DIFFERENTIAL MONITORING: A FOURTH GENERATIONAL EARLY CHILDHOOD PROGRAM QUALITY INDICATOR MODEL

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This powerpoint has been presented in either its entirety or portions thereof at several National Venues during 2013 and 2014
Contents

Methods for Achieving Quality Child Care
Regulatory Paradigms
DMLMA Logic Model & Validation Approaches
DMLMA Expected Thresholds
Licensing/Program Compliance (PC) and Program Quality (PQ)
Risk Assessment (RA) and Key Indicators (KI)
Differential Monitoring (DM)
Professional Development (PD) and Child Outcomes (CO)
Previous Models (ECPQIM 1 – 3)
Methods for Achieving Quality Child Care

**GOALS**

**NONREGULATORY METHODS**
- Public Education
- Training of Caregivers & Directors
- Association Membership
- Newsletters, Journals & Books
- Resource & Referral Centers

**REGULATORY METHODS**
- Accreditation/CFOC
- Credentialing
- Rate Setting
- Fiscal Regulation
- Quality Rating & Improvement Systems
- Stepping Stones
- Environmental Health
- Licensing or Registration
- Building & Fire Safety

Base line or floor of quality below which no service may legally operate

- Exempt Programs
- Illegal Unlicensed Operations
- Criminal Sanctions
- Abuse & Neglectful Care

Revised from *YOUNG CHILDREN* Vol. 34 No. 6 Sept. 1979, pp. 22-27
Gwen G Morgan and updated by Rick Fiene, Dec 2012.
Quality care is achieved by both regulatory and non-regulatory approaches. However, licensing provides the threshold or floor of quality below which no program should be permitted to operate.
Other regulatory approaches toward achieving quality

- **Credentialing**: A formally recognized process of certifying an individual as having fulfilled certain criteria or requisites. (PD)

- **Purchase of service contracts**: Regulation by contract in which performance standards are imposed as a contractual obligation. (PQ - QRIS)

- **Accreditation**: The formal recognition that an agency or organization has compiled with the requisites for accreditation by an accrediting body. Accreditation usually requires the organization seeking this form of recognition to pay for the cost of the process. The organization bestowing the accreditation has no legal authority to compel compliance. It can only remove accreditation. (PQ)

- **Best Practices**: Through affiliation with professional organizations, an agency becomes aware of “best practices” and establishes its own goals to achieve a higher level of care services. (PQ – CFOC)
Non-regulatory approaches to achieving quality care in human services facilities or programs

- Consultation
- Consumer Education
- Peer Support Associations
- Professional Organizations
- Resource and Referral
- Technical Assistance
- Mentoring/Coaching
- Training-Staff Development
Relationship between PC (CI) & PQ
(Fiene & Nixon, 1985)(Fiene, 1985)

\[ y = 0.0453x + 0.2246 \]
\[ R^2 = 0.8983 \]

PC = % Rule Compliance

\( PQ = \frac{ERS}{CLASS} \)
## Comparing HSPS Violations with CLASS Scores (Fiene, 2013c)

<table>
<thead>
<tr>
<th>HSPS/CM Violations</th>
<th>IS</th>
<th>ES</th>
<th>CO</th>
<th>Number/Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (Full Compliance)</td>
<td>3.03</td>
<td>5.99</td>
<td>5.59</td>
<td>75/19%</td>
</tr>
<tr>
<td>1-2 (Substantial Compliance)</td>
<td>3.15</td>
<td>5.93</td>
<td>5.50</td>
<td>135/35%</td>
</tr>
<tr>
<td>3-8 (Mid-Compliance)</td>
<td>2.87</td>
<td>5.85</td>
<td>5.37</td>
<td>143/40%</td>
</tr>
<tr>
<td>9-19 (Lower Compliance)</td>
<td>2.65</td>
<td>5.71</td>
<td>5.32</td>
<td>28/6%</td>
</tr>
<tr>
<td>20-25 (Lowest Compliance)</td>
<td>2.56</td>
<td>5.52</td>
<td>4.93</td>
<td>3/1%</td>
</tr>
</tbody>
</table>

**Significance**
- F = 4.92; p < .001
- F = 4.918; p < .001
- F = 4.174; p < .003

*CM Violations = Compliance Measure Violations (lower score = higher compliance)(higher score = lower compliance)*

*IS = Average CLASS IS (Instructional Support) Score*

*ES = Average CLASS ES (Emotional Support) Score*

*CO = Average CLASS CO (Classroom Organization) Score*

*#/% = Number of programs and Percent of programs at each level of compliance*
PC & PQ Comparison of CC and PK (Fiene, 2013e)

PC = Child Care Licensing Compliance

- Licensing / ECERS-R
  - 100 / 3.40 Full Compliance
  - 99 / 4.35
  - 98 / 3.89 Substantial Compliance
  - 97 / 3.15
  - 96 / 3.16
  - 95 / 3.53
  - 90 / 2.56 Medium Compliance
  - 80 / 2.38 Low Compliance

PQ = Pre-K Program Licensing Compliance

- Licensing / ECERS-R
  - 100 / 4.88 Full Compliance
  - 99 / 4.13
  - 98 / 4.38 Substantial Compliance
  - 97 / 3.99
  - 96 / 4.36
  - 95 / 4.60
  - 90 / 3.43 Medium Compliance
  - 80 / 2.56 Low Compliance
Impact of PK on ECERS

Least Squares Means

![Graph showing the impact of PK on ECERS scores](image-url)
ECERS PRE-K & Licensing Scores
ECERS Child Care & Licensing Scores
ECERS PRE-K Distribution

![Histogram of ECERS PRE-K Distribution](image)

- **ECERS PRE-K Distribution**

- **Count**
  - 0
  - 5
  - 10
  - 15

- **Proportion per Bar**
  - 0
  - 0.1
  - 0.2
  - 0.3

- **ECERSPRK**
  - 2
  - 3
  - 4
  - 5
  - 6
ECERS Child Care Distribution
Licensing Scores for PRE-K
Licensing Scores for Child Care
Impact of Pre-K & Higher Standards

- Pre-K only ECERS average = 4.15
  - These are classrooms funded by Pre-K.
- Pre-K’s impact on child care, ECERS average = 3.60
  - These are classrooms not funded by Pre-K but in the same building as a Pre-K funded classroom.
- Child care only ECERS average = 3.26
  - These are classrooms in programs that are not funded by Pre-K.
Impact of Pre-K on ECERS Scores

- Pre-K: 4.15
- Pre-K & PS: 3.6
- PS: 3.26
CC w/ & w/o Pre-K with ECERS Scores

Two-sample t-test

![Box plot showing ECERS scores for PREK with and without Pre-K. The plot includes a box plot for each group, with the x-axis representing counts and the y-axis representing ECERS scores. The data points are marked with different symbols for each group.](image)
Relationship between PC (CI) & PQ

Eliminate the Plateau Effect

PQ = ERS/CLASS

PC = % Rule Compliance
Regulatory Paradigms

Absolute (Class, 1957)

- All rules are created equal.
- 100% Compliance = Full License.
- PC + PQ = Linear.
- All rules are reviewed all the time.

Relative/Differential (Fiene, 1985)

- All rules are not created equal.
- Substantial Compliance = Full License.
- PC + PQ = Not Linear.
- Selected key rules are reviewed all the time.
All Licensing Rules – Full Compliance Reviews

Differential Monitoring

How Often to Visit?

What is Reviewed?

