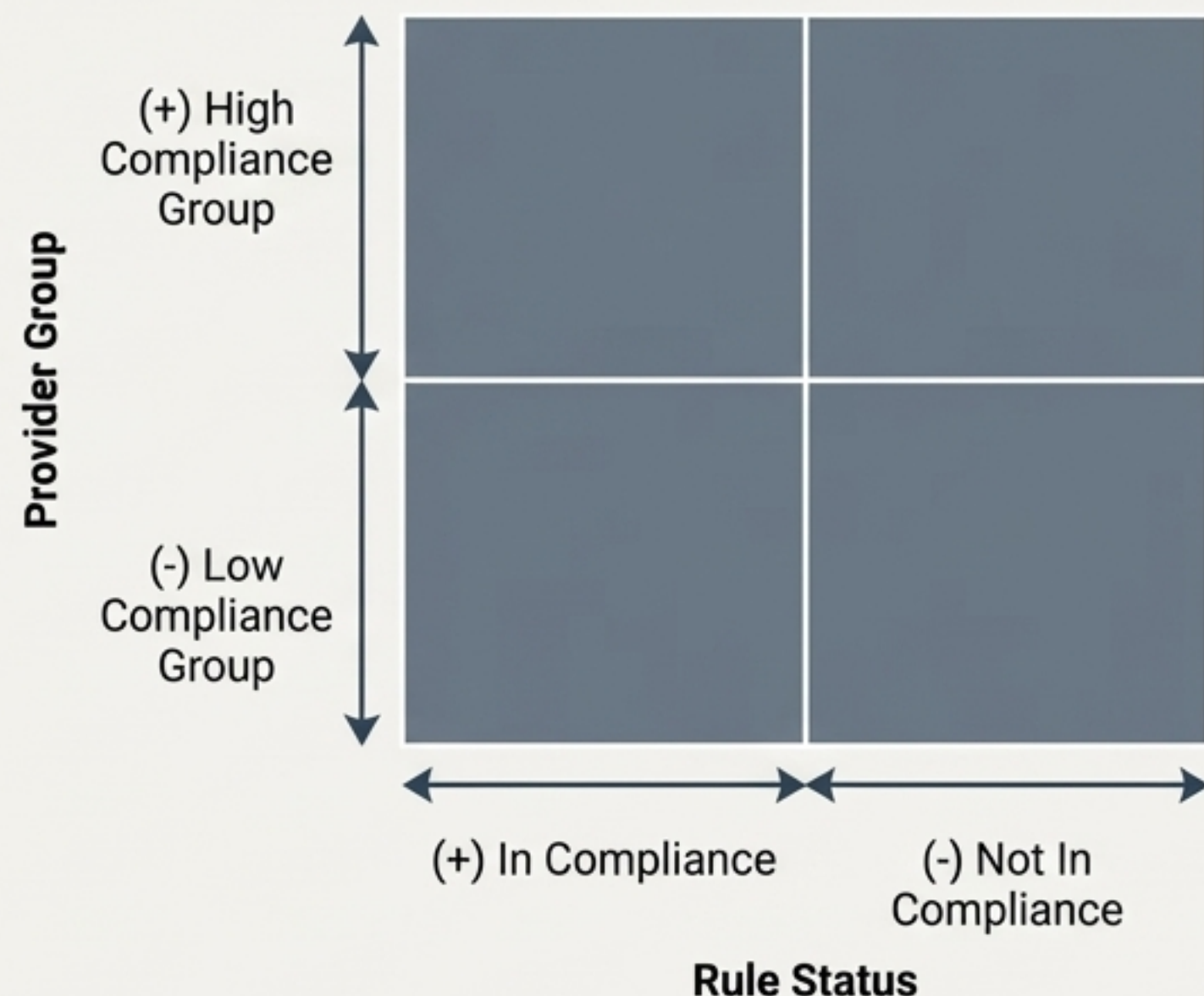
Beyond system diagnostics, the matrix can be adapted for Differential Monitoring (DMM). This helps us understand the relationship between individual rules and overall provider performance.

Instead of “Decision vs. Reality,” the DMM compares rule compliance against provider performance groups.

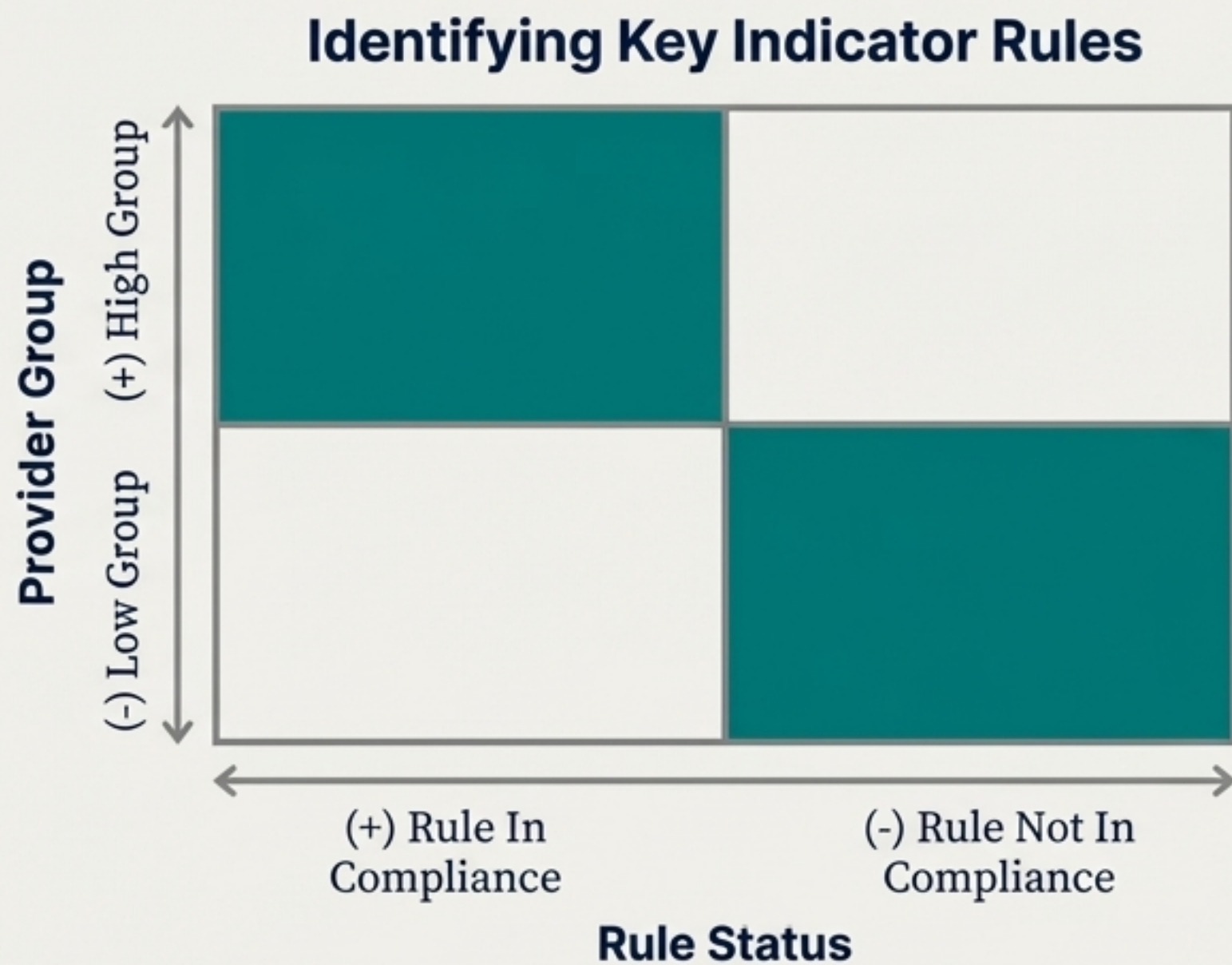
New Axes for the DMM:

1. **Provider Group:** Is the provider in the High Compliance Group (+) or the Low Compliance Group (-)?
2. **Rule Status:** Is a specific rule In Compliance (+) or Not In Compliance (-)?

