Achieving Quality Child Care

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 Regulation by contract in which performance service contracts: standards are imposed as a contractual obligation. (PQ–QRIS)
- Accreditation: The formal recognition that an agency or organization has complied 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)

Comparing HSPS Violations with CLASS Scores (Fiene, 2013a)

<table>
<thead>
<tr>
<th>PC (%)</th>
<th>CLASS IS</th>
<th>CLASS ES</th>
<th>CLASS CO</th>
<th>Significance</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
PC & PQ Comparison of CC and PK (Fiene, 2013e)

<table>
<thead>
<tr>
<th>PC = Child Care Licensing</th>
<th>PQ = PK Program Licensing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing / ECERS-R</td>
<td>Licensing / ECERS-R</td>
</tr>
<tr>
<td>100 / 4.44 Full Compliance</td>
<td>100 / 4.68 Full Compliance</td>
</tr>
<tr>
<td>99 / 4.35</td>
<td>99 / 4.12</td>
</tr>
<tr>
<td>98 / 3.99</td>
<td>98 / 3.38 Substantial Compliance</td>
</tr>
<tr>
<td>97 / 3.16</td>
<td>97 / 3.15</td>
</tr>
<tr>
<td>96 / 3.16</td>
<td>96 / 3.26</td>
</tr>
<tr>
<td>95 / 3.53</td>
<td>95 / 4.40</td>
</tr>
<tr>
<td>90 / 2.56 Medium Compliance</td>
<td>90 / 3.33 Medium Compliance</td>
</tr>
<tr>
<td>80 / 2.38 Low Compliance</td>
<td>80 / 2.56 Low Compliance</td>
</tr>
</tbody>
</table>

Impact of PK on ECERS

ECERS Child Care & Licensing Scores

ECERS PRE-K Distribution

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.
All Licensing Rules – Full Compliance Reviews

Differential Monitoring
- How Often to Visit?
- What to Review?

Frequency

Abbreviated Tool

More Often
- Substantial Compliance – Full License
- PC + PQ = Linear.
- Selected key rules are reviewed all the time.

Abbreviated Visit

PC = % Rule Compliance
**Differential Monitoring Scoring Protocol (DMSP)**

<table>
<thead>
<tr>
<th>Score</th>
<th>System 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>
</tbody>
</table>

### Point Assignment
- **Score 0**: No systems in place.
- **Score 2**: KI or RA in place and not linked.
- **Score 4**: (KI & RA in place but not linked) or (PC + PQ are linked).
- **Score 6**: (KI & RA in place) & (KI + RA are linked).
- **Score 8**: (KI & RA in place but not linked) & ((PC + PQ) are linked).
- **Score 10**: All systems in place and linked.

### Program Monitoring Effectiveness/Efficiency Relationship

![Program Monitoring Effectiveness/Efficiency Relationship Diagram]

- **Effectiveness** (blue)/**Efficiency** (gold) graph
- **Effectiveness (blue)** vs. **Efficiency (gold)**
- **How Much in Resources**
- **Effectiveness (blue)** vs. **Efficiency (gold)**

### Validation Approaches (Zellman & Fiene, 2012)

- **First Approach (Standards)**: CI x RA + KI x DM
- **Second Approach (Measures)**: CI x RA + KI x DM
- **Third Approach (Outputs)**: PQ x CI
- **Fourth Approach (Outcomes)**: CO = PD + PQ + CI + RA + KI

---

When Key Indicators and Risk Assessments Can Be Used:

- **Key Indicators**
- **Risk Assessment**

### Monitoring of Health and Safety Regulations, Standards, and Guidelines in Early Care and Education

- **Validation Approaches**
- **Key Indicators**
- **Risk Assessment**
- **Program Monitoring**

---

The Licensing Law: All Rules that are promulgated based upon the Law

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

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

Key Indicators are ok to use.

Risk Assessment cannot be used.

Key Indicators are ok to use.

Risk Assessment ok to use.

