



Montana Department of Public Health & Human Services
Child Care Licensing Key Indicator Report
August 12, 2016

Differential monitoring has been successfully applied for over 30 years¹. Initially used in child care licensing exclusively, the use of key indicator systems has since expanded to many other service types, including Head Start performance standards, national accreditation programs, child welfare licensing, and adult residential programs. The Key Indicator Methodology developed and refined by the National Association for Regulatory Administration (NARA) is time-tested and has consistently maximized regulators' performance without sacrificing the health and safety of persons in care.

Key indicator systems are targeted measurement tools used in differential monitoring, in which the scope and frequency of inspections is determined by licensees' historical regulatory compliance. These systems identify a subset of licensing regulations that statistically predict compliance with the entire set of regulations. Their use allows regulators to spend less time and fewer resources on high-performing licensees, and to devote more time and resources to low-performing licensees.

Using data from 2,885 inspections of licensed child care settings in Montana, NARA has identified the regulations that best predict the settings' overall regulatory compliance. This report presents the methodology used to identify the key indicators and lists the indicator regulations by type of setting.

Method

Inspection data from January 2013 through December 2015 was obtained from the Montana Department of Public Health & Human Services. NARA then analyzed the data to identify the number and type of regulatory violations found during full inspections¹ of Family Child Care Facilities, Group Child Care Facilities, and Child Day Care Centers.

Of the inspections that were provided by Montana, 1,012 met the criteria for inclusion in this analysis. Of these inspections,

- 307 inspections were conducted in Family Child Care Facilities;
- 348 inspections were conducted in Group Child Care Facilities; and
- 357 inspections were conducted in Child Day Care Centers.

Next, "high compliance" and "low compliance" inspections were identified within each set of regulations. Standard practice is to use the 20-25% of inspections with the fewest

¹ Full inspections are those where compliance with all regulations is measured. Not all inspections are full inspections. Partial inspections are conducted when it is not necessary or possible to measure compliance with all regulations; for example, if a regulator is conducting an inspection to investigate allegations of failure to obtain criminal background checks, s/he will likely limit the inspection to regulations relating to hiring practices and will not measure unrelated regulations (e.g. physical site requirements). Only data from full inspections may be used in key indicator development, as compliance and noncompliance are equally important to indicator identification.

violations as the high compliance group, and the 20-25% of inspections with the most violations as the low compliance group.

- 25.4% of Family Child Care Facility inspections found 10 or more violations. These were used as the low compliance group for this set of regulations. In addition to those inspections that had no violations (8.7%), all inspections that had two or fewer violations and a random sample of inspections where three or less violations were found were drawn to equal 25.4% and used as the high compliance group for this set of regulations.
- 25.9% of Group Child Care Facility inspections found 10 or more violations. These were used as the low compliance group for this set of regulations. In addition to those inspections that had no violations (6.0%), all inspections that had two or fewer violations and a random sample of inspections where three or less violations were found were drawn to equal 25.9% and used as the high compliance group for this set of regulations.
- 24.6% of Child Day Care Center inspections found three or more violations. These were used as the low compliance group for this set of regulations. As 41.7% of inspections found no violations, a random sample of all inspections where no violations were found was drawn to equal 24.6% and was used as the high compliance group for this set of regulations.

Following identification of the high and low compliance inspections, the relationship between each regulation and a state of high or low compliance was obtained. The strength of the relationship was determined by calculating the phi coefficient for each regulation for each type of setting. To do this, the data were sorted into the following matrix:

	Settings Compliant with Regulation	Settings Not Compliant with Regulation	Total
High Compliance Inspections	A	B	Y
Low Compliance Inspections	C	D	Z
Total	W	X	

- A = Number of cases where the inspection found compliance with the regulation during high compliance inspections
- B = Number of cases where the inspection found noncompliance with the regulation during high compliance inspections
- C = Number of cases where the inspection found compliance with the regulation during low compliance inspections
- D = Number of cases where the inspection found noncompliance with the regulation during low compliance inspections
- W = Number of cases where inspection found compliance
- X = Number of cases where inspection found noncompliance
- Y = Number of high compliance inspections
- Z = Number of low compliance inspections

Once the data were sorted into the matrix, the formula below was used to calculate each respective phi coefficient to determine if the standard is a key indicator.