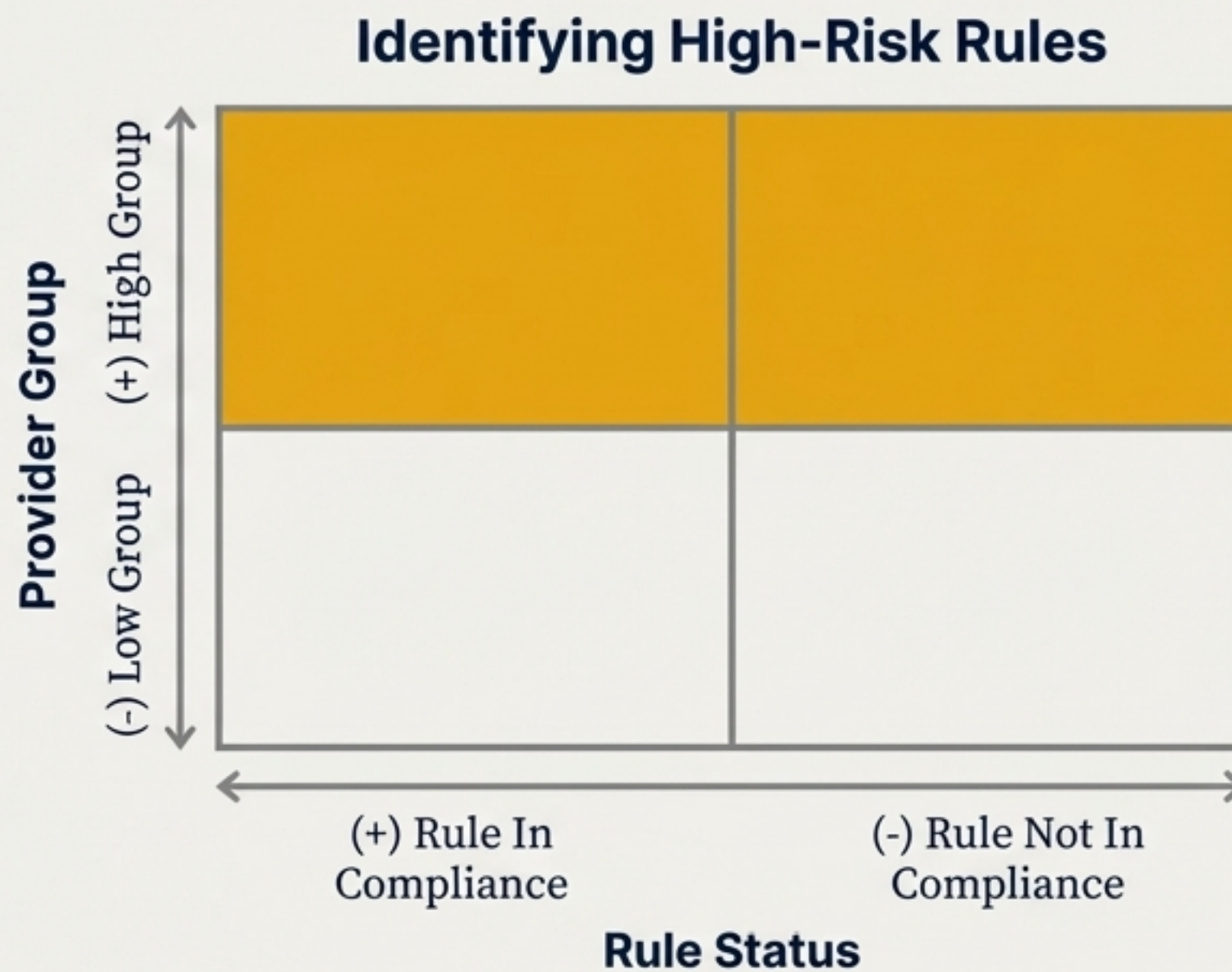
This helps identify which rules are the most powerful indicators of quality and risk.



The Differential Monitoring Matrix (DMM) in Action



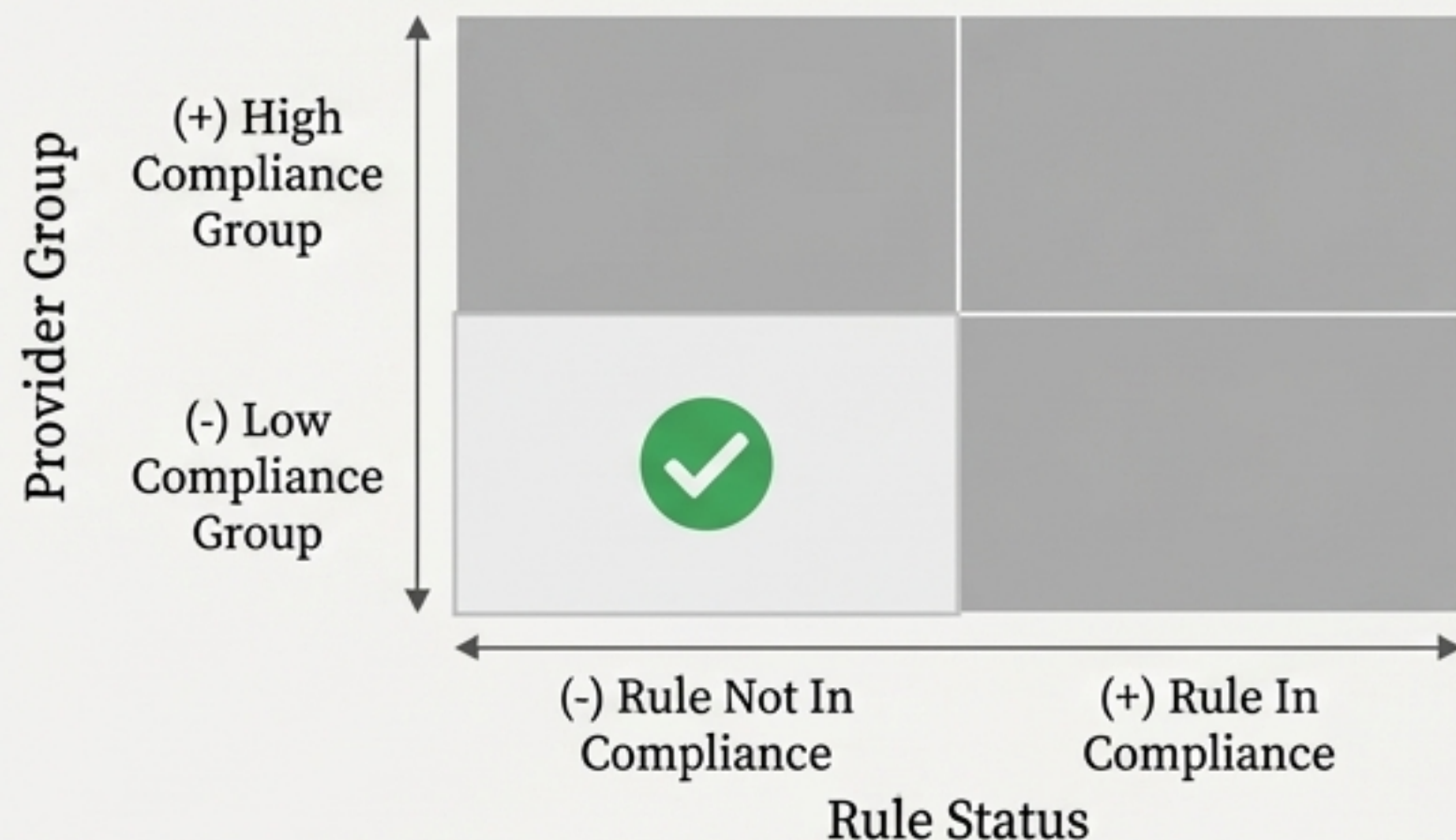
This pattern identifies a “Key Indicator Rule.” High-performing providers are in compliance with this rule, while low-performing providers are not. It effectively differentiates between the two groups.



This identifies a “High-Risk Rule.” Nearly everyone is in compliance with this rule. Non-compliance is rare but signals a significant problem. The presence of false positives (+-) is expected and acceptable here.

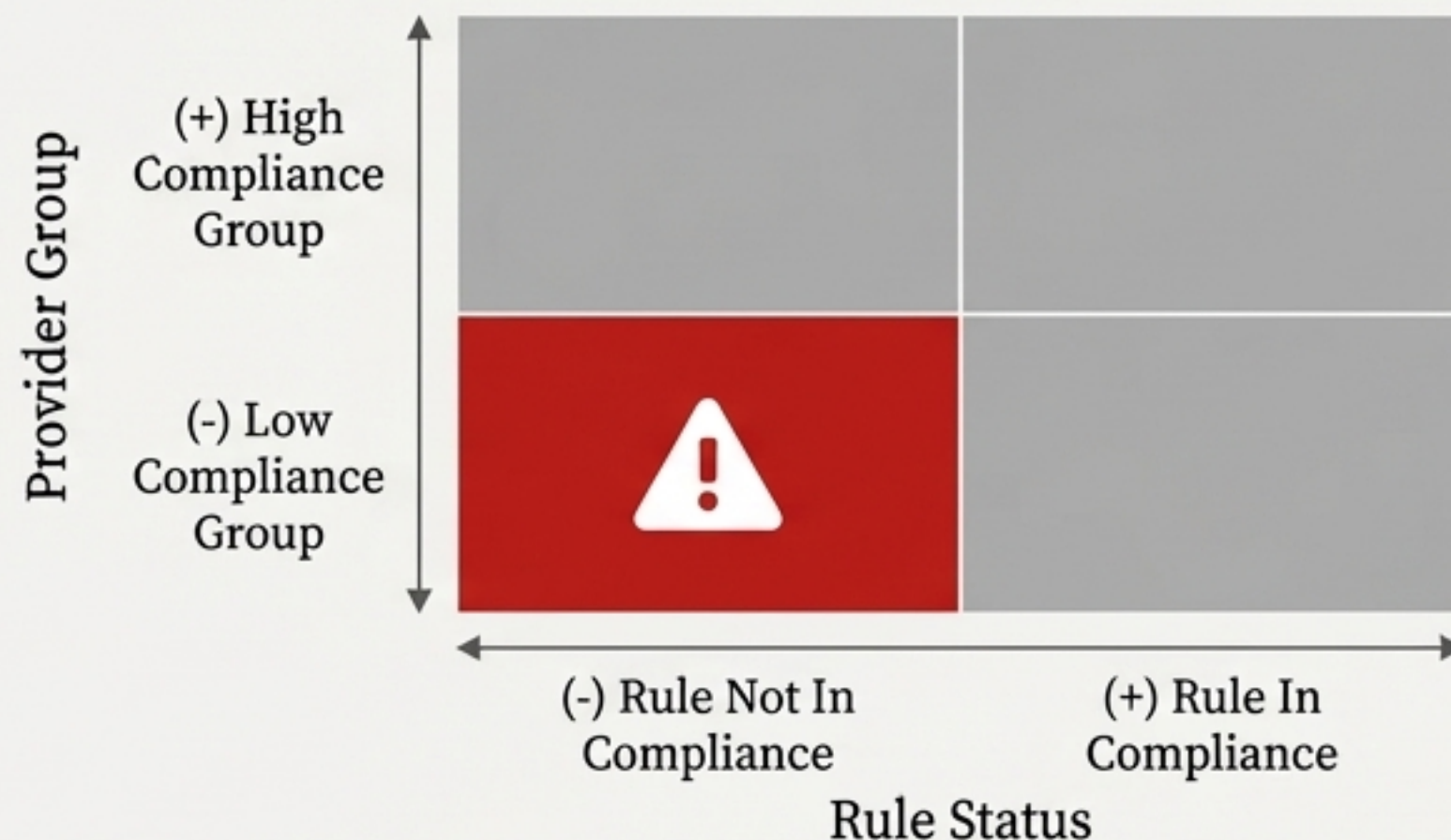
Informing Policy: The Critical Choice Between Full and Substantial Compliance