When Key Indicators and Risk Assessments Can Be Used

- **Caring for Our Children**
- **Stepping Stones**
- **Caring for Our Children: Basics**

### Relationship of Health and Safety Rules/Regulations, Standards, and Guidelines in Early Care and Education

- **First Approach (Standards)**: CI x RA + KI x DM
- **Second Approach (Measures)**: CI x RA + KI x DM
- **Third Approach (Outputs)**: PQ x CI
- **Fourth Approach (Outcomes)**: CO = PD + PQ + CI + RA + KI

### Validation Approaches (Zellman & Fiene, 2012)

- **First Approach (Standards)**: CI x RA + KI x DM
- **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

<table>
<thead>
<tr>
<th>CI x KI</th>
<th>RA x CI</th>
<th>RA x DM</th>
<th>RA x KI</th>
<th>DM x KI</th>
<th>DM x PD</th>
<th>PQ x CI</th>
<th>PQ x CO</th>
<th>RA x CO</th>
<th>KI x CO</th>
<th>CI x CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>.70</td>
<td></td>
<td></td>
<td>.50</td>
<td></td>
<td></td>
<td>.30</td>
<td></td>
<td></td>
<td></td>
<td></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>CCC Actual (Expected*)</th>
<th>FCC Actual (Expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI x KI</td>
<td>RA x CI</td>
</tr>
<tr>
<td>PQ x CI</td>
<td>RA x CO</td>
</tr>
<tr>
<td>KI x CO</td>
<td>CI x CO</td>
</tr>
<tr>
<td>DM x KI</td>
<td>DM x PD</td>
</tr>
<tr>
<td>PD x CO</td>
<td>PQ x CI</td>
</tr>
<tr>
<td>RA x CO</td>
<td>KI x CO</td>
</tr>
<tr>
<td>DM x KI</td>
<td>PD x CO</td>
</tr>
</tbody>
</table>

Validation of Key Indicator Systems

<table>
<thead>
<tr>
<th>Providers who pass the Key Indicator review</th>
<th>Providers who pass the Comprehensive review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who pass the Key Indicator review</td>
<td>Providers who pass the Comprehensive review</td>
</tr>
<tr>
<td>Providers who pass both review</td>
<td>Providers who pass neither review</td>
</tr>
<tr>
<td>Providers who fail the Key Indicator review</td>
<td>Providers who fail the Comprehensive review</td>
</tr>
<tr>
<td>Providers who fail both review</td>
<td>Providers who fail neither review</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>Providers who pass the Key Indicator review</th>
<th>Providers who pass the Comprehensive review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who pass both review</td>
<td>Providers who pass neither review</td>
</tr>
<tr>
<td>Providers who fail the Key Indicator review</td>
<td>Providers who fail the Comprehensive review</td>
</tr>
<tr>
<td>Providers who fail both review</td>
<td>Providers who fail neither review</td>
</tr>
</tbody>
</table>

Formula for Agreement Ratio

To determine the agreement ratio, we use the following formula:

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

Where,
- \( A \) = Agreements: the number of agreements in which the provider passed both the Key Indicator review and also passed the Comprehensive review.
- \( D \) = Disagreements: the number of disagreements in which the provider passed the Key Indicator review but failed the Comprehensive review.

False Positives (FP) = \( \frac{X}{W + Z} \).

False Negatives (FN) = \( \frac{Y}{X + Y} \).

<table>
<thead>
<tr>
<th>Agreement Ratio</th>
<th>False Positive Range</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>.45 to .55</td>
<td>.14 or more</td>
<td>Not Validated</td>
</tr>
<tr>
<td>.56 to .64</td>
<td>.10 to .06</td>
<td>BorderLine</td>
</tr>
<tr>
<td>.65 to .74</td>
<td>.05 or less</td>
<td>Validated</td>
</tr>
</tbody>
</table>

Thresholds for Validating Key Indicators for Licensing Rules

- The False Positive (FP) ratio is .12 and the False Negative (FN) ratio is .02. Given we have all the ratios in place to compute Figure 3, we can determine if the Key Indicator System is validated. The FP ratio is not within the range for Figure 3 (A) of the agreement ratio.
**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, NCEPA, Head Start Performance Standards, Environmental Rating Scales, CLASS, etc.
- Risk Assessment (RA) generally represented by a state’s critical rules in which children are at risk of morbidity or mortality, or at the national level by Stepping Stones.

**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)**

**International Study of Child Care Rules (Fiene, 2013c)**

**International Study Benchmarks**

**Differential Monitoring Benefits**
- Systematic way of tying distinct state systems together into a cost effective & efficient unified valid & reliable logical model and algorithm.
- Empirical way of realizing 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.

**Differential Monitoring Model**

**Program Compliance/Licensing (CI)/(PC)**
- 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 NACCRRA’s We CAN Do Better Report.
- No complaints registered with program.
- Substantial to full compliance with all rules.