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

All phi coefficients fall between -1.0 and +1.0. Any regulation with a phi coefficient between +.25 and +1.0 has a strong positive association and is a good indicator of overall compliance. The regulations within this range are identified as key indicators.

Regulations with phi coefficients between -.24 and +.24 are unpredictable/not reliable predictors of compliance and are not included as key indicators.

Regulations with phi coefficients between -1.0 and -.25 have a strong negative association and are poor predictors of compliance. These regulations are not included as key indicators.

Those regulations which have been identified as key indicators for Family Child Care Facilities, Group Child Care Facilities, and Child Day Care Centers are presented in Appendices A, B, and C, respectively.

Association versus Causality

It is important to remember that key indicators do not equate 100% compliance. Key indicators are associated with compliance – they “indicate” that overall compliance exists. This report has not studied why the identified regulations are associated with compliance, but we do not need to know the cause of the association to apply key indicators to the licensing process.

Notable Findings

In Montana’s data, the distribution of inspections for child day care centers were heavily skewed towards full compliance, meaning that more inspections occurred where no violations were found than would normally be expected. This sometimes occurs when there is weak inter-rater reliability between regulators; that is, when different regulators are measuring compliance with the same regulations in different ways, resulting in inconsistent inspection findings, which in turn can lead to misidentified indicators. To ensure the validity of the identified indicators NARA conducted additional tests of the selected inspection data. Although the validity of these key indicators was confirmed, NARA recommends that Montana take steps to review and/or strengthen regulators’ inter-rater reliability.

Additionally, some inconsistencies between the regulations, the compliance record used to record inspection findings, and the inspection data were found. Each section of each set of regulations is broken into subsections, which in turn are broken into paragraphs, subparagraphs, etc. Key indicator development involves analyzing the relationship between each part of a regulation and an overall state of compliance or noncompliance.

For example, Rule 37.95.181(4) in its entirety reads

(4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:

- (a) A medication record which includes:
 - (i) the written authorization of the parents for the care-giver to administer medication;
 - (ii) the prescription by a health care provider if required; and
 - (iii) a medication administration log.
- (b) A written medication administration policy which includes at a minimum:
 - (i) types of medication which may be administered; and
 - (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered; and
- (c) A health care and medication plan for children who may have special health care needs or those requiring medication for chronic health conditions which has been approved by a health care provider licensed in Montana.

Key indicator analysis determined that of all the requirements specified by 37.95.181(4), only subrule (4)(b) was a key indicator of overall compliance. This example highlights the importance of how data is collected so that it may be properly analyzed to identify key indicators with specificity.

In light of the above, NARA notes that in ten cases, key indicator regulations are separated in the text of the rules but are collapsed within inspection data. As a result, NARA is unable to determine which specific elements of these regulations are the indicators and compliance with the rule in its entirety must be measured. These regulations are marked with an *asterisk in the appendices. NARA recommends that Montana compare its regulatory requirements, compliance record instruments, and electronic data storage methods to ensure that information is captured in the most detailed and consistent manner possible.