The Power of Full Compliance for the “High Group”



Requiring 100% compliance for the high group is highly recommended because it **eliminates false negatives**.

The Risk of Substantial Compliance for the “High Group”

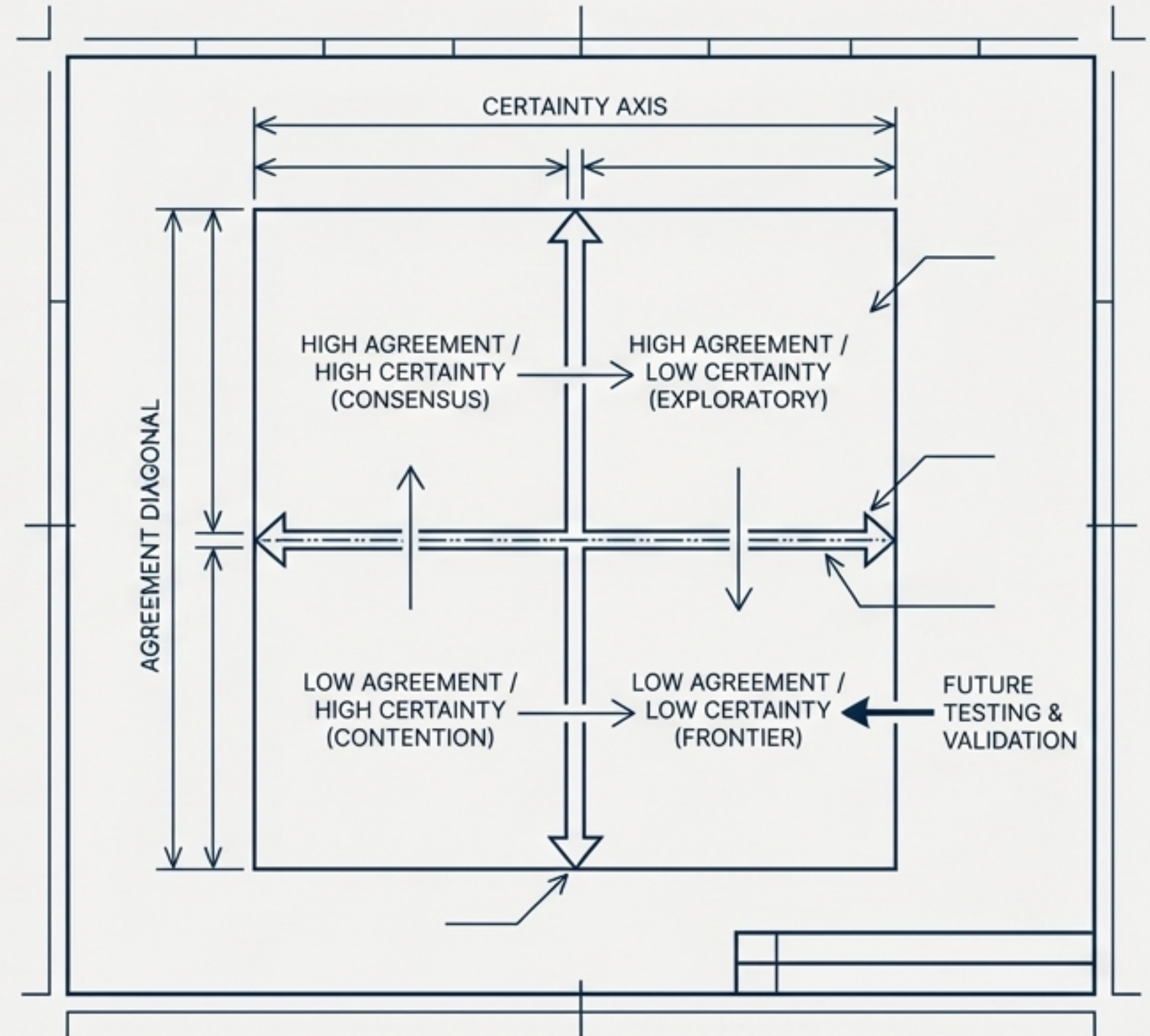


Allowing some non-compliance **re-introduces false negatives**, which should be avoided if possible or mathematically adjusted for.

The DMM provides a clear data framework for making crucial policy decisions about compliance thresholds.

Acknowledging the Frontier: A Powerful Conceptual Model

The primary limitation of the UCM is that, as of this writing, it is a theoretical model that has not yet been empirically tested to verify its utility for policymakers and researchers. While it is a conceptual framework, it holds immense promise for a field that has a known measurement problem with reliability and validity.



The Path Forward: From Concept to Confirmation

The UCM provides a robust model for making better licensing decisions. The next step is for licensing researchers and regulatory scientists to test and validate this framework.

Researchers	Administrators & Policymakers
Experiment with the UCM in different regulatory arenas. Apply it to existing regulatory compliance history data to determine if bias is present.	Consider the UCM as a visual tool for diagnosing your system's health and guiding policy discussions around monitoring and compliance.
<i>“Without a solid measurement structure it is the old adage of ‘Garbage In, Garbage Out’. Hopefully, the UCM will be a first step to rectifying this issue.”</i>	

The Promise of Certainty: Building More Protective Regulatory Systems

The Uncertainty-Certainty Matrix provides a clear, visual, and actionable framework to:

- **Diagnose** systemic issues of reliability and bias.
- **Identify** the rules that matter most for safety and quality.
- **Address** the persistent measurement problem in regulatory science.
- **Reduce** dangerous false negatives and better protect clients.



By embracing a more robust measurement model, we can move from uncertainty to certainty, ensuring our licensing systems perform as they should: protecting those in our care.

Modernizing Child Care Oversight Means Moving from Comprehensive Audits to Predictive Insights

A proven methodology for increasing efficiency,
reducing provider burden, and focusing resources
where they matter most.

State agencies face the dual pressure of ensuring compliance while simultaneously promoting quality child development.



States are responsible for both the floor and the ceiling of child care. We must enforce minimum health and safety regulations...



