

THE THEORY OF REGULATORY COMPLIANCE AND FOCUSED MONITORING IN WASHINGTON STATE

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Regulatory Compliance Monitoring Paradigms Introduction

- This presentation provides some key elements to the two dominating paradigms (Relative versus Absolute) for regulatory compliance monitoring based upon the Theory of Regulatory Compliance. See the next slide for the key elements summarized for the Monitoring Paradigms. These key elements are all inter-related and at times are not mutually exclusive.
- This presentation also provides a specific research study in the State of Washington that clearly demonstrates the use of the Theory of Regulatory Compliance as conducted by one of the authors. It is an innovative approach to operationalizing the theory in practice.

Regulatory Compliance Monitoring Paradigms

- **Relative** <-----> **Absolute**
- *Substantial* <-----> *Monolithic*
- *Differential Monitoring* <-----> *One size fits all monitoring*
- *Not all standards are created equal* <-----> *All standards are created equal*
- *Do things well* <-----> *Do no harm*
- *Strength based* <-----> *Deficit based*
- *Formative* <-----> *Summative*
- *Program Quality* <-----> *Program Compliance*
- *100-0 scoring* <-----> *100 or 0 scoring*
- *QRIS* <-----> *Licensing*
- *Non Linear* <-----> *Linear*

Regulatory Compliance Monitoring Paradigms Organizational Key Element

- ***Relative versus Absolute Regulatory Compliance Paradigm:*** this is an important key element in how standards/rules/regulations are viewed when it comes to compliance. For example, in an absolute approach to regulatory compliance either a standard/rule/regulation is in full compliance or not in full compliance. There is no middle ground. It is black or white, no shades of gray. It is 100% or zero. In defining and viewing these two paradigms, this dichotomy is the organizational key element for this presentation.

Moving the Paradigm Needle Using Research

“A Mixed Method Program Evaluation of Annual Inspections Conducted in Childcare Programs in Washington State”

Dr. Sonya Stevens
Licensing Analyst
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Using Research to Inform Decisions

Step 1: What is the problem?

Step 2: What does the literature say?

Step 3: What is the Purpose?

Step 4: What are the methods?

Step 5: What are the results?

Step 6: What is next?

What was the Problem?

Like many other states Washington developed a monitoring model founded on proven methodology but did not test it for reliability and validity

Rater-drift:

Checklist are always the same

Compliance blindness:

Ignores individual needs of the provider

Inter-rater reliability:

Licensor inconsistency

Risk-assessment:

Regulations are all treated equally

The Problem

The problem was that the reliability of the monitoring tools and the social validity of the monitoring process used to assess annual compliance of licensed childcare centers has not been determined.

Literature Review

- Licensing analysts report (Washington State, 2014)
- Subjective-objective dichotomy (Amirkhanyan, Kim & Lambright, 2013)
- Consistency and objectivity = effectiveness of monitoring (Alkon, Rose, Wolff, Kotch & Aronson, 2015).
- Inconsistent use = distrust of the licensing system (Kayira, 2016)

The Purpose

“The purpose of this mixed method evaluation study was to determine the reliability of the focused monitoring tool and social validity of the focused monitoring processes used to monitor the foundational health and safety of childcare programs in Washington State.”

Research Questions

RQ1. How do stakeholders describe the value, usefulness, and effects of state administrated focused monitoring?

RQ2. What is the interrater reliability of the focused monitoring observation tool used to assess the foundational health and safety concerns that must be met by state licensed early childhood programs?

Methodology

Research Design

- Context, Input, Process, Product (CIPP) Evaluation (Stufflebeam & Shinkfield, 2007)
 - Delineated needed information
 - Obtained the information
 - Synthesized the information to make programmatic decisions

Data Collection

- Historical DEL analysis and documents
- 7 Licensors
- 5 Provider sites
- 6 Providers
- Consent was collected for each participant

Instrument

- DEL internal databases
- Ad Hoc meeting field notes
- Licensing field notes/FLCA
- Focused monitoring checklist
- Interviews

Data Analysis

- NVivo™ coding/Descriptive analyses
- Simple agreement calculation

Demographics

(Small samples can be effective!)