Appendix A: Key Indicators for Family Child Care Facilities

Regulation	Phi Coefficient
<p>37.95.115(1)* (1) The following written information shall be made available to all parents: (a) a typical daily schedule of activities; (b) admission requirements, enrollment procedures, hours of operation; (c) frequency and type of meals and snacks served; (d) fees and payment plan; (e) regulations concerning sick children; (f) transportation and trip arrangements; (g) discipline policies; and (h) department day care licensing requirements.</p>	0.65
<p>37.95.141(2) (2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.</p>	0.63
<p>37.95.128(1)a-d* (1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by: (a) a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) a naturopathic physician licensed under Title 37, chapter 26, MCA.</p>	0.61
<p>37.95.708(3) (3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Poison Control Center (1 (800) 222-1222) must be posted by each telephone.</p>	0.60
<p>37.95.183(2)a-g* (2) A first aid kit must be kept on site at all times and must at a minimum contain: (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician) ; (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves.</p>	0.54

Regulation	Phi Coefficient
<p>37.95.140(1)-(4)* (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9) : [chart] (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry. (3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination. (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]</p>	0.54
<p>37.95.706(2) (2) A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.</p>	0.53
<p>37.95.121(3) (3) Any pet or animal, present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.</p>	0.45
<p>37.95.141(5)a-d* (5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file: (a) written information on each child explaining any special needs of the child, including allergies; (b) a release or authorization of persons allowed to pick up the child; (c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records, and the names of emergency contact persons; (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities.</p>	0.43
<p>37.95.121(6) (6) Any outdoor play area must be maintained free from hazards such as wells, machinery, and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least four feet high without any holes or spaces greater than four inches in diameter or natural barriers to restrict children from these areas.</p>	0.42
<p>37.95.121(1) (1) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.</p>	0.41
<p>37.95.708(1) (1) Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.</p>	0.41

Regulation	Phi Coefficient
37.95.705(10) (10) Protective receptacle covers must be installed on electrical outlets in all areas occupied by children under five years of age.	0.40
37.95.183(1)* (1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to: (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.	0.39
37.95.1003(1) (1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.	0.38
37.95.141(1) (1) The facility shall keep a daily attendance record of the children for whom care is provided.	0.35
37.95.706(3) (3) All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep.	0.33
37.95.1001(3) (3) Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.	0.33
37.95.1005(11) (11) Providers must develop a written policy that describes the practices to be used to promote a safe sleep environment when children under age two are napping or sleeping.	0.33
37.95.182(3)* (3) All medications, refrigerated or unrefrigerated, shall: (a) have child-protective caps; (b) be kept in an orderly fashion; (c) be stored away from food at the proper temperatures; and (d) kept in a location inaccessible to children or kept in a locked box.	0.31
37.95.115(2) (2) Day care facility shall post a copy of the facility registration or license and the phone number of state and local quality assurance division offices in a conspicuous place. Parents should be encouraged to contact the division if they have questions regarding the license or the day care regulations.	0.31
37.95.141(6) (6) The information supplied in (5) (a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.	0.29
37.95.181(4)b (4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site: (b) A written medication administration policy which includes at a minimum: (i) types of medication which may be administered; and (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered.	0.28

Regulation	Phi Coefficient
37.95.183(4) (4) A portable first aid kit containing at least the items listed in (2) must accompany staff and children on trips away from the facility.	0.28
37.95.1001(8) (8) Diapering and toileting areas shall contain a wash basin that is separate from that used for food preparation.	0.25
37.95.708(5) (5) When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.	0.25

Appendix B: Key Indicators for Group Child Care Facilities

Regulation	Phi Coefficient
<p>37.95.128(1)a-d*</p> <p>(1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:</p> <ul style="list-style-type: none"> (a) a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) a naturopathic physician licensed under Title 37, chapter 26, MCA. 	0.63
<p>37.95.140(1)-(4)*</p> <p>(1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9) : [chart]</p> <p>(2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry.</p> <p>(3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination.</p> <p>(4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]</p>	0.61
<p>37.95.115(1)*</p> <p>(1) The following written information shall be made available to all parents:</p> <ul style="list-style-type: none"> (a) a typical daily schedule of activities; (b) admission requirements, enrollment procedures, hours of operation; (c) frequency and type of meals and snacks served; (d) fees and payment plan; (e) regulations concerning sick children; (f) transportation and trip arrangements; (g) discipline policies; and (h) department day care licensing requirements. 	0.59
<p>37.95.141(2)</p> <p>(2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.</p>	0.58