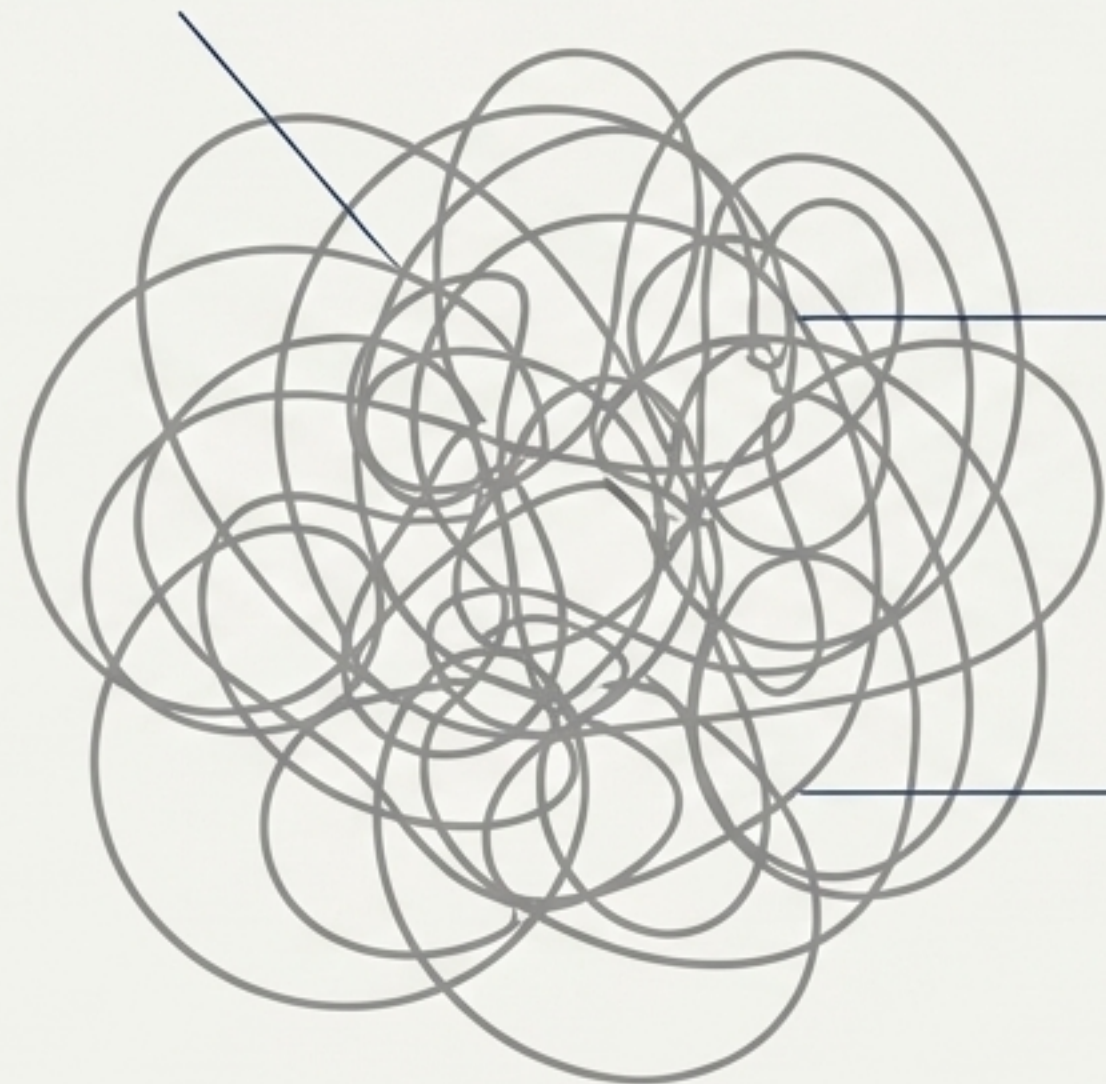
...while also supporting services that foster positive child development outcomes.

This is a significant undertaking in a \$6.3 billion national industry serving over 1.2 million children daily.

The traditional narrative site visit report is no longer sufficient for today's regulatory environment.

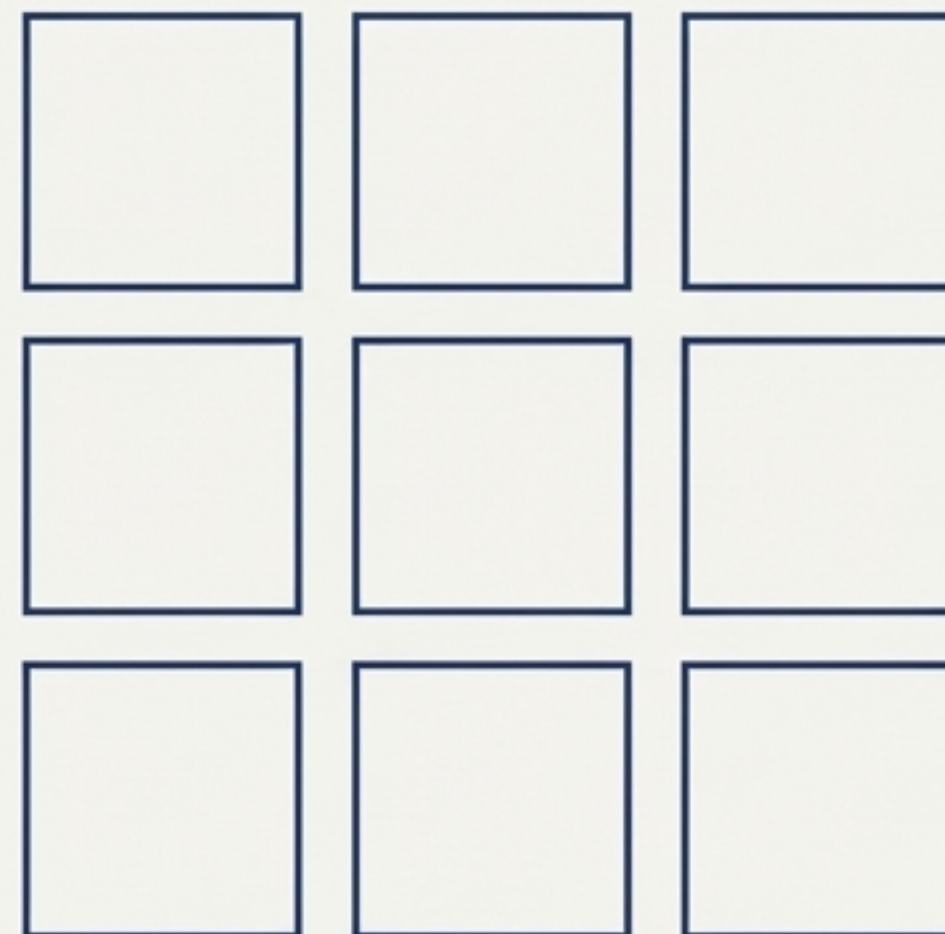
Time-Consuming: Burdensome for both monitors to write and administrators to analyze.

For decades, monitoring has relied on narrative reports summarizing observations. While well-intentioned, this approach is:



Inconsistent: Prone to individual monitor bias, making state-wide comparisons difficult.

Hard to Aggregate: Qualitative data is difficult to summarize succinctly for policymakers and data-driven decision-making.



Four powerful forces are compelling states to innovate their monitoring and enforcement efforts.



Public Accountability

Increasing demand from parents and the public to ensure both safety and quality.



Fiscal Constraints

Pressure to operate more efficiently as state budgets tighten and workloads increase.



Regulatory Reform

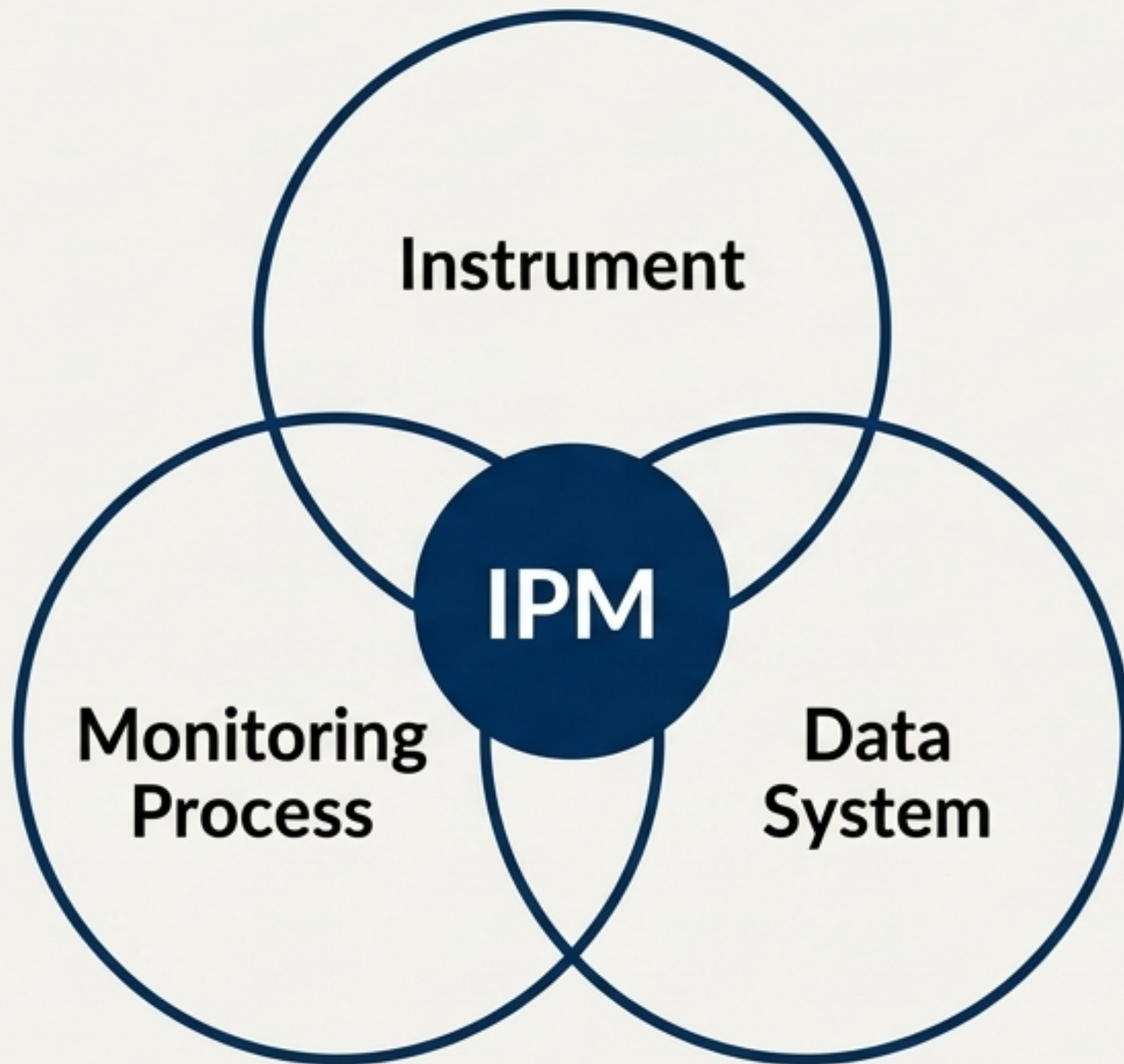
A growing movement to reduce the general level of state regulation and its burden on private providers.