Frequency

Abbreviated Tool

More Often

Less Often

Risk Assessment Weights

Key Indicators Predictors
DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM  
(DMLMA©) (Fiene, 2012): A 4th Generation ECPQIM – Early Childhood Program Quality Indicator Model

CI x PQ => RA + KI => DM + PD => CO

Definitions of Key Elements:

CI = Comprehensive Licensing Tool (Health and Safety)(Caring for Our Children)

PQ = ECERS-R, FDCRS-R, CLASS, CDPES (Caregiver/Child Interactions/Classroom Environment)

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

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

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

PD = Professional Development/Technical Assistance/Training

CO = Child Outcomes (See Next Slide for PD and CO Key Elements)
\[ \sum CI \times \sum PQ \Rightarrow \sum RA + \sum KI \Rightarrow \sum DM + \sum PD \Rightarrow CO \]
DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2014): A 4th Generation ECPQIM – Early Childhood Program Quality Indicator Model

CI x PQ(PD) => RA + KI => DM => CO

Definitions of Key Elements:

CI = Comprehensive Licensing Tool (Health and Safety) *(Caring for Our Children)* (Structural Quality)

PQ = Program Quality Initiatives *(ECERS-R, FDCRS-R, CLASS, CDPES, QRIS, Accreditation)* (Process Quality)

PD = Program Quality Initiatives (cont) - Professional Development/Technical Assistance/Training

RA = Risk Assessment, (High Risk Rules/Standards) *(Stepping Stones)*

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

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

CO = Child Outcomes (Developmental, Health, & Safety Outcomes)
Program Compliance (PC)
- Full Licensing Visit
- Comprehensive Instrument (CI)
- Health & Safety
- Structural Quality
  *Eg: Caring for Our Children (CFOC)*

Program Quality (PQ) Initiatives:
- Quality Rating & Improvement (QRIS)
- Professional Development (PD)
- Early Learning System (ELS)
- Process Quality
  *Eg: CLASS/ERS’s (ECERS, FDCRS)*

Key Indicators (KI) – Abbreviated Visit
- Statistical predictor rules/standards that predict overall compliance with rules or standards.
  *Eg: 13 Indicators of Quality Child Care*

Risk Assessment (RA) – Abbreviated Visit
- Weighting of Rules or Standards
- Places children at greatest risk of mortality or morbidity if non-compliance found.
  *Eg: Stepping Stones to CFOC*

Differential Monitoring (DM): How often to visit – More or Less? And what is reviewed – More or Less? Time saved on the compliant programs can be used with the non-compliant programs. This should create a more cost effective and efficient program monitoring system with targeted reviews which should ultimately lead to better outcomes (CO) for the children and their families served in the programs.
Differential Monitoring Scoring Protocol (DMSP)©

<table>
<thead>
<tr>
<th>Score</th>
<th>Systems Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No systems in place.</td>
</tr>
<tr>
<td>2</td>
<td>KI or RA in place and not linked.</td>
</tr>
<tr>
<td>4</td>
<td>(KI &amp; RA in place but not linked) or (PC + PQ are linked).</td>
</tr>
<tr>
<td>6</td>
<td>(KI &amp; RA in place) &amp; (KI + RA are linked).</td>
</tr>
<tr>
<td>8</td>
<td>(KI &amp; RA in place but not linked) &amp; ((PC + PQ) are linked).</td>
</tr>
<tr>
<td>10</td>
<td>All systems in place and linked.</td>
</tr>
<tr>
<td>Points</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>10</td>
<td>ALL SYSTEMS IN PLACE AND LINKED.</td>
</tr>
<tr>
<td>8</td>
<td>KI &amp; RA IN PLACE BUT NOT LINKED; AND PC &amp; PQ LINKED.</td>
</tr>
<tr>
<td>6</td>
<td>KI &amp; RA IN PLACE &amp; LINKED.</td>
</tr>
<tr>
<td>4</td>
<td>KI &amp; RA IN PLACE BUT NOT LINKED OR PC &amp; PQ LINKED.</td>
</tr>
<tr>
<td>2</td>
<td>KI OR RA IN PLACE.</td>
</tr>
<tr>
<td>0</td>
<td>NO SYSTEMS</td>
</tr>
</tbody>
</table>
Differential Monitoring Scoring Protocol (DMSP)©
Point Assignment

<table>
<thead>
<tr>
<th>Score</th>
<th>Systems Present and Point Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No systems in place.</td>
</tr>
<tr>
<td>2</td>
<td>(KI (1)) &amp; (KI -&gt; DM (1)) or ((RA (1)) &amp; (RA -&gt; DM (1))</td>
</tr>
<tr>
<td>4</td>
<td>(PC + PQ (4)) or (KI (1) &amp; (KI -&gt; DM (1)) &amp; (RA (1) &amp; (RA -&gt; DM (1)))</td>
</tr>
<tr>
<td>6</td>
<td>(KI + RA -&gt; DM (4)) &amp; (KI (1)) &amp; (RA (1))</td>
</tr>
<tr>
<td>8</td>
<td>(KI (2) &amp; RA (2)) &amp; (PC + PQ (4)).</td>
</tr>
<tr>
<td>10</td>
<td>(KI + RA -&gt; DM (4)) &amp; (KI (1)) &amp; (RA (1)) &amp; (PC + PQ (4))</td>
</tr>
</tbody>
</table>

KI (Key Indicators); RA (Risk Assessment); PC (Program Compliance/Licensing); PQ (Program Quality Initiatives; DM (Differential Monitoring).
<table>
<thead>
<tr>
<th>SYSTEMS (pts)</th>
<th>MODEL</th>
<th>GA</th>
<th>NY</th>
<th>HS</th>
<th>IL</th>
<th>KS</th>
<th>CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>KI (1)</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RA (1)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>KI + RA -&gt; DM (4)</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KI + RA (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC + PQ (4)</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KI -&gt; DM (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RA -&gt; DM (1)</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (10)</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Program Monitoring
Effectiveness/Efficiency Relationship

Effectiveness (blue)/Efficiency (gold)

How Important

How Much in Resources
Relationship of Key Indicators (KI), Stepping Stones (RA), and Caring for Our Children (CFOC)(CI)

The above diagram depicts the relationship amongst KI, RA, and CI in which the full set of rules is represented by CFOC - Caring for Our Children, followed by RA which are the most critical rules represented by Stepping Stones, and finally the predictive rules represented by the 13 Key Quality Indicators.
The Licensing Law:
All Rules that are promulgated based upon the Law

Compliance Decision:
100% compliance with all rules all the time.

Key Indicators are ok to use.
Risk Assessment cannot be used.

Compliance Decision:
Substantial (96-99%) but not 100% compliance with all rules all the time.

Key Indicators are ok to use.
Risk Assessment ok to use.
Caring for Our Children standards/guidelines as the comprehensive set of health and safety standards/guidelines for the early care and education field. 650 Standards.

Stepping Stones as the risk assessment tool based upon morbidity/mortality. 138 Standards.

Caring for Our Children: Basics as the risk assessment/key indicator tool. 55 Standards.

Key Indicators. 13 Standards
Validation Approaches (Zellman & Fiene, 2012)

- **First Approach (Standards)**
  - CI x Caring for Our Children/Stepping Stones/13 Key Indicators of Quality Child Care

- **Second Approach (Measures)**
  - CI x RA + KI x DM

- **Third Approach (Outputs)**
  - PQ x CI

- **Fourth Approach (Outcomes)**
  - CO = PD + PQ + CI + RA + KI
DMLMA© Expected Thresholds

- .70+
- .50+
- .30+

DMLMA© Key Elements Examples

- CI x KI
- RA x CI; RA x DM; RA x KI; DM x KI; DM x PD
- PQ x CI; PQ x CO; RA x CO; KI x CO; CI x CO
### DMLMA Expected Thresholds Matrix

<table>
<thead>
<tr>
<th></th>
<th>PQ</th>
<th>RA</th>
<th>KI</th>
<th>DM</th>
<th>PD</th>
<th>CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI</td>
<td>0.3</td>
<td>0.5</td>
<td>0.7</td>
<td>0.5</td>
<td>0.5</td>
<td>NS</td>
</tr>
<tr>
<td>PQ</td>
<td></td>
<td></td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>NS</td>
</tr>
<tr>
<td>RA</td>
<td></td>
<td></td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>KI</td>
<td></td>
<td></td>
<td></td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>DM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>PD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.4</td>
</tr>
</tbody>
</table>
Interpretation of Inter-Correlations

- Based upon recent research, the relationships between H&S (CI)(PC) and QRIS (PQ) standards and Child Outcomes (CO) is difficult to find significance.