Regulation	Phi Coefficient
<p>37.95.183(2)a-g*</p> <p>(2) A first aid kit must be kept on site at all times and must at a minimum contain:</p> <ul style="list-style-type: none"> (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician) ; (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves. 	0.51
<p>37.95.708(3)</p> <p>(3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Poison Control Center (1 (800) 222-1222) must be posted by each telephone.</p>	0.51
<p>37.95.183(1)*</p> <p>(1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:</p> <ul style="list-style-type: none"> (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured. 	0.49
<p>37.95.1005(12)</p> <p>(12) All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).</p>	0.47
<p>37.95.706(2)</p> <p>(2) A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.</p>	0.46
<p>37.95.1003(1)</p> <p>(1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.</p>	0.45
<p>37.95.1005(11)</p> <p>(11) Providers must develop a written policy that describes the practices to be used to promote a safe sleep environment when children under age two are napping or sleeping.</p>	0.42
<p>37.95.706(3)</p> <p>(3) All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep.</p>	0.41
<p>37.95.139(1)</p> <p>(1) The parents of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.</p>	0.41

Regulation	Phi Coefficient
<p>37.95.141(5)a-d*</p> <p>(5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file:</p> <ul style="list-style-type: none"> (a) written information on each child explaining any special needs of the child, including allergies; (b) a release or authorization of persons allowed to pick up the child; (c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records, and the names of emergency contact persons; (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities. 	0.37
<p>37.95.141(6)</p> <p>(6) The information supplied in (5) (a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.</p>	0.36
<p>37.95.121(1)</p> <p>(1) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.</p>	0.33
<p>37.95.160(1)a-d*</p> <p>(1) The provider shall maintain records regarding each care-giver which include:</p> <ul style="list-style-type: none"> (a) a record of training and verifiable experience; (b) results of a criminal and protective services background check; (c) personal statement of health and verification of CPR and first aid; and (d) immunization records that establish compliance with ARM 37.95.140. 	0.32
<p>37.95.705(10)</p> <p>(10) Protective receptacle covers must be installed on electrical outlets in all areas occupied by children under five years of age.</p>	0.32
<p>37.95.121(6)</p> <p>(6) Any outdoor play area must be maintained free from hazards such as wells, machinery, and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least four feet high without any holes or spaces greater than four inches in diameter or natural barriers to restrict children from these areas.</p>	0.32
<p>37.95.121(3)</p> <p>(3) Any pet or animal, present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.</p>	0.31
<p>37.95.141(1)</p> <p>(1) The facility shall keep a daily attendance record of the children for whom care is provided.</p>	0.31
<p>37.95.115(2)</p> <p>(2) Day care facility shall post a copy of the facility registration or license and the phone number of state and local quality assurance division offices in a conspicuous place. Parents should be encouraged to contact the division if they have questions regarding the license or the day care regulations.</p>	0.30

Regulation	Phi Coefficient
<p>37.95.181(4)b (4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site: (b) A written medication administration policy which includes at a minimum: (i) types of medication which may be administered; and (ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered.</p>	0.30
<p>37.95.140(5) (5) Documentation of immunization status for purposes of this rule consists of a completed Montana certificate of immunization form (HPS-101) , including the date of birth, the name of each vaccine provided, and the month, day and year of each vaccination.</p>	0.29
<p>37.95.121(5) (5) The indoor and outdoor play areas must be clean, reasonably neat, and free from accumulation of dirt, rubbish, or other health hazards.</p>	0.28
<p>37.95.708(1) (1) Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.</p>	0.28
<p>37.95.705(5) (5) All rooms used for napping by children must have at least two means of escape, at least one of which shall be a door or a stairway providing a means of unobstructed travel to the outside of the building at street or ground level to the public way. The second means of escape may be a window which meets the egress requirements of (2) .</p>	0.27
<p>37.95.705(9) (9) Every bathroom door must be designed to permit the opening of the locked door from the outside in an emergency and the opening device must be readily accessible to the provider.</p>	0.27
<p>37.95.141(5)d (5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file: (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities.</p>	0.26
<p>37.95.1001(3) (3) Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.</p>	0.25