Provider Burden

An active effort to simplify monitoring procedures for providers who may have little experience with complex regulations.

Instrument-Based Program Monitoring (IPM) provides a systematic, data-driven solution.



IPM moves away from narrative reports to a comprehensive system built on three core principles:

- **Instrument-Based:** Uses standardized checklists with specific questions directly corresponding to state regulations.
- **Supports Program Monitoring:** A management process for periodic reviews, inspections, and corrective action across licensing, contract contract compliance, and program quality.
- **A Comprehensive System:** Links program, fiscal, and statistical components into a single, quantifiable information system.

IPM delivers consistency, full regulatory coverage, and clear expectations for everyone.

By standardizing the monitoring process, IPM creates immediate advantages:



Reduces Bias:

The same instrument is used with all providers.



Ensures Coverage:

Questions are explicitly based on regulations, ensuring all areas are covered.



Creates Clarity:

Providers and monitors have a clear, shared understanding of expectations.



Simplifies Process:

Standardized procedures reduce the time, cost, and burden of monitoring for both the provider and the state.

Pioneering states have achieved significant cost savings and efficiencies with IPM.



\$5 Million

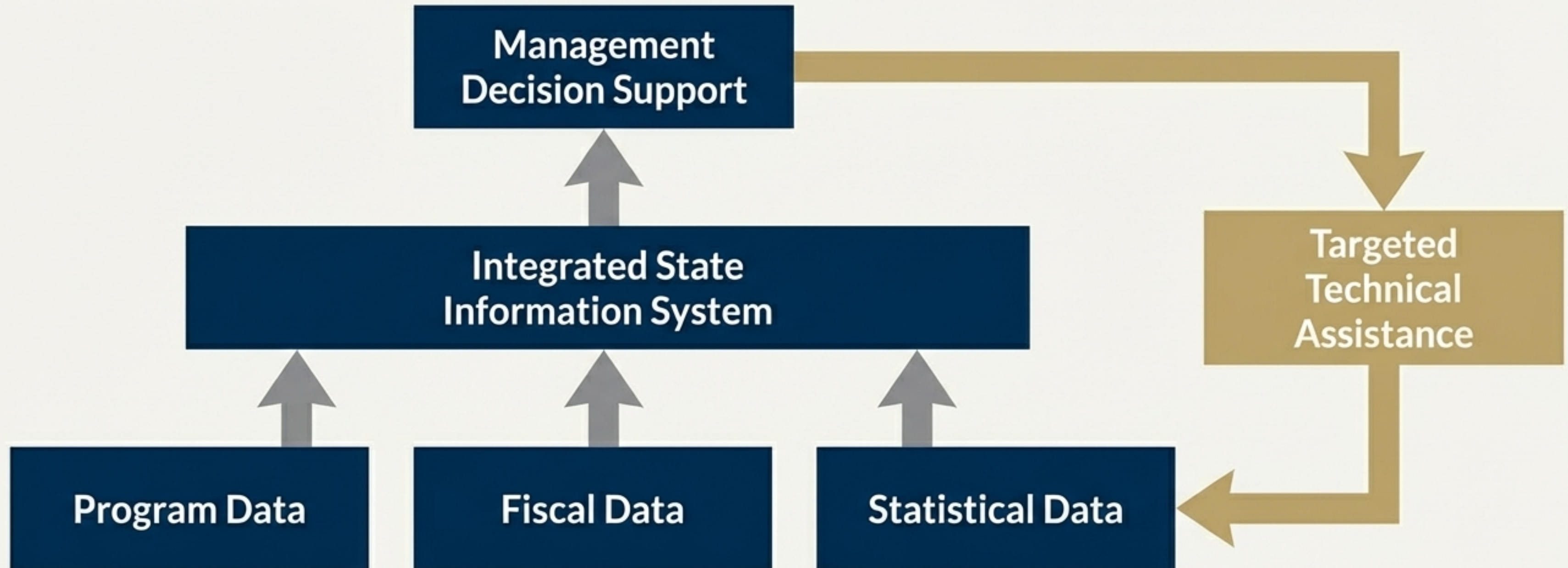
Pennsylvania Case Study

By linking its IPM system to fiscal data, Pennsylvania set a funding ceiling that did not jeopardize program quality. The state saved approximately \$5 million, reallocating funds from high-cost providers to improve services elsewhere on a targeted basis—all without major resistance from provider groups.



Early Adopters:
Pennsylvania
West Virginia
California
New York
City's Agency for Child
Development

IPM creates a data-driven foundation for a true management information system.



An IPM system links disparate data sources, enabling states to move beyond simple compliance checks to sophisticated decision support, resource allocation, and targeted technical assistance.

Now, we can amplify the benefits of IPM by focusing only on what predicts quality.



What if you could accurately predict a provider's full compliance score by asking just a fraction of the questions?

A recent innovation, the **Indicator Checklist**, is a short-form instrument containing only the items that have been statistically proven to be the most effective in discriminating between high- and low-performing providers.

The data confirms the Indicator Checklist's predictive power and remarkable efficiency.

$r = +.80$

A consistently high positive correlation between the short Indicator Checklist score and the full comprehensive instrument score.

200 → 25

The average comprehensive instrument has ~200 items. The average Indicator Checklist has just ~25.

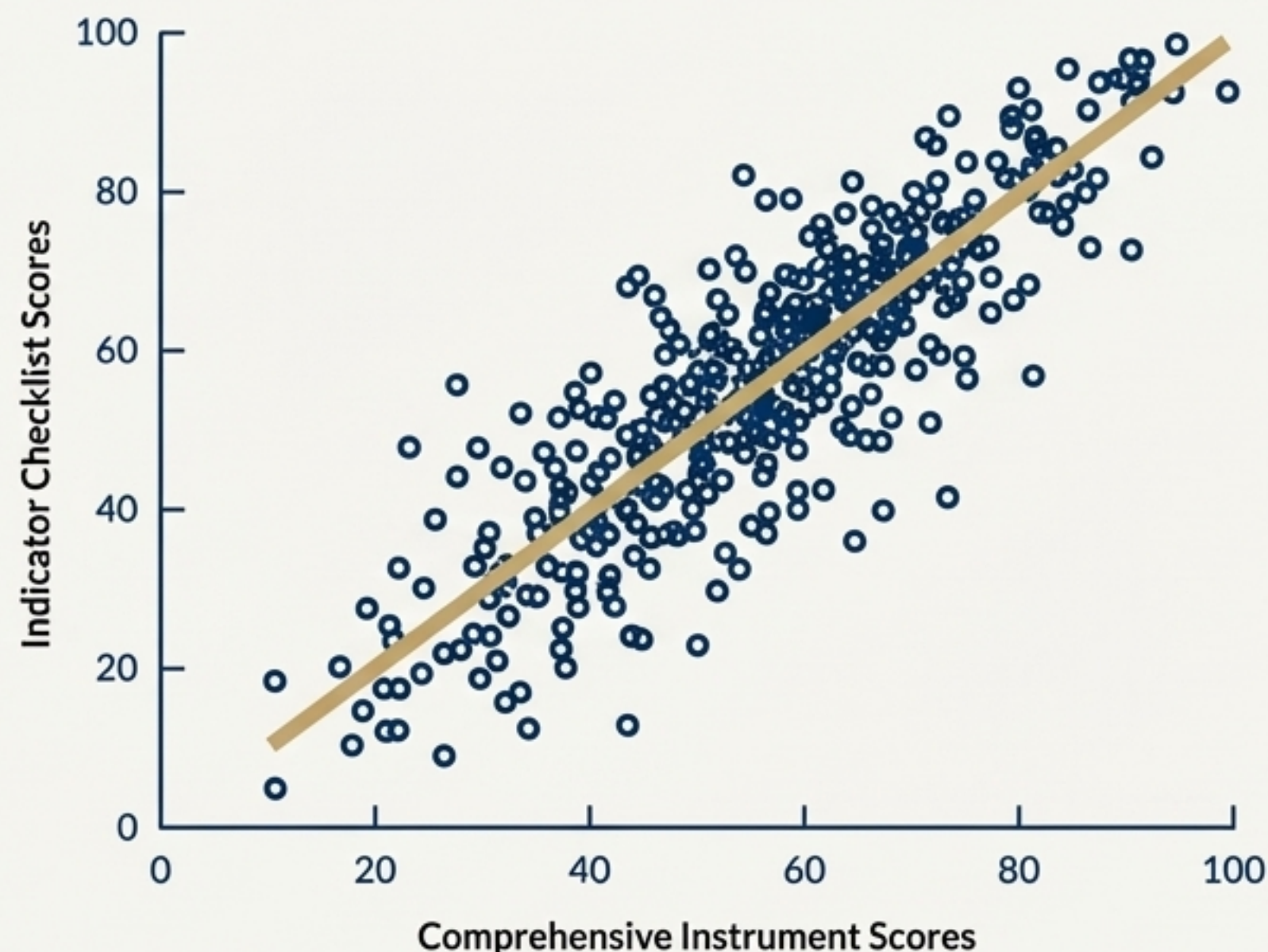
50%

A West Virginia study found the checklist reduced staff monitoring time by 50%.