6 Providers statewide (n=6)

Eastern(16.5%)

Northwest (16.5%)

Southwest (67%)

South King County (0%)

7 Licensors statewide (n=7)

Eastern(29%)

Northwest (43%),

Southwest (14%),

South King County (14%)

13
participants

Mean experience = 12.25 years

Minimum years = 1 year

Maximum years = 25 years

Mean experience = 5.07 years

Minimum years = 1.5 years

Maximum years = 17 years

Data Analysis Results: Context

- Compliance (CO) = 20
- Differential monitoring (DM) = 17
- Current checklist challenges (CCC) = 15

Code List	Field Notes References	Historical Data References	Literature References	Total
CO	2	3	15	20
DM	1	3	13	17
CCC	15	0	0	15
FM	1	6	5	12
RN	8	3	1	12
CU	3	5	0	8
QI	0	0	7	7
SH	1	2	3	6
NC	2	2	2	6
SS	3	0	2	5
WR	0	0	2	2

Data Analysis Results: Input

- **Challenges Checklist Development (CCD) = 18**
 - Redundancy
 - Not enough detail/clarity
 - Abbreviated checklist is always the same
 - Inconsistent use/Excessive add-a-WAC
 - Rule on the checklist may not apply
- **Current development challenges (CDC) = 8**
 - Checklist with rotating random items
 - Reduce redundant items/eliminate unneeded items
 - Provide resources specific to each provider
 - Include weights (risk assessment)

Data Analysis Results: Process

- **Informed program needs (IPN) and effect quality (EQ) = 74**

The focused checklist did/would:

- Identify historical patterns
- Increase in time and focus
- Reduce workload

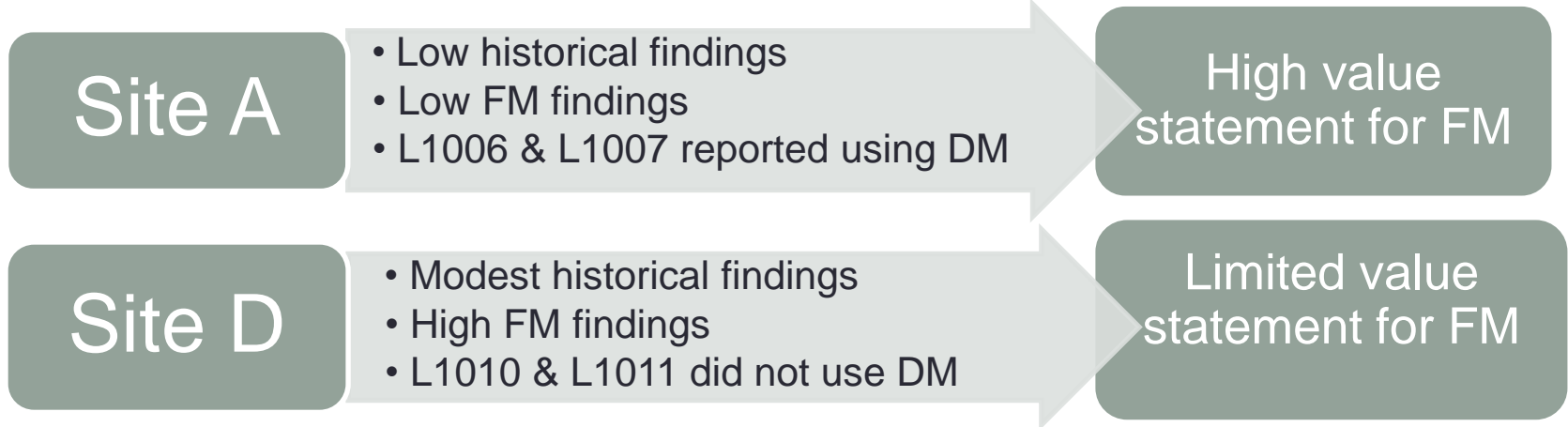
- **Not informing program needs (NIPN) and not affecting quality (NEQ) = 13.**

The focused checklist did not/would not:

- Resolve repeat violations (potential for getting stuck in one area)
- Be easy for new licensors
- Identify all areas of non-compliance
 - ❖ Did not use differential monitoring