Appendix C: Key Indicators for Child Day Care Centers

Regulation	Phi Coefficient
<p>37.95.141(5)a-d*</p> <p>(5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file:</p> <ul style="list-style-type: none"> (a) written information on each child explaining any special needs of the child, including allergies; (b) a release or authorization of persons allowed to pick up the child; (c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records, and the names of emergency contact persons; (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities. 	0.54
<p>37.95.128(1)a-d*</p> <p>(1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:</p> <ul style="list-style-type: none"> (a) a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) a naturopathic physician licensed under Title 37, chapter 26, MCA. 	0.47
<p>37.95.139(1)</p> <p>(1) The parents of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.</p>	0.40
<p>37.95.115(1)*</p> <p>(1) The following written information shall be made available to all parents:</p> <ul style="list-style-type: none"> (a) a typical daily schedule of activities; (b) admission requirements, enrollment procedures, hours of operation; (c) frequency and type of meals and snacks served; (d) fees and payment plan; (e) regulations concerning sick children; (f) transportation and trip arrangements; (g) discipline policies; and (h) department day care licensing requirements. 	0.38
<p>37.95.141(2)</p> <p>(2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.</p>	0.38
<p>37.95.1005(12)</p> <p>(12) All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).</p>	0.37
<p>37.95.1003(1)</p> <p>(1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.</p>	0.33
<p>37.95.141(6)</p> <p>(6) The information supplied in (5) (a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.</p>	0.32

Regulation	Phi Coefficient
<p>37.95.613(6) (6) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Montana Poison Control Center (1 (800) 222-1222) must be posted by each telephone.</p>	0.32
<p>37.95.140(1)-(4)* (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9) : [chart] (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry. (3) DT vaccine administered to a child less than seven years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 37.114.715 that exempts the child from pertussis vaccination. (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough) , tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9). [chart]</p>	0.29
<p>37.95.183(2)a-g* (2) A first aid kit must be kept on site at all times and must at a minimum contain: (a) unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician) ; (b) sterile, absorbent bandages; (c) a cold pack; (d) tape and a variety of band-aids; (e) tweezers and scissors; (f) the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222; (g) disposable single use gloves.</p>	0.29
<p>37.95.155(1) (1) The provider shall maintain all policies, records, and reports that are required by the department. These policies must be reviewed and updated annually by the facility.</p>	0.28
<p>37.95.183(1)* (1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to: (a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and (b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.</p>	0.28
<p>37.95.623(1)a-d* (1) The child-to-staff ratio for a day care center is: (a) 4:1 for children zero months through 23 months; (b) 8:1 for children two years through three years; (c) 10:1 for children four years through five years; and (d) 14:1 for six years and over.</p>	0.28

Regulation	Phi Coefficient
<p>37.95.622(6)a-c*</p> <p>(6) An aide must be directly supervised by a primary care-giver and shall be at least 16 years of age and must:</p> <ul style="list-style-type: none"> (a) have sufficient language skills to communicate with children and adults; and (b) have at least one day of on-the-job orientation; and (c) successfully complete a minimum of at least eight hours of verified education or training annually as required in ARM 37.95.162. 	0.26

ⁱ Key Indicator Methodology, Weighting/Risk Assessment Methodology, and Inferential Inspections/Differential/Target Monitoring are the property of the Research Institute for Key Indicators (RIKI) and/or the National Association for Regulatory Administration (NARA) and may not be used without their consent.