\$800

This time savings translated to an annual savings of \$800 per provider visit.

Correlation: Indicator Checklist and Comprehensive Instrument



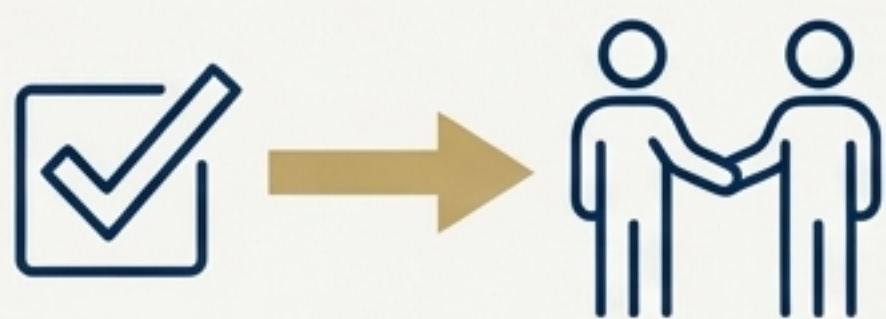
Across multiple states, eight key areas consistently predict overall program compliance.

Analysis of data from Pennsylvania, West Virginia, California, and New York City reveals common predictor items. Providers in full compliance consistently meet these standards, while problem providers do not.

- ⦿ **Group Size & Adult/Child Ratios**
- ⦿ **Sufficient Space (40 sq ft/child)**
- ⦿ **Equipment is Accessible to Children**
- ⦿ **Age-Appropriate Vehicle Safety Carriers**
- ⦿ **Cleaning Materials Inaccessible to Children**
- ⦿ **Emergency Contact Info Available**
- ⦿ **Periodic Staff Health Appraisals**
- ⦿ **Activities Promote Development & Self-Esteem**

The Indicator Checklist unlocks a new, more strategic model for monitoring.

This targeted approach allows for a fundamental shift in how resources are used:



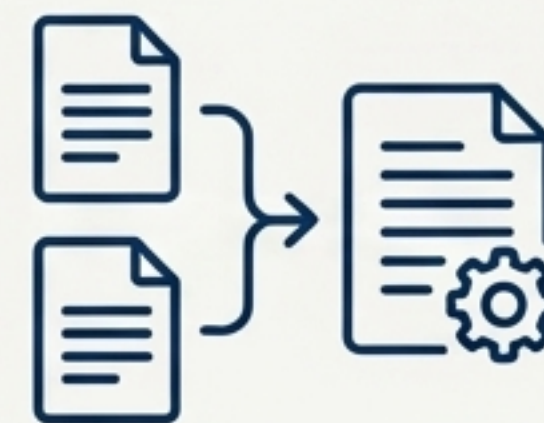
From Enforcer to Consultant

Freeing up significant staff time allows monitors to shift from rote compliance checking to providing high-value technical assistance.



Reduced Provider Burden

High-performing providers can be monitored with the short form, with a full comprehensive review only needed periodically (e.g., every 3 years).



Consolidated Reviews

The short checklist is simple enough that it can be administered by other staff, such as during a fiscal audit, further increasing efficiency.

Developing an Indicator Checklist is a straightforward, data-driven process.



Start with a Comprehensive Instrument: Begin with an existing, weighted instrument where item importance is established.



Analyze Historical Data: Use existing score data to reliably distinguish between high- and low-compliance providers.



Identify Predictor Items: Use a simple statistical formula (phi coefficient) to select the items with the strongest predictive power.



Add Critical Health & Safety Items: Augment the predictor items with a small number of non-negotiable items that are grounds for license revocation.



The essential prerequisites are a trusted comprehensive instrument and sufficient historical data.

We can anticipate and solve for the primary implementation challenges.

Challenge 1: Regulatory Requirements

Some state regulations mandate annual *comprehensive* reviews.

Solution

The strong cost-effectiveness data provides a compelling case for regulatory updates that allow for more flexible, risk-based review cycles.

Challenge 2: Staff Resistance

Monitors may view a shorter form as a threat to their professional role or job security.

Solution

Reframe the initiative as a professional development opportunity, shifting the monitor's role from enforcement to high-value consultation and technical assistance.

Challenge 3: Lack of Prerequisites

A state may not yet have a comprehensive, weighted instrument with sufficient data.

Solution

The Children's Services Monitoring Transfer Consortium (CSMTC) has developed guidebooks and model instruments to help states build this foundation.

The future of child care oversight is efficient, data-driven, and focused on improving quality.

Instrument-Based Program Monitoring and the Indicator Checklist represent a major advance in the art of monitoring. They allow states to maintain strong compliance capabilities with less burden and lower cost.

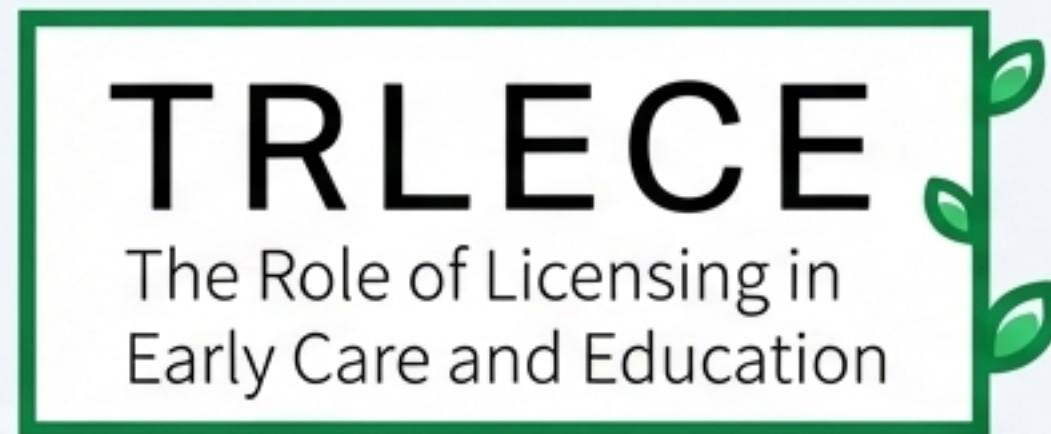
This evolution makes it possible for providers to operate more effectively and, most importantly, allows states to **reallocate precious resources** toward **technical assistance** that actively improves the quality of care and developmental outcomes for our children.

“This is the next step in realizing the full potential of monitoring to achieve our social goals.”



Monitoring Practices in Child Care and Early Education

**A Data-Driven Look at How States
Ensure Quality and Safety**



Based on findings from the 2017 Child Care Licensing Study.

The Mandate for Monitoring: Ensuring Safe and Healthy Environments for Children

Child Care and Early Education (CCEE) licensing agencies establish and monitor regulations that programs must meet to operate legally. This oversight is crucial for child safety.