Data Analysis Results: Process

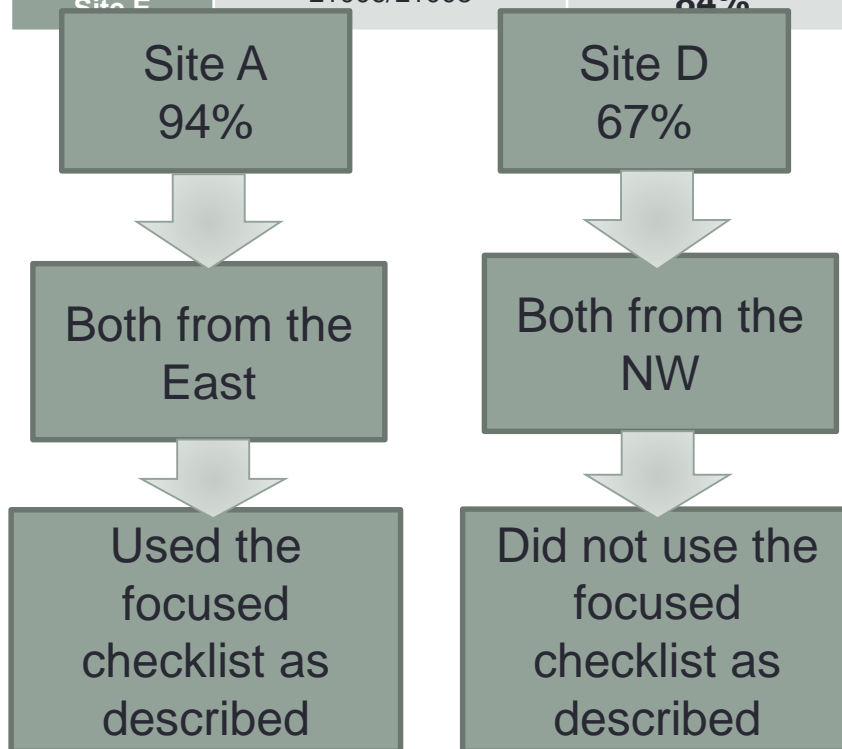
Provider Site	Licensors ID #	Provider Participant #	# of Historical Non-Compliant Items	# of Study Non-Compliant Items
A	L1006/L1007	P1001	1	2
B	L1009/L1012	P1002/P1022	5	22
C	L1006/L1008	P1003	0	14
D	L1010/L1011	P1004	13	41
E	L1006/L1008	P1005	12	7



Data Analysis: Inter-Rater Reliability

Participation ID (location)	Site A (E)	Site B (SW)	Site C (SW)	Site D (NW)	Site E (SW)
P1001 (E)	X				
P1002 (SW)		X			
P1022 (SW)		X			
P1003 (SW)			X		
P1004 (NW)					X
P1005 (SW)				X	
L1006 (E)	X		X		X
L1007 (E)	X				
L1008 (SW)			X		X
L1009 (SK)		X			
L1010 (NW)				X	
L1011 (NW)				X	
L1012 (NW)		X			

Site #	Licensors Participation #	Inter-Rater Reliability
Site A	L1006/L1007	94%
Site B	L1009/L1012	79%
Site C	L1006/L1008	70%
Site D	L1010/L1011	67%
Site E	L1006/L1008	84%



Data Analysis Results: Product

Substantial value and increased
usefulness in the focused monitoring
tool!

Results/Implications

RQ1. There is connection between the beliefs a checklist is helpful for program improvement and the usability of the checklist system

- Redundancy
- Relevancy
- Consistency

RQ2. Performance of onsite inspections varied in reliability and objectivity

- Regional/Office
- Training



The accurate use of the checklist resulted in higher levels of social buy-in of the focused monitoring tool to inform program needs and quality improvement.