- The relationship between Professional Development (PD) and staff interactions with Child Outcomes (CO) appear to be the significant relationship that should be explored as a Quality Intervention.

- If we want to explore H&S and QRIS standards significant relationships we may need to look at children’s health & safety outcomes.
# A Validation Study: State Example (Fiene, 2013e)

<table>
<thead>
<tr>
<th>Validation Approach/Research Question</th>
<th>CCC Actual (Expected*)</th>
<th>FCC Actual (Expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 STANDARDS/Key Indicators</td>
<td>VALIDATED</td>
<td>VALIDATED</td>
</tr>
<tr>
<td>KI x CR</td>
<td>.49 (.50+)</td>
<td>.57 (.50+)</td>
</tr>
<tr>
<td>KI x LS</td>
<td>.78 (.70+)</td>
<td>.87 (.70+)</td>
</tr>
<tr>
<td>2 MEASURES/Core Rules/ACDW</td>
<td>VALIDATED</td>
<td>VALIDATED</td>
</tr>
<tr>
<td>CR x LS</td>
<td>.69 (.50+)</td>
<td>.74 (.50+)</td>
</tr>
<tr>
<td>CR x ACDW</td>
<td>.76 (.50+)</td>
<td>.70 (.50+)</td>
</tr>
<tr>
<td>3 OUTPUTS/Program Quality</td>
<td>VALIDATED</td>
<td>NOT VALIDATED</td>
</tr>
<tr>
<td>ECERS-R/PK x LS</td>
<td>.37 (.30+)</td>
<td>FDCRS x LS</td>
</tr>
<tr>
<td>ECERS-R/PS x LS</td>
<td>.29 (.30+)</td>
<td>FDCRS x CR</td>
</tr>
<tr>
<td>ECERS-R/PK x CR</td>
<td>.53 (.30+)</td>
<td>FDCRS x CR</td>
</tr>
<tr>
<td>ECERS-R/PS x CR</td>
<td>.34 (.30+)</td>
<td>FDCRS x CR</td>
</tr>
</tbody>
</table>

---

*See below for the expected r values for the DMLMA© thresholds which indicate the desired correlations between the various tools.

**DMLMA© Thresholds:**

- **High correlations (.70+) = LS x KI.**
- **Moderate correlations (.50+) = LS x CR; CR x ACDW; CR x KI; KI x ACDW.**
- **Lower correlations (.30+) = PQ x LS; PQ x CR; PQ x KI.**
## Validation of Key Indicator Systems

<table>
<thead>
<tr>
<th>Figure 1</th>
<th>Providers who fail the Key Indicator review</th>
<th>Providers who pass the Key Indicator review</th>
<th>Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who fail the Comprehensive review</td>
<td>W</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Providers who pass the Comprehensive Review</td>
<td>Y</td>
<td>Z</td>
<td></td>
</tr>
<tr>
<td>Column Totals</td>
<td></td>
<td></td>
<td>Grand Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annotations for Figure 1

- A couple of annotations regarding Figure 1.
- \( W + Z \) = the number of agreements in which the provider passed the Key Indicator review and also passed the Comprehensive review.
- \( X \) = the number of providers who passed the Key Indicator review but failed the Comprehensive review. This is something that should not happen, but there is always the possibility this could occur because the Key Indicator Methodology is based on statistical methods and probabilities. We will call these False Negatives (FN).
- \( Y \) = the number of providers who failed the Key Indicator review but passed the Comprehensive review. Again, this can happen but is not as much of a concern as with “\( X \)”. We will call these False Positives (FP).
## National Validation Data

<table>
<thead>
<tr>
<th>Figure 2</th>
<th>Providers who fail the Key Indicator review</th>
<th>Providers who pass the Key Indicator review</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who fail the Comprehensive review</td>
<td>25</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Providers who pass the Comprehensive Review</td>
<td>7</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Column Total</td>
<td>32</td>
<td>18</td>
<td>50</td>
</tr>
</tbody>
</table>
To determine the agreement ratio, we use the following formula:

\[
\frac{A}{A + D}
\]

Where \(A\) = Agreements and \(D\) = Disagreements.

Based upon Figure 2, \(A + D = 42\) which is the number of agreements; while the number of disagreements is represented by \(B = 1\) and \(C = 7\) for a total of 8 disagreements. Putting the numbers into the above formula:

\[
\frac{42}{42 + 8}
\]

Or

\[
.84 = \text{Agreement Ratio}
\]

The False Positives (FP) ratio is .14 and the False Negatives (FN) ratio is .02. Once we have all the ratios we can use the ranges in Figure 3 to determine if we can validate the Key Indicator System. The FP ratio is not used in Figure 3 but is part of the Agreement Ratio.
## Thresholds for Validating Key Indicators for Licensing Rules

<table>
<thead>
<tr>
<th>Agreement Ratio Range</th>
<th>False Negative Range</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1.00) – (0.90)</td>
<td>0.05+</td>
<td>Validated</td>
</tr>
<tr>
<td>(0.89) – (0.85)</td>
<td>0.10 - 0.06</td>
<td>Borderline</td>
</tr>
<tr>
<td>(0.84) – (0.00)</td>
<td>0.11 or more</td>
<td>Not Validated</td>
</tr>
</tbody>
</table>
Differential Monitoring Model

- **Key Elements**
  - **Program Compliance (PC)** generally represented by a state’s child care licensing health & safety system or at the national level by *Caring for Our Children*.
  - **Program Quality (PQ)** generally represented by a state’s QRIS, or at the national level by Accreditation (*NAEYC, NECPA*), *Head Start Performance Standards, Environmental Rating Scales, CLASS*, etc..
  - **Risk Assessment (RA)** generally represented by a state’s most critical rules in which children are at risk of mortality or morbidity, or at the national level by *Stepping Stones*. 
Key elements (continued)

- **Key Indicators (KI)** generally represented by a state’s abbreviated tool of statistically predictive rules or at the national level by *13 Indicators of Quality Child Care* and NACCRRA’s *We CAN Do Better Reports*.

- **Professional Development (PD)** generally represented by a state’s technical assistance/training/professional development system for staff.

- **Child Outcomes (CO)** generally represented by a state’s *Early Learning Network Standards*. 
Differential Monitoring Benefits

- **Differential Monitoring (DM)** benefits to the state are the following:
  - Systematic way of tying distinct state systems together into a cost effective & efficient unified valid & reliable logic model and algorithm.
  - Empirical way of reallocating limited monitoring resources to those providers who need it most.
  - Data driven to determine how often to visit programs and what to review, in other words, should a comprehensive or abbreviated review be completed.
These are the comprehensive set of rules, regulations or standards for a specific service type.