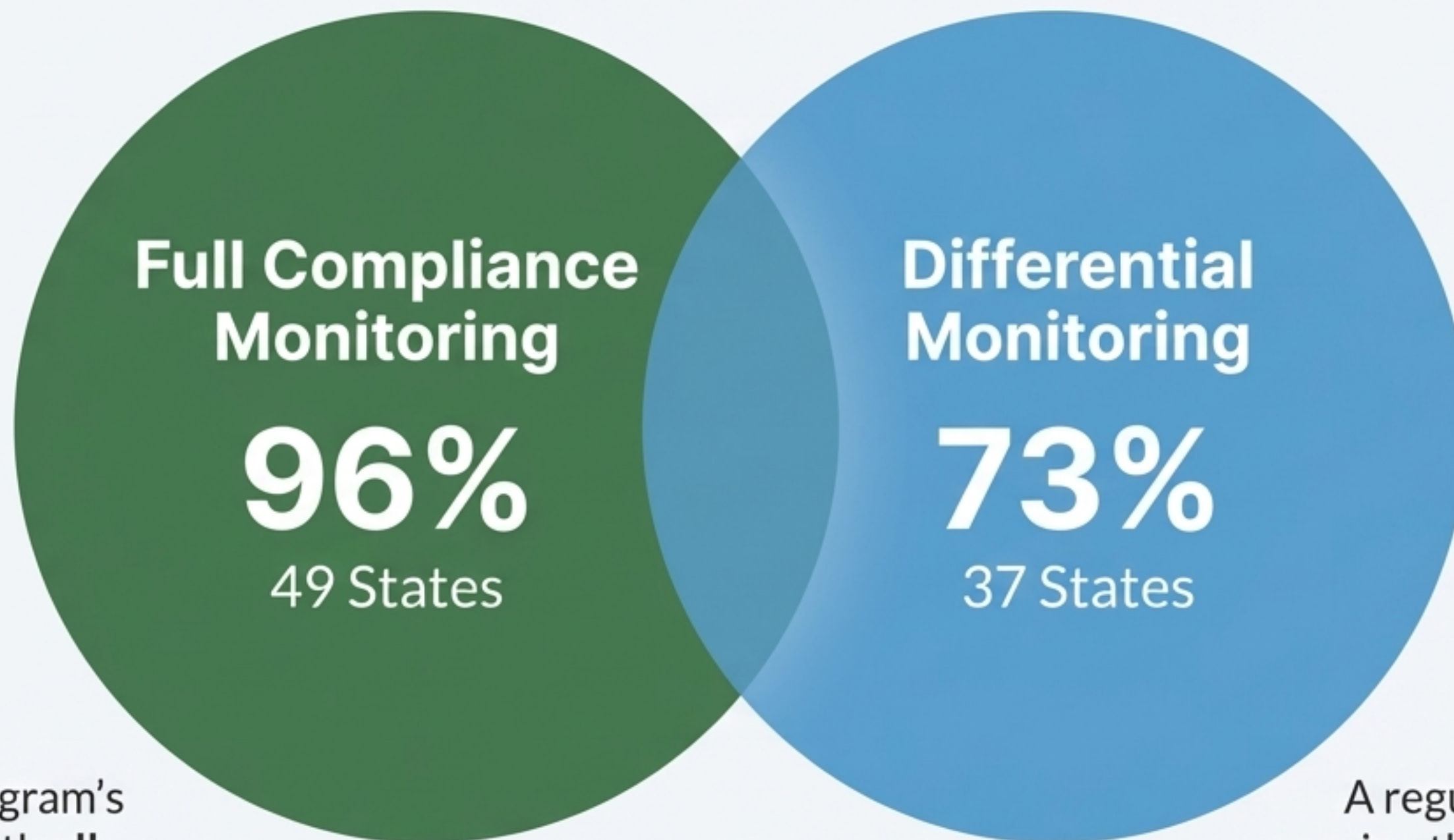
Beyond these federal minimums, states have **significant autonomy** in deciding how to monitor programs most effectively and efficiently with their limited resources.

The Federal Floor

The Child Care and Development Fund (CCDF) sets minimum requirements for states, including:

- A **pre-licensure inspection** for licensed programs.
- At least **one annual unannounced inspection** for licensed programs.

States Employ Two Core Approaches to Monitoring



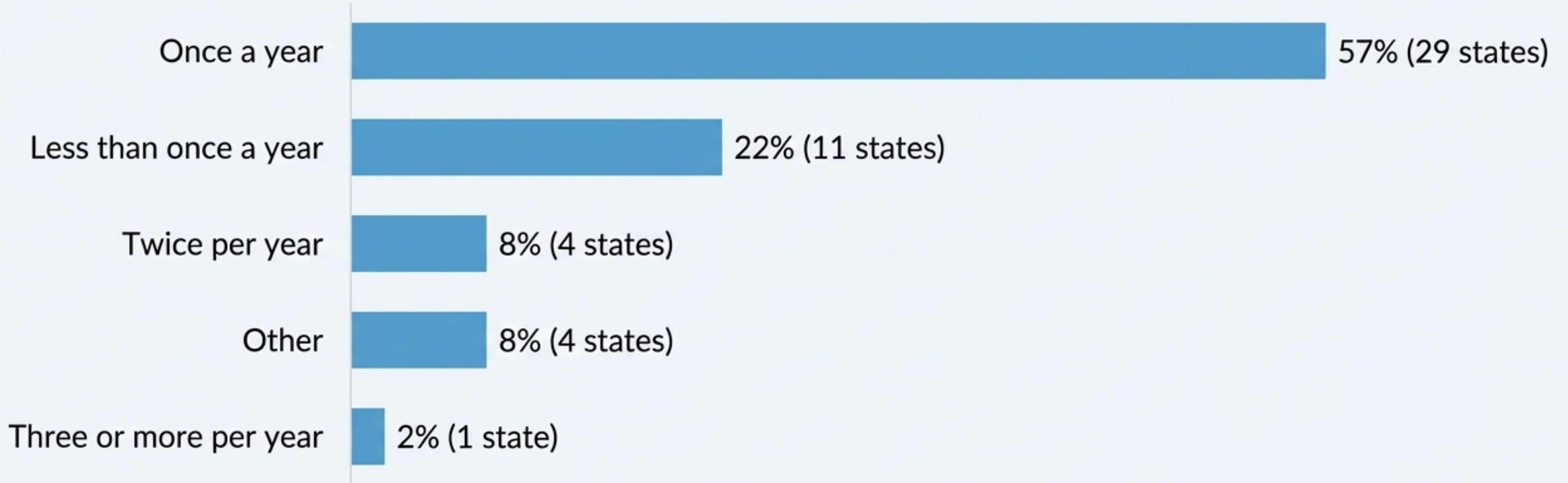
Assessing a program's compliance with **all** licensing regulations on a set schedule.

A regulatory method for varying the **depth or frequency** of monitoring based on specific factors, such as a program's compliance history.

Full Compliance Inspections are the National Standard

In 2017, 96% of states (49) conducted at least one full compliance inspection, monitoring all regulations.

Frequency of Full Compliance Inspections (N=49 states)



**Data for child care centers. Findings are similar for family and group child care homes.*

What is Differential Monitoring?

A Strategy for Targeted Oversight

Differential monitoring is an umbrella term for varying the frequency or depth of inspections. Instead of a one-size-fits-all approach, it allows agencies to tailor monitoring based on a track record (e.g., number, severity, or repetition of violations).

Why States Use Differential Monitoring:



Increase Focus: Target monitoring resources on CCEE programs with a history of low compliance.

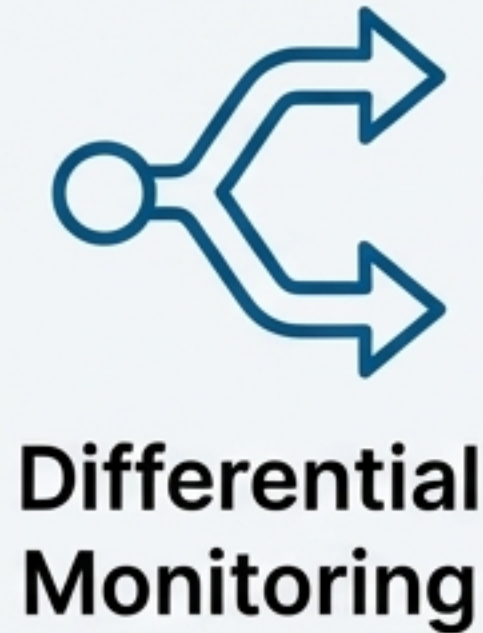


Recognize Quality: Acknowledge and reduce the burden on programs with a history of strong compliance.



Improve Efficiency: Use limited staff resources more effectively, allowing more time for technical assistance and provider support.

The Two Levers of Differential Monitoring



Varying the Depth of Inspections

69%

Method: Using abbreviated inspections to monitor a selected subset of regulations rather than all of them.

The most common strategy, used by 35 states.