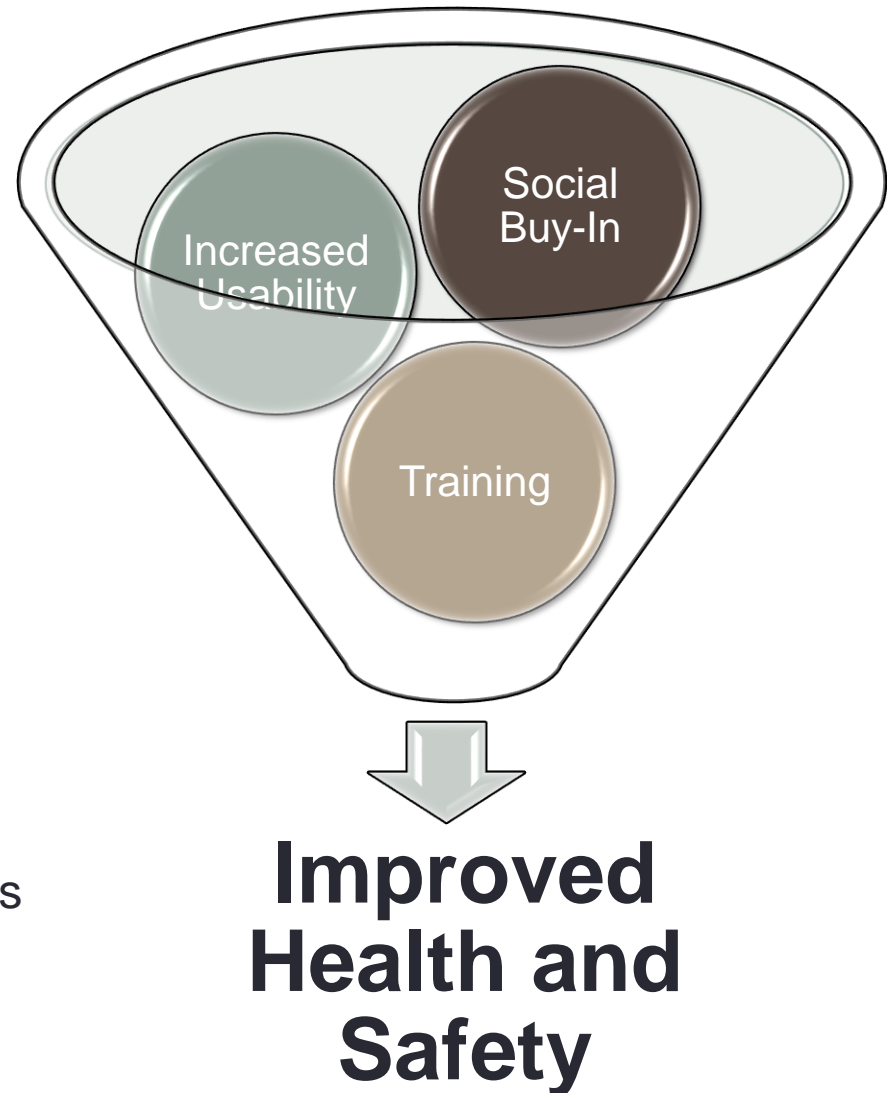


We know:

1. There must be **user consistency** for a tool to be reliable
2. There must be reliability for there to be **trust and value** placed in the outcomes
3. A tool must be usable to be **effective**

We learned:

1. The focused monitoring system is socially valid with mixed levels of reliability
2. Social buy in of the tool directly effects how it's used
3. Training and supervision are key to reliability



What are We Doing Now?

Focused Checklist

- ✓ Each checklist will begin with a baseline of regulations that must be inspected at every monitoring visit based
 - Key indicators
 - High Risk
 - Historical needs
 - Remaining regulations rotated based on weight values
- ✓ Section expand when a key indicator or heavy weight regulation is non-compliant

No Longer on the Checklist

- Regulations that do not impose a duty on the provider
- Regulations that do not apply to the provider
- Regulations that are not on the rotation and the section does not expand (licensors may still provide **Technical Assistance**)

8	7	6	5	4	3	2	1
Always on Baseline		2 Years	3 Years		4 years		

A provider's **strengths are rewarded** with lower oversight in those areas and **support is focused** where providers need it the most!



The Focused Monitoring System: Not so Absolute!

- Focused visits allow more time and resources with problem programs and less time and resources with exception programs.
- Focus is both on doing no harm and doing things well.
- There is an emphasis on constant quality improvement by providing technical assistance on non-critical regulations without the punitive actions.
- When looking at regulations it is clear that certain ones have more of an Impact on outcomes than others.
- Programs are monitored with the inclusion of past compliance history.

Did we find the sweet spot? Only time and research will tell!

Next steps

1. Build and test the checklist in the management system
2. Create and implement extensive training curriculum for providers and licensors
3. Develop and implement a system for inter-rater reliability checks
4. Implementation August 2020

Take A-Ways

- Research should be used to inform decisions
- Research doesn't need to be expensive or complicated
- Research should be accessible

Thank you for your attention.
Are there any questions?