- *Caring for Our Children (CFOC)* is an example.
- *Head Start Performance Standards* is an example.
- Program meets national child care benchmarks from NACCRA’s *We CAN Do Better Report*.
- No complaints registered with program.
- Substantial to full compliance with all rules.
Advantages of Instrument Based Program Monitoring (IPM)

- Cost Savings
- Improved Program Performance
- Improved Regulatory Climate
- Improved Information for Policy and Financial Decisions
- Quantitative Approach
- State Comparisons
## State Example of Violation Data (Fiene, 2013d)

### Violation Data in Centers and Homes by Regional Location

<table>
<thead>
<tr>
<th>Region</th>
<th>Centers</th>
<th></th>
<th></th>
<th>Homes</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Violations*</td>
<td>Number</td>
<td>Violations*</td>
<td>Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>9.30</td>
<td>109</td>
<td>2.42</td>
<td>117</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>8.32</td>
<td>191</td>
<td>4.63</td>
<td>120</td>
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</tr>
<tr>
<td>3</td>
<td>5.31</td>
<td>121</td>
<td>3.94</td>
<td>138</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>5.57</td>
<td>61</td>
<td>3.02</td>
<td>125</td>
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</table>

* = Average (Means)

### Violation Data in Centers and Homes by Type of Licensing Inspection

<table>
<thead>
<tr>
<th>License Type</th>
<th>Centers</th>
<th></th>
<th></th>
<th>Homes</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Violations*</td>
<td>Number</td>
<td>Violations*</td>
<td>Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
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<td>Renewal</td>
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<td>3.53</td>
<td>469</td>
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<tr>
<td>Amendment</td>
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<td>55</td>
<td>4.00</td>
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<td></td>
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<tr>
<td>Correction</td>
<td>6.71</td>
<td>14</td>
<td>3.00</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Temporary</td>
<td>11.22</td>
<td>9</td>
<td>4.00</td>
<td>1</td>
<td></td>
<td></td>
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</table>

* = Average (Mean)
### Head Start: Content Area Correlations (Fiene, 2013c)

<table>
<thead>
<tr>
<th></th>
<th>CHS</th>
<th>ERSEA</th>
<th>FCE</th>
<th>FIS</th>
<th>GOV</th>
<th>SYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDE</td>
<td>.33**</td>
<td>.26**</td>
<td>.06ns</td>
<td>.14**</td>
<td>.13*</td>
<td>.33**</td>
</tr>
<tr>
<td>CHS</td>
<td></td>
<td>.29**</td>
<td>.18**</td>
<td>.09ns</td>
<td>.25**</td>
<td>.51**</td>
</tr>
<tr>
<td>ERSEA</td>
<td></td>
<td></td>
<td>.15**</td>
<td>.10*</td>
<td>.27**</td>
<td>.38**</td>
</tr>
<tr>
<td>FCE</td>
<td></td>
<td></td>
<td></td>
<td>.01ns</td>
<td>.17**</td>
<td>.23**</td>
</tr>
<tr>
<td>FIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.13*</td>
<td>.23**</td>
</tr>
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<td>GOV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.38**</td>
</tr>
</tbody>
</table>
International Study of Child Care Rules (Fiene, 2013a)

USA vs World

- Parents
- Health
- Devel
- Clearance
- Inservice
- Pre
- Teacher
- Director
- GS
- ACR

Countrie

USA
### International Study Benchmarks

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Countries</th>
<th>USA</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR (R1)</td>
<td>1.1220</td>
<td>0.8462</td>
<td>not significant</td>
</tr>
<tr>
<td>GS (R2)</td>
<td>0.4063</td>
<td>0.5865</td>
<td>not significant</td>
</tr>
<tr>
<td>Director (R3)</td>
<td>1.5625</td>
<td>0.5000</td>
<td>$t = 7.100; p &lt; .0001$</td>
</tr>
<tr>
<td>Teacher (R4)</td>
<td>1.6563</td>
<td>0.4038</td>
<td>$t = 7.632; p &lt; .0001$</td>
</tr>
<tr>
<td>Preservice (R5)</td>
<td>0.9375</td>
<td>1.6731</td>
<td>$t = 4.989; p &lt; .001$</td>
</tr>
<tr>
<td>Inservice (R6)</td>
<td>0.6563</td>
<td>1.0481</td>
<td>$t = 2.534; p &lt; .02$</td>
</tr>
<tr>
<td>Clearances (R7)</td>
<td>0.6094</td>
<td>1.2404</td>
<td>$t = 3.705; p &lt; .01$</td>
</tr>
<tr>
<td>Development (R8)</td>
<td>1.6406</td>
<td>1.4519</td>
<td>not significant</td>
</tr>
<tr>
<td>Health (R9)</td>
<td>0.9844</td>
<td>1.7404</td>
<td>$t = 6.157; p &lt; .0001$</td>
</tr>
<tr>
<td>Parent (R10)</td>
<td>1.5000</td>
<td>1.5385</td>
<td>not significant</td>
</tr>
</tbody>
</table>

*Parent = Parent Involvement (R10)*

*Health = Health and safety recommendations (R9)*

*Development = Six developmental domains (R8)*

*Clearances = Background check (R7)*

*Inservice = 24 hours of ongoing training (R6)*

*Preservice = Initial orientation training (R5)*

*Teacher = Lead teacher has CDA or Associate degree (R4)*

*Director = Directors have bachelor’s degree (R3)*

*GS = Group size NAEYC Accreditation Standards met (R2)*

*ACR = Staff child ratios NAEYC Accreditation Standards met (R1)*
Program Quality (PQ)

- Generally Quality Rating and Improvement Systems (QRIS) and/or Accreditation systems either used separately or together.
- Program has attained at least a 5 on the various ERS’s or an equivalent score on the CLASS.
- Program has moved through all the star levels within a five year timeframe.
- Percent of programs that participate.
- Generally PQ builds upon PC/Licensing system.
Keystone STARS ECERS Comparisons to Previous Early Childhood Quality Studies (Barnard, Smith, Fiene & Swanson (2006))
EARLY CHILDHOOD ENVIRONMENT RATING SCALE

THELMA HARMES  RICHARD M. CLIFFORD
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Room</th>
<th>Age of Children youngest to oldest</th>
<th>Name of Rater</th>
<th>Position of Rater</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

Total Personal Care (Items 1-5) | Total Furnishings/display (Items 6-10) |
<table>
<thead>
<tr>
<th>Setting</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>4.9</td>
</tr>
<tr>
<td>Preschool</td>
<td>4.3</td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>3.9</td>
</tr>
<tr>
<td>Group Child Care Homes</td>
<td>4.1</td>
</tr>
<tr>
<td>Family Child Care Homes</td>
<td>3.9</td>
</tr>
<tr>
<td>Relative/Neighbor Care</td>
<td>3.7</td>
</tr>
</tbody>
</table>
## ECERS Distribution by Type of Service—Head Start (HS), Child Care Center (CC), Preschool (PS)

<table>
<thead>
<tr>
<th></th>
<th>HS</th>
<th>CC</th>
<th>PS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimal</strong></td>
<td>8%</td>
<td>62%</td>
<td>35%</td>
</tr>
<tr>
<td>(3.99 or less)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adequate</strong></td>
<td>46%</td>
<td>23%</td>
<td>44%</td>
</tr>
<tr>
<td>(4.00–4.99)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Good</strong></td>
<td>46%</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>(5.00 or higher)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ECERS/FDCRS and Education of the Provider

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma (24%)</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>Some College (24%)</td>
<td></td>
<td>4.1</td>
</tr>
<tr>
<td>Associate’s Degree (17%)</td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>Bachelor’s Degree (31%)</td>
<td></td>
<td>4.3</td>
</tr>
<tr>
<td>Master’s Degree (4%)</td>
<td></td>
<td>4.7</td>
</tr>
</tbody>
</table>
# NECPA/ERS’s/QRIS (Fiene, 1996)