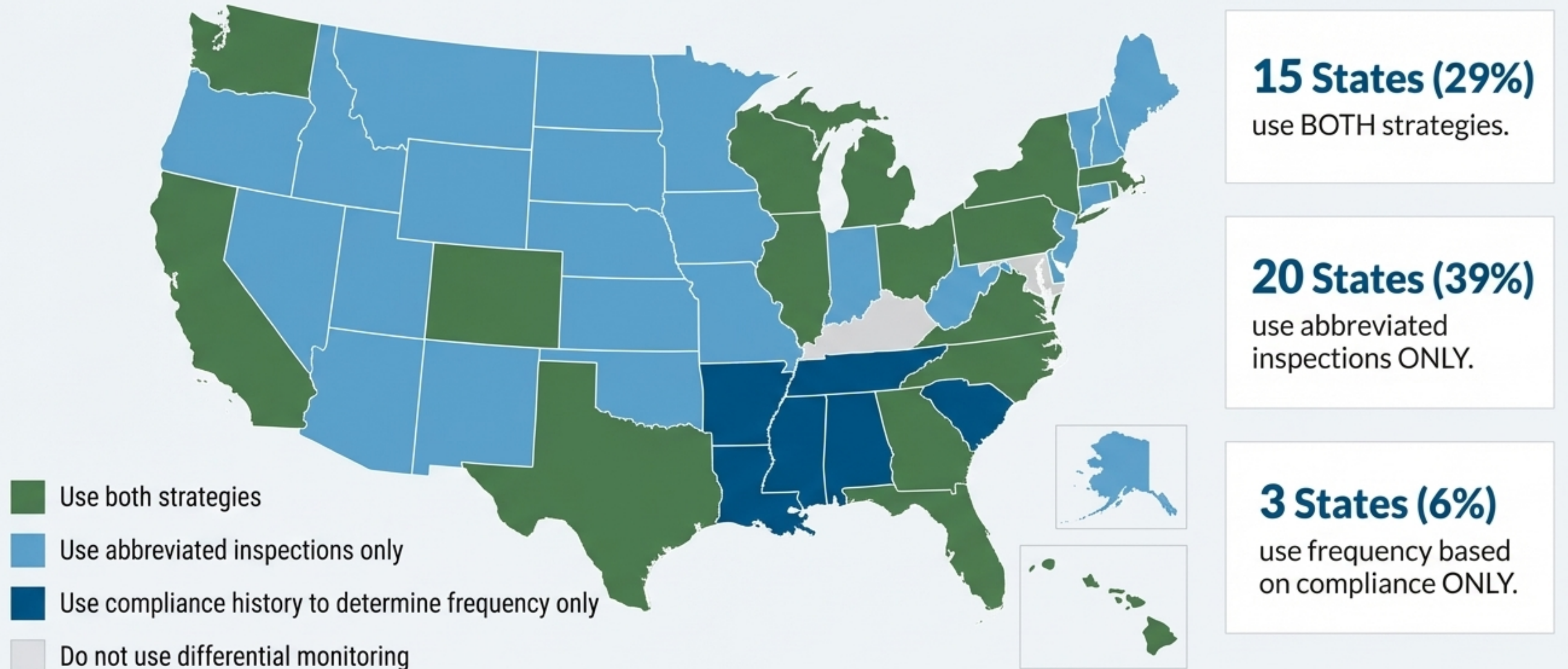
Varying the Frequency of Inspections

33%

Method: Using a program's compliance history to determine how often it is inspected (e.g., less frequently for high performers, more for low performers).

Used by 17 states.

Three-Quarters of States Use a Differentiated Approach to Monitoring



How States Select Regulations for Abbreviated Inspections

States that use abbreviated inspections employ one or more data-informed methods to select the subset of regulations to monitor.

Consensus Approach



60%

A group of experts agrees on the regulations most critical to include in all inspections.

(21 of 35 states)
use this approach.

Risk Assessment Approach



49%

Identifies regulations that, if violated, place children at the greatest risk of injury or death.

(17 of 35 states)
use this approach.

Key Indicators Approach



29%

Employs a statistical methodology to select a subset of regulations that best predicts overall compliance.

(10 of 35 states)
use this approach.

**Respondents were allowed to select more than one response; therefore, percentages will not sum to 100%.*

Methodologies in Action: State Case Studies

Georgia's Risk Assessment



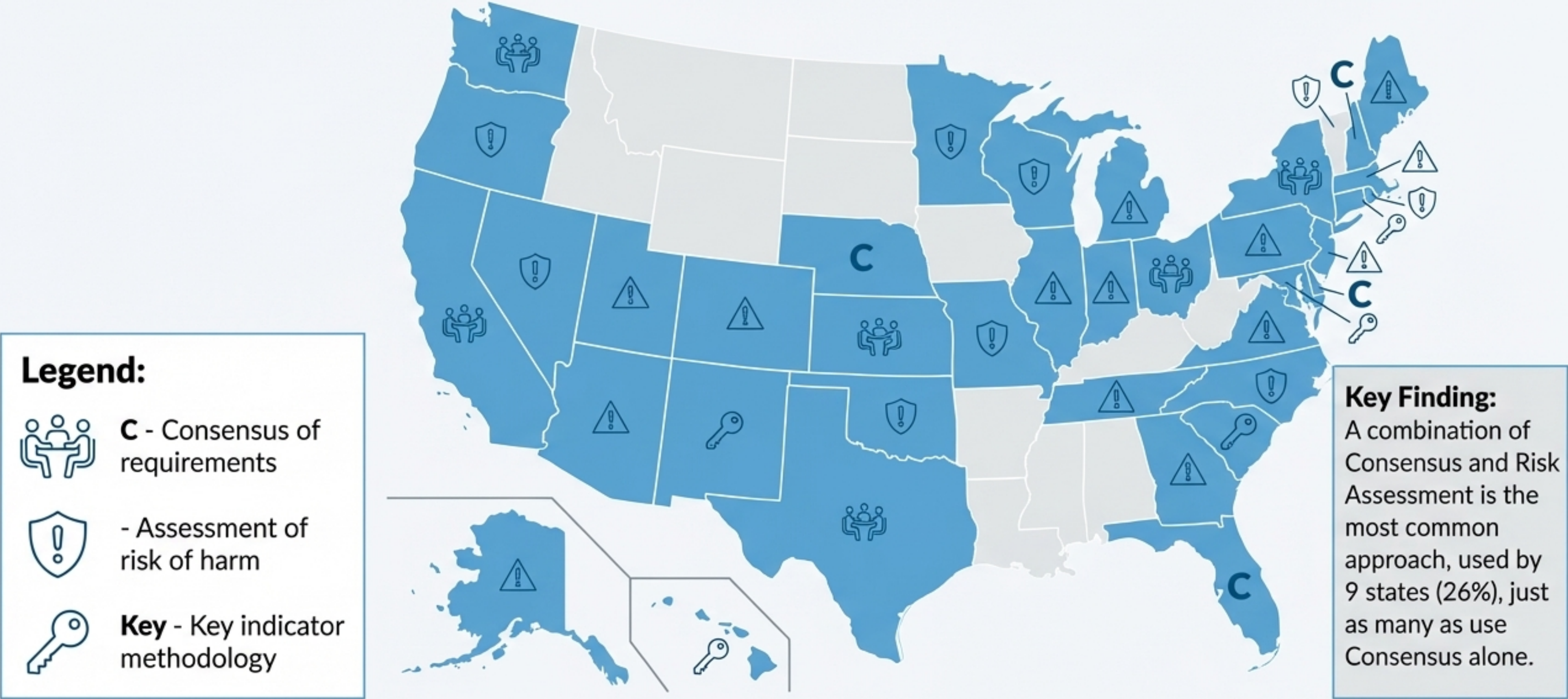
- **Process:** Designated **74 of 456** licensing regulations as “core rules.”
- **Inputs:** Selection was informed by research literature, focus groups with CCEE directors and staff, and licensing agency expertise.
- **Outcome:** Compliance on core rules impacts eligibility for Georgia's QRIS and Pre-K programs.

Michigan's Key Indicators



- **Process:** Conducted a statistical analysis of **3,826 inspections** to identify the subset of regulations that best predict compliance with all rules.
- **Outcome:** The analysis identified **~26 key indicators** that best predicted membership in high-compliance (top 25%) and low-compliance (bottom 25%) groups.

Mapping the Methodologies for Abbreviated Inspections



The Safety Net: When to Switch Back to Full Compliance



Efficiency is balanced with accountability. Most states using abbreviated inspections have a policy to revert to a full inspection if problems are identified.

66%

of states

(23 of 35) using abbreviated inspections have a policy on when to **switch to full compliance visits**.

Case Study: Florida's Policy



- **Eligibility:** Programs must have no serious violations for two consecutive years to qualify for an abbreviated inspection.
- **Trigger:** If **any violations** are found during the abbreviated inspection, the program is no longer eligible and must complete a full compliance inspection.

Consistent Trends Across All Licensed Program Types

The monitoring strategies and trends presented for Child Care Centers (CCC) are highly similar for Family Child Care Homes (FCCH) and Group Child Care Homes (GCCH).

Monitoring Strategies by Program Type (2017)

Metric	Child Care Centers (N=51)	Family Child Care Homes (N=44)	Group Child Care Homes (N=38)
Use Full Compliance Monitoring	96%	95%	97%
Use Differential Monitoring	73%	77%	76%
Use Abbreviated Inspections	69%	72%	71%
Use Compliance History for Frequency	33%	36%	29%



CCC



FCCH



GCCH

Key Takeaways on the State of Licensing Monitoring

- 1 A DUAL APPROACH IS THE NORM.**
While nearly all states (96%) conduct traditional full compliance inspections, a vast majority (75%) also leverage differential monitoring to enhance efficiency and target resources.
- 2 DEPTH IS VARIED MORE OFTEN THAN FREQUENCY.**
Varying inspection depth via abbreviated inspections (used by 69% of states) is more than twice as common as varying inspection frequency based on compliance history (33%).
- 3 A SPECTRUM OF DATA-DRIVEN METHODS IS USED.**
States use a range of methods—from expert consensus (60%) and risk assessment (49%) to statistical key indicators (29%)—to intelligently focus their abbreviated monitoring efforts.
- 4 SYSTEMS INCLUDE A SAFETY NET.**
Two-thirds of states using abbreviated inspections have policies to revert to full compliance monitoring when violations are found, balancing efficiency with accountability.

About This Research

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