<table>
<thead>
<tr>
<th></th>
<th>STAR 1</th>
<th>STAR 2</th>
<th>STAR 1 and 2 Combined</th>
<th>STAR 3</th>
<th>STAR 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NECPA Score (without Infant/Toddler Section)</strong></td>
<td>n = 21</td>
<td>n = 4</td>
<td>n = 25</td>
<td>n = 2</td>
<td>n = 23</td>
</tr>
<tr>
<td></td>
<td>Mean = 647.04</td>
<td>Mean: 648.1</td>
<td>Mean: 647.21</td>
<td>Mean: 824.27</td>
<td>Mean: 752.93</td>
</tr>
<tr>
<td></td>
<td>Range: 408.99 to 887.54</td>
<td>Range: 365.84 to 881.93</td>
<td>Range: 365.84 to 887.54</td>
<td>Range: 789.13 to 859.40</td>
<td>Range: 427.36 to 894.32</td>
</tr>
<tr>
<td></td>
<td>s.d.: 163.79</td>
<td>s.d.: .220.87</td>
<td>s.d.: .168.69</td>
<td>s.d.: .49.69</td>
<td>s.d.: 132.12</td>
</tr>
<tr>
<td><strong>ECERS-R Score</strong></td>
<td>n = 20</td>
<td>n = 4</td>
<td>n = 24</td>
<td>n = 2</td>
<td>n = 23</td>
</tr>
<tr>
<td></td>
<td>Mean: 3.92</td>
<td>Mean: 3.52</td>
<td>Mean: 3.86</td>
<td>Mean: 5.67</td>
<td>Mean: 5.35</td>
</tr>
<tr>
<td></td>
<td>Range: 2.40 to 5.68</td>
<td>Range: 3.45 to 3.66</td>
<td>Range: 2.40 to 5.68</td>
<td>Range: 5.45 to 5.88</td>
<td>Range: 2.95 to 6.36</td>
</tr>
<tr>
<td></td>
<td>s.d.: .97</td>
<td>s.d.: .094</td>
<td>s.d.: .896</td>
<td>s.d.: .304</td>
<td>s.d.: .867</td>
</tr>
<tr>
<td><strong>NECPA Score (Infant/Toddler Only)</strong></td>
<td>n = 6</td>
<td>n = 1</td>
<td>n = 7</td>
<td>n = 0</td>
<td>n = 7</td>
</tr>
<tr>
<td></td>
<td>Mean: 83.50</td>
<td>Mean: 79.0</td>
<td>Mean: 82.86</td>
<td>Mean: 134.0</td>
<td>Mean: 134.0</td>
</tr>
<tr>
<td></td>
<td>Range: 59 to 138</td>
<td>Range: 59.0 to 138.0</td>
<td>Range: 59.0 to 138.0</td>
<td>Range: 102.0 to 163.0</td>
<td>Range: 102.0 to 163.0</td>
</tr>
<tr>
<td><strong>ITERS-R</strong></td>
<td>n = 9</td>
<td>n = 1</td>
<td>n = 10</td>
<td>n = 1</td>
<td>n = 12</td>
</tr>
<tr>
<td></td>
<td>Mean: 3.72</td>
<td>Mean: 5.01</td>
<td>Mean: 3.85</td>
<td>Mean: 4.29</td>
<td>Mean: 5.15</td>
</tr>
<tr>
<td></td>
<td>Range: 2.81 to 5.22</td>
<td>Range: 2.81 to 5.22</td>
<td>Range: 2.81 to 5.22</td>
<td>Range: 3.21 to 6.39</td>
<td>Range: 3.21 to 6.39</td>
</tr>
<tr>
<td></td>
<td>s.d.: .706</td>
<td>s.d.: 7.81</td>
<td>s.d.: 7.81</td>
<td>s.d.: .821</td>
<td>s.d.: .821</td>
</tr>
</tbody>
</table>

Note: All data is derived from Fiene, 1996.
- 100% Compliance with child care health & safety rules = QRIS Block System.
- Substantial but not 100% Compliance with child care health & safety rules = QRIS Point.
- Both Licensing (PC) and QRIS (PQ) use rules/standards to measure compliance. Licensing rules are more structural quality while QRIS standards have a balance between structural and process quality.
Determining Compliance

- **Risk assessment**
  - Identify requirements where violations pose a greater risk to children, e.g., serious or critical standards
  - Distinguish levels of regulatory compliance
  - Determine enforcement actions based on categories of violation
  - *Stepping Stones to Caring for Our Children is an example of risk assessment (AAP/APHA/NRC, 2013)*

- **Key indicators**
  - Identify a subset of regulations from an existing set of regulations that statistically predict compliance with the entire set of regulations
  - Based on work of Dr. Richard Fiene (2002) – 13 indicators of quality
  - “Predictor rules”

*National Center on Child Care Quality Improvement, Office of Child Care*
Risk Assessment (RA)

- Risk Assessment (RA) are those rules which place children at greatest risk of mortality or morbidity.
- *Stepping Stones* is an example of Risk Assessment Tool and Approach.
- When Risk Assessment (RA) and Key Indicators (KI) described in the next slide are used together, most cost effective and efficient approach to program monitoring.
- 100% compliance with RA rules.
# State Example of Risk Assessment Tool

## CCCLC / GDCH ANNUAL COMPLIANCE DETERMINATION WORKSHEET

**DATE**: 
**CONSULTANT NAME**: 
**FACILITY NAME**: 
**FACILITY ADDRESS**: 

**Instructions**: Enter visit(s) date and type in the grid below. Place an "X" in the box for any core rule category cited, at the appropriate risk level. When multiple risk levels are cited under one category, only the highest level of risk for that category should be listed on the grid below. Total the number of categories cited at each risk level at the bottom. Then list the total number of "Low", "Medium", "High", and "Extreme" from all visits in the appropriate boxes below. Using the guidelines listed below, determine the facility’s compliance, and fill it in the box labeled "Annual Compliance Determination". Any non-core rule violations issued due to an injury or serious incident will be equivalent to a high-risk core rule category citation, and will be treated in the same way when determining a facility’s compliance. Please note these instances in the comment section.

### Visit date/type: 

<table>
<thead>
<tr>
<th>Core Rules</th>
<th>Visit date/type:</th>
<th>Visit date/type:</th>
<th>Visit date/type:</th>
<th>Visit date/type:</th>
<th>Visit date/type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diapering-.10</td>
<td>Low</td>
<td>Med</td>
<td>High</td>
<td>Extreme</td>
<td>Low</td>
</tr>
<tr>
<td>Discipline-.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene-.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Sleep Safety-.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication-.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Plant-.25(13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playgrounds-.26</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Staff:Child Ratios-.32(1)&amp;(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision-.32(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming-.35</td>
<td></td>
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</tr>
<tr>
<td>Transportation-.36</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Trips-.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTALS             |                  |                  |                  |                  |                  |

| TOTAL LOW:         |                  |                  |                  |                  |                  |
| TOTAL MEDIUM:      |                  |                  |                  |                  |                  |
| TOTAL HIGH:        |                  |                  |                  |                  |                  |

### Annual Compliance Determination:

#### Compliance Determination Criteria for One to Three (1-3) Visits:

- **Compliant**: 0-3 core rule categories of Low risk, and / or No more than 2 core rule categories of Medium risk , or 1 Medium and 1 High risk
- **Not Compliant**: 6 or more core rule categories of Low and/or 3 or more Medium risk, and / or 2 or more core rule categories of High risk

#### Compliance Determination Criteria for Four or More (4+) Visits:

- **Compliant**: 0-7 core rule categories of Low risk, and / or No more than 3 core rule categories of Medium risk, or 2 Medium and 1 High
- **Not Compliant**: 8 or more Low Risk, 4-7 or more core rule categories of Medium risk, and / or 2 or more core rule categories of High risk

---

65
RA Example = Stepping Stones

Stepping Stones to Using
Caring for our Children
National Health and Safety Performance Standards
Guidelines for Out-Of-Home Child Care Programs

Protecting Children From Harm

HRSA Maternal and Child Health Bureau
<table>
<thead>
<tr>
<th>13 Indicators/Stepping Stones Standard</th>
<th>State Licensing Rule</th>
<th>Analysis</th>
<th>Analysis Clarification</th>
<th>Recommendation</th>
<th>Next Steps</th>
</tr>
</thead>
</table>

The table provides a crosswalk with state rules, allowing for the analysis and clarification of standards against state licensing rules, followed by recommendations and next steps.
Key Indicators (KI) (Fiene & Nixon, 1985)

- Key Indicators are predictor rules that statistically predict overall compliance with all rules.
- *13 Indicators of Quality Child Care* is an example of this approach.
- Most effective if KI are used with the Risk Assessment (RA) approach described on the previous slide.
- Must be 100% compliance with key indicator rules.
Advantages of Key Indicators

- Quality of Licensing is maintained.
- Balance between program compliance and quality.
- Cost savings.
- Predictor rules can be tied to child outcomes.
Pre-Requisites for Key Indicators

- Licensing rules must be well written, comprehensive, and measurable.
- There must be a measurement tool in place to standardize the application and interpretation of the rules.
- At least one year’s data should be collected.
How to Develop Key Indicators

- Collect data from 100-200 providers that represent the overall delivery system in the state.
- Collect violation data from this sample and sort into high (top 25%) and low (bottom 25%) compliant groups.
- Statistical predictor rules based upon individual compliance.
- Add additional rules.
- Add random rules.
Criteria for Using Key Indicators

- The facility had:
  - A regular license for the previous two years
  - The same director for the last 18 months
  - No verified complaints within the past 12 months
  - The operator has corrected all regulatory violations cited within 12 months prior to inspection
  - A full inspection must be conducted at least every third year
  - Not had a capacity increase of more than 10 percent since last full inspection
  - A profile that does not reveal a pattern of repeated or cyclical violations
  - No negative sanction issued within the past 3 years
Key Indicator Systems Summary

1980 - 2010
- Time savings only.
- Child care mostly.
- Child care benchmarking.
- Substantial compliance.
- Safeguards.
- Tied to outcomes study.
- Adult residential – PA.
- Child residential – PA.
- Risk assessment/weighting.

2011+
- Time and cost savings.
- All services.
- Benchmarks in all services.
- CC national benchmarks.
- Safeguards.
- Tied to outcomes study.
- National benchmarks.
- Inter-National benchmarks.
- Risk assessment/DMLMA.
Key Indicator/Non-Compliance Relationship

Key Indicator (blue)/Non-Compliance (gold)
Use data from this matrix in the formula on the next slide in order to determine the phi coefficients.

<table>
<thead>
<tr>
<th></th>
<th>Providers In Compliance with specific standard</th>
<th>Programs Out Of Compliance with specific standard</th>
<th>Row Total</th>
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</thead>
<tbody>
<tr>
<td>High Group = top 25%</td>
<td>A</td>
<td>B</td>
<td>Y</td>
</tr>
<tr>
<td>Low Group = bottom 25%</td>
<td>C</td>
<td>D</td>
<td>Z</td>
</tr>
<tr>
<td>Column Total</td>
<td>W</td>
<td>X</td>
<td>Grand Total</td>
</tr>
</tbody>
</table>
Key Indicator Matrix Expectations

- $A + D > B + C$
- $A + D = 100\%$ is the best expectation possible.
- If $C$ has a large percentage of hits, it increases the chances of other areas of non-compliance (False positives).
- If $B$ has a large percentage of hits, the predictive validity drops off considerably (False negatives).
Key Indicator Statistical Methodology

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

A = High Group + Programs in Compliance on Specific Compliance Measure.
B = High Group + Programs out of Compliance on Specific Compliance Measure.
C = Low Group + Programs in Compliance on Specific Compliance Measure.
D = Low Group + Programs out of Compliance on Specific Compliance Measure.

W = Total Number of Programs in Compliance on Specific Compliance Measure.
X = Total Number of Programs out of Compliance on Specific Compliance Measure.
Y = Total Number of Programs in High Group.
Z = Total Number of Programs in Low Group.
## Key Indicator Coefficient Ranges

<table>
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<th>KI Coefficient Range</th>
<th>Characteristic of Indicator</th>
<th>Decision</th>
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<td>(+1.00) – (+.26)</td>
<td>Good Predictor - Licensing</td>
<td>Include</td>
</tr>
<tr>
<td>(+1.00) – (+.76)</td>
<td>Good Predictor – QRIS</td>
<td>Include</td>
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<tr>
<td>(+.25) – (-.25)</td>
<td>Unpredictable - Licensing</td>
<td>Do not Include</td>
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<tr>
<td>(+.75) – (-.25)</td>
<td>Unpredictable - QRIS</td>
<td>Do not Include</td>
</tr>
<tr>
<td>(-.26) – (-1.00)</td>
<td>Terrible Predictor</td>
<td>Do not Include</td>
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</table>
Examples of Key Indicator Applications

- Health and Safety Licensing Key Indicators.
- Stepping Stones Key Indicators
- Office of Head Start Key Indicators.
- Accreditation Key Indicators – NECPA – National Early Childhood Program Accreditation.
- Environmental Rating Scale Key Indicators – Centers.
- Environmental Rating Scale Key Indicators – Homes.
- Caregiver Interaction Scale Key Indicators.
- Quality Rating & Improvement System Key Indicators – QualiStar.
- Footnote: Child & Adult Residential Care Key Indicators.
- Footnote: Cruising Industry in general and Royal Caribbean in particular.
Examples of Health & Safety Key Indicators

- Program is hazard free in-door and out-doors.
- Adequate supervision of children is present.
- Qualified staff.
- CPR/First Aid training for staff.
- Hazardous materials are inaccessible to children.
- Staff orientation and training.
- Criminal Record Checks.
- Ongoing monitoring of program
Caring for Our Children (CFOC): Basics

- Stepping Stones 3 (2013)
- Senate Bill 1086 (2014)
- Notice for Proposed Rule Making to Amend CCDF Regulations (2013)
- 27 Indicators from Head Start Program Standards (2014)
- 15 Key Indicators from Stepping Stones 3 (Fiene)(2013)
- 77 Observable Health and Safety Standards for Early Care and Education Providers from Caring for Our Children (Alkon)(2014)
In the House of Representatives, U. S., September 15, 2014. Resolved, That the bill from the Senate (S. 1086) entitled “An Act to reauthorize and improve the Child Care and Development Block Grant Act of 1990, and for other purposes.”, do pass with the following

SECTION 1. SHORT TITLE. 1 This Act may be cited as the “Child Care and Development Block Grant Act of 2014”.

The program provides opportunities for staff and families to get to know one another.

Families receive information on their child’s progress on a regular basis, using a formal mechanism such as a report or parent conference.

Families are included in planning and decision making for the program.
1.1.1.2 - Ratios for Large Family Child Care Homes and Centers
1.3.1.1 - General Qualifications of Directors
1.3.2.2 - Qualifications of Lead Teachers and Teachers
1.4.3.1 - First Aid and CPR Training for Staff
1.4.5.2 - Child Abuse and Neglect Education
2.2.0.1 - Methods of Supervision of Children
3.2.1.4 - Diaper Changing Procedure
3.2.2.2 - Handwashing Procedure
3.4.3.1 - Emergency Procedures
3.4.4.1 - Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
3.6.3.1 - Medication Administration
5.2.7.6 - Storage and Disposal of Infectious and Toxic Wastes
6.2.3.1 - Prohibited Surfaces for Placing Climbing Equipment
7.2.0.2 - Unimmunized Children
9.2.4.5 - Emergency and Evacuation Drills/Exercises Policy
Development of Head Start Key Indicators

- Interest in streamlining the monitoring protocol – Tri-Annual Reviews.
- Selected a representative sample from the overall Head Start data base.
- The Head Start monitoring system is an excellent candidate for developing key indicators and differential monitoring system:
  - Highly developed data system to track provider compliance history.
  - Well written, comprehensive standards.
  - Monitoring Protocols in place for collecting data.
  - Risk assessment system in use.
  - Program quality (CLASS) data collected.
- Example of a national system using key indicators.
- Head Start has all the key elements present from the Differential Monitoring Model as presented earlier.
<table>
<thead>
<tr>
<th>CM</th>
<th>Phi</th>
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<th>CO</th>
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<tr>
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<td>.16**</td>
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<td>.36***</td>
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</tbody>
</table>

* P < .05
** p < .01
*** p < .001
# Head Start Key Indicators Sample Content

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td>CHS1.1</td>
<td>The program engages parents in obtaining from a health care professional a determination of whether each child is up to date on a schedule of primary and preventive health care (including dental) and assists parents in bringing their children up to date when necessary and keeping their children up to date as required.</td>
<td>1304.20(a)(1)(ii), 1304.20(a)(1)(ii)(A), 1304.20(a)(1)(ii)(B)</td>
</tr>
<tr>
<td>CHS1.2</td>
<td>The program ensures that each child with a known, observable, or suspected health, oral health, or developmental problem receives follow-up and further testing, examination, and treatment from a licensed or certified health care professional.</td>
<td>1304.20(a)(1)(iii), 1304.20(a)(1)(iv), 1304.20(c)(3)(ii)</td>
</tr>
<tr>
<td>CHS2.1</td>
<td>The program, in collaboration with each child’s parent, performs or obtains the required linguistically and age-appropriate screenings to identify concerns regarding children within 45 calendar days of entry into the program, obtains guidance on how to use the screening results, and uses multiple sources of information to make appropriate referrals.</td>
<td>1304.20(a)(2), 1304.20(b)(1), 1304.20(b)(2), 1304.20(b)(3)</td>
</tr>
<tr>
<td>CHS3.10</td>
<td>Maintenance, repair, safety of facility and equipment</td>
<td>1304.53(a)(7)</td>
</tr>
<tr>
<td>PG2.1</td>
<td>Members of the governing body and the Policy Council receive appropriate training and technical assistance to ensure that members understand information they receive and can provide effective oversight of, make appropriate decisions for, and participate in programs of the Head Start agency.</td>
<td>642(d)(3)</td>
</tr>
<tr>
<td>SYS2.1</td>
<td>The program established and regularly implements a process of ongoing monitoring of its operations and services, including delegate agencies, in order to ensure compliance with Federal regulations, adherence to its own program procedures, and progress towards the goals developed through its Self-Assessment process.</td>
<td>1304.51(i)(2), 641A(g)(3)</td>
</tr>
<tr>
<td>SYS3.4</td>
<td>Prior to employing an individual, the program obtains a Federal, State, or Tribal criminal record check covering all jurisdictions where the program provides Head Start services to children; Federal, State, or Tribal criminal record check as required by the law of the jurisdiction where the program provides Head Start services; Criminal record check as otherwise required by Federal law</td>
<td>648A(g)(3)(A), 648A(g)(3)(B), 648A(g)(3)(C)</td>
</tr>
</tbody>
</table>
HSKI-C Monitoring Protocol

- Administration for Children and Families
- U. S. Department of Health and Human Services
- Office of Head Start
- September 8, 2014
Conceptual Similarities Between Licensing & QRIS and Key Indicator Methodology

- 100% Compliance with child care health & safety rules = QRIS Block System. Cannot use Key Indicators.
- Substantial but not 100% Compliance with child care health & safety rules = QRIS Point. Can use Key Indicators.
- Both Licensing and QRIS use rules/standards to measure compliance. Licensing rules are more structural quality while QRIS standards have a balance between structural and process quality. Both rules and standards can be used within the Key Indicator methodology.
Other Examples of Key Indicators

- **CIS**
  - Item 5 – Excited about Teaching
  - Item 7 – Enjoys Children
  - Item 12 – Enthusiastic

- **FDCRS**
  - Item 4 – Indoor Space Arrangement
  - Items 14b, 15b, 16 – Language
  - Item 18 – Eye hand Coordination

- **ECERS**
  - Item 16 – Children Communicating
  - Item 31 – Discipline
These data are taken from a 2002 Program Quality Study (Fiene, et al) completed in Pennsylvania. The phi coefficient was 1.00. The first time this has occurred in generating key indicators. It was replicated in a 2006 QRIS – Keystone STARS Evaluation.

<table>
<thead>
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<th>Providers with a 5 or higher on Item 16</th>
<th>Programs with a 3 or less on Item 16</th>
<th>Row Total</th>
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<td>0</td>
<td>117</td>
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<tr>
<td><strong>Low Group – 3.00 or less</strong></td>
<td>0</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td><strong>Column Total</strong></td>
<td>117</td>
<td>35</td>
<td>152</td>
</tr>
</tbody>
</table>
Box Plot of ECERS Item 16
Box Plot of ECERS Item 39
Normal & Skewed Data
ECERS Total Scores

Mean = 4.24
Std. Dev. = .938
N = 209
State’s Family CC Home Licensing

Mean = 5.85
Std. Dev. = 5.707
N = 147

Frequency vs. GALSFCC

-10.00 to 40.00
ERS, QRIS, Licensing Comparisons

ERS, QRIS, Licensing Distributions

ERS, QRIS, LIC

ERS, QRIS, Licensing Distributions
When data are extremely skewed as is the case with licensing data, dichotomization of data is warranted.

Skewed licensing data has a strong possibility of introducing very mediocre programs into the high group which will make it difficult to always identify the best programs.

It is much easier to identify problem programs in a skewed data distribution.
Differential Monitoring Options

• **Reward good compliance:**
  • Abbreviated inspection – if no serious violations, for a period of time
  • Fewer full compliance reviews if compliance record is strong

• **Response to non-compliance:**
  • Additional monitoring visits
  • Technical assistance

• The number of core rule categories cited and the assigned risk level determines the annual compliance level. (Georgia)

• Determine how often particular rules are included in inspections. Rules that pose the most risk of harm to children if violated are reviewed during all inspections. (Virginia)

*National Center on Child Care Quality Improvement, Office of Child Care*
Provider Outcomes to Determine Differential Monitoring (DM)

- Fully licensed – substantial/full compliance.
- Potentially accredited (NAEYC/NECPA).
- Highest star rating.
- Cost effective and efficient delivery system.
- Little turnover of staff and director.
- Fully enrolled.
- Fund surplus.

The above results determine the number of times to visit & what to review and resources allocated.
Differential Monitoring (DM) Allocation: An Example

- **Absolute System – One size fits all.**
  - 25% of providers need additional assistance & resources.
  - Other 75% receive the same level of monitoring services without differential monitoring based upon past compliance history. No additional services available.

- **Relative System – Differential Monitoring.**
  - 25% of providers need additional assistance & resources.
  - 25% have a history of high compliance and are eligible for Key Indicator/Abbreviated Monitoring visit. Time saved here is reallocated to the 25% who need the additional assistance & resources.
  - 50% receive the same level of monitoring services because they are not eligible for Key Indicators nor are they considered problem providers.
Monitoring Tools

- 26 States use differential monitoring
  - Increased from 11 States in 2005
- Most States report using abbreviated compliance forms
- Nearly all States provide technical assistance during monitoring activities
  - 45 percent report assisting facilities to improve quality beyond licensing regulations

**National Center on Child Care Quality Improvement, Office of Child Care**
Program Monitoring Questions?

- Generalist versus Specialists Assessors.
- General (SS3) versus Special Standards (Licensing, QRIS, HSPS).
- How Key Indicators can be used?
  - KI = Generalists.
  - CI = Specialists.
- Based upon approach from previous slide, discussion should be generalist + specialist rather than generalist or specialist.
Differential Monitoring (DM) Example (Fiene, 2013e)

**Core Indicators**

**Screener** = CR + KI

- **Monitoring Visit**
- **Licensing Study**

**Compliance Decisions:**

**Core Indicators** = Core Rules + Key Indicators – this becomes a screening tool to determine if a program receives a LS or MV visit.

**Core Indicators (100%)** = the next visit is a Monitoring Visit. Every 3-4 years a full Licensing Study is conducted.

**Core Indicators (not 100%)** = The next visit is a Licensing Study where all rules are reviewed.

**Compliance** = 96%+ with all rules which indicates substantial to full compliance with all rules and 100% with Core Indicators. The next visit is a Monitoring Visit.

**Non-compliance** = less than 96% with all rules which indicates lower compliance with all rules. The next visit is a Licensing Study.
Professional Development (PD)

- All staff have CDA or degrees in ECE.
- Director has BA in ECE.
- All staff take 24 hours of in-service training/yr.
- Mentoring of staff occurs.
- Training/PD fund for all staff.
- Professional development/training/technical assistance (PD) linked to Differential Monitoring (DM) results.
Mentoring

Individualized, on-site support to help child care staff implement the knowledge and skills they are receiving in classroom instruction.

Benefits:

- Building relationships.
- Effecting long term change in best practices.
- Providing a support system.
### Relationship between Child Care Income and Quality Measures (Fiene, 2002b)

<table>
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<tr>
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<th>ITERS</th>
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<th>KIDI</th>
<th>BLOOM</th>
<th>DIR16</th>
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<td>.599**</td>
<td>.107</td>
<td>.368*</td>
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<td>37</td>
<td>34</td>
<td>25</td>
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</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).
Infant-Toddler Teacher Mentoring

The graph shows the results of pre-test and post-test scores for different teachers. The teachers are categorized as Iters, Arnett, Kidi, and Bloom. The bar chart represents their performance levels with green bars indicating pre-test scores and blue bars indicating post-test scores. Iters shows the highest improvement, while Kidi shows the least improvement among the teachers.
ITERS/HOME Post-Test Scores

- Workshops (6 hrs)
- Certificate + Mentoring (18+6 hrs)
- Mentoring Caregiver (70 hrs)
- Mentoring Director (50 hrs)
- Mentoring Parents (45 hrs)
- Mentoring Caregiver + Parent (135 hrs)
- Mentoring Caregiver + Parent + Director (225 hrs)
Child Outcomes (CO)

- **Health and safety:**
  - Immunizations (95%+).
  - Child well-being (90% of key indicators).

- **Developmental Outcomes:**
  - Social (90% meeting developmental benchmarks).
  - Emotional (90% meeting developmental benchmarks).
  - Cognitive (90% meeting developmental benchmarks).
  - Gross and fine motor (90% meeting developmental benchmarks).
## Correlation of Accreditation, Licensing, & Training with Child Outcomes

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</tbody>
</table>

* p < .05

Kontos & Fiene (1987).
PC = Caring for Our Children (AAP/APHA/NRC, 2012).
RA = Stepping Stones (NRC, 2013).
KI = 13 Indicators of Quality Child Care (Fiene, 2002a).
DM = International Child Care & Education Policy (Fiene, 2013a).
PD = Infant Caregiver Mentoring (Fiene, 2002b).
CO = Quality in Child Care: The Pennsylvania Study Kontos & Fiene, 1997).
Outstanding Issues

- Process versus Structural Quality Indicators
- Input/Processes versus Output/Outcomes
- Impact of Pre-K and QRIS on Licensing
Core Indicators – Final Thoughts

- Director Qualifications (PC, PQ)
- Family Engagement (PQ)
- Social-Emotional Learning/Competencies (ELS, PD)
Early Childhood Program Quality Indicator Model (ECPQIM) Evolution

- Nixon Veto of Comprehensive Child Development Bill 1971. (ECPQIM1)
- FIDCR Moratorium 1981. (ECPQIM1)
- Reagan Block Grant Formula 1983. (ECPQIM1)
- CCDBG enacted 1991. (ECPQIM2)
- Caring for Our Children (CFOC) 1st Edition 1993. (ECPQIM2)
- Stepping Stones 1st Edition 1995. (ECPQIM2)
- Child Care Development Fund (CCDF) enacted 2001. (ECPQIM3)
- Child Care Aware First Report Card 2007. (ECPQIM3)
- OPRE/ACF Validation Brief 2012. (ECPQIM4)
- Differential Monitoring Logic Model (DMLMA) 2012-13. (ECPQIM4)
- CCDBG Bill, CCDF Rule, CFOC-Basics, OCC Brief 2013-14. (ECPQIM4)
The following graphics represent the previous generations of ECPQIM 1-4 beginning in 1975 up to the present model (DMLMA, 2013).
EARLY CHILDHOOD PROGRAM QUALITY IMPROVEMENT

- policy
  - standards
    - regulations
    - licensing
    - self-assessment
    - accreditation

EARLY CHILDHOOD PROGRAM PERFORMANCE

- performance data
  - aggregate data analysis
  - individual site data analysis

* training,
* technical assistance,
* resources,
* linkages

copyright: Aronsen & Flene, 4/92.

**Inputs**
- Agency Rule Making Authority
- Regulations, Requirements, Codes, Funding Rules
- Monitoring System
  - Surveillance
  - Licensing
  - Registration
  - Certification
- CCR&R
  - Local CC Programs
  - CC Organizations
  - Consumers
  - Monitors

**Processes**
- Interagency Review
  - Comparison State Standards to National Guidelines Identifying Gaps & Weakness
- Compliance Study & State Profile Rule Change/Clarification
  - Guidance Material
  - Training & TA
  - Consumer Materials
- Weighted Indicator Checklist
- Field Survey
  - Focus Groups
  - Public Hearings

**Outcomes**
- Consistent Data Collection
  - Combined/Cost-Effective Use of Resources to Meet State Priorities
- Strength/Clarity of Rules Reduced
  - Duplication of Rules Consistency Across Agencies
- Monitoring Efficiency Program
  - Compliance Targeting Resources to Areas of Need
- Monitoring Effectiveness Training & Technical Assistance Program
  - Compliance
- Consensus-Building Increased State-Local Cooperation
CO + PO = (PD + PC + PQ)/PM

Where:
CO = Child Outcomes
PO = Provider Outcomes
PD = Professional Development
PC = Program Compliance/Licensing
PQ = Program Quality/QRIS
PM = Program Monitoring
DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2012): A 4th Generation ECPQIM – Early Childhood Program Quality Indicator Model

CI x PQ => RA + KI => DM + PD => CO

Definitions of Key Elements:

CI = Comprehensive Licensing Tool (Health and Safety) *(Caring for Our Children)*

PQ = *ECERS-R, FDCRS-R, CLASS, CDPES* (Caregiver/Child Interactions/Classroom Environment)

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

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

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

PD = Professional Development/Technical Assistance/Training

CO = Child Outcomes (See Next Slide for PD and CO Key Elements)
Early Childhood Program Quality Indicator Models (ECPQIM 1 – 4)

ECPQIM 1: 1975 – 1994. Qualitative to Quantitative; focus on reliability; data utilization; distinctions between program monitoring and evaluation; Key Indicators, Weighted Rules, & principles of licensing instrument design introduced. (Fiene, 1981; Fiene & Nixon, 1985).


Fiene (2013d). Kansas Child Care Key Indicators. Middletown: Pennsylvania, Research Institute for Key Indicators.


RELATED PUBLICATIONS AND REPORTS

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