**Head Start: Content Area Correlations (Fiene, 2013c)**

<table>
<thead>
<tr>
<th>CHS</th>
<th>ERSEA</th>
<th>FCE</th>
<th>FIS</th>
<th>GOV</th>
<th>DIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>.33**</td>
<td>.26**</td>
<td>.01ns</td>
<td>.13*</td>
<td>.33**</td>
<td></td>
</tr>
<tr>
<td>CHS</td>
<td>.29**</td>
<td>.18**</td>
<td>.09ns</td>
<td>.25**</td>
<td>.51**</td>
</tr>
<tr>
<td>ERSEA</td>
<td>.15**</td>
<td>.10**</td>
<td>.27**</td>
<td>.28**</td>
<td></td>
</tr>
<tr>
<td>FCE</td>
<td>.01ns</td>
<td>.17**</td>
<td>.23**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIS</td>
<td></td>
<td>.13*</td>
<td>.23**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOV</td>
<td></td>
<td></td>
<td>.28**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Differential Monitoring Model (cont)**

**Differential Monitoring Benefits**

**International Study of Child Care Rules (Fiene, 2013c)**

**International Study Benchmarks**
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))

<table>
<thead>
<tr>
<th>Year</th>
<th>STARS 1&amp;2</th>
<th>STARS 3&amp;4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>Not in STARS</td>
<td>Not in STARS</td>
</tr>
<tr>
<td>1984</td>
<td>Start w/STARS</td>
<td>Start w/STARS</td>
</tr>
<tr>
<td>1990</td>
<td>STARS 1&amp;2</td>
<td>STARS 3&amp;4</td>
</tr>
<tr>
<td>1996</td>
<td>STARS 1&amp;2</td>
<td>STARS 3&amp;4</td>
</tr>
<tr>
<td>2002</td>
<td>STARS 1&amp;2</td>
<td>STARS 3&amp;4</td>
</tr>
<tr>
<td>2006</td>
<td>STARS 1&amp;2</td>
<td>STARS 3&amp;4</td>
</tr>
</tbody>
</table>

ECERS/FDCRS By Type of Setting (Fiene, etal (2002))

<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/FDCRS and Education of the Provider

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma</td>
<td>3.8</td>
</tr>
<tr>
<td>Some College</td>
<td>4.1</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>4.2</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>4.3</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>4.7</td>
</tr>
</tbody>
</table>

NECPA/ERS's/QRIS (Fiene, 1996)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal (3.99 or less)</td>
<td>8%</td>
</tr>
<tr>
<td>Adequate (4.00-4.99)</td>
<td>46%</td>
</tr>
<tr>
<td>Good (5.00 or higher)</td>
<td>46%</td>
</tr>
</tbody>
</table>

PC/PQ Conceptual Similarities

- 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.
Risk assessment

Quality of Licensing is maintained.

Med Indicators of Quality Child Care

13 Low – Med Elements

Collect violation data from this sample and sort.

At least one year's data should be.

Add additional rules.

Collect data from 100

Most effective if KI are used with the Risk Assessment (RA) approach described on the previous slide.

100% compliance with key indicator rules.

Tying enforcement actions based on violations to categories of violation.

Stepping Stones to Caring for Our Children is an example of Risk Assessment Tool and Approach.

13 Key Indicators/Stepping Stones

Crosswalk with State Rules Template

Advantages of Key Indicators

Key Indicators are predictor rules that statistically predict overall compliance with all rules.

13 Key Indicators of Quality Child Care is an example of this approach.

Must be 100% compliant groups.

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

<table>
<thead>
<tr>
<th>1980 - 2010</th>
<th>2011+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time savings only.</td>
<td>Time and cost savings.</td>
</tr>
<tr>
<td>Child care benchmarking.</td>
<td>Safeguards.</td>
</tr>
<tr>
<td>Substantial compliance.</td>
<td>Tied to outcomes study.</td>
</tr>
<tr>
<td>Trend in outcomes study.</td>
<td>Inter-National benchmarks.</td>
</tr>
<tr>
<td>Adult residential – PA.</td>
<td>Risk assessment/DMLMA.</td>
</tr>
<tr>
<td>Child residential – PA.</td>
<td></td>
</tr>
<tr>
<td>Risk assessment/weighting.</td>
<td></td>
</tr>
<tr>
<td>All services.</td>
<td></td>
</tr>
<tr>
<td>CC national benchmarks.</td>
<td></td>
</tr>
<tr>
<td>Safeguards.</td>
<td></td>
</tr>
<tr>
<td>Tied to outcomes study.</td>
<td></td>
</tr>
<tr>
<td>National benchmarks.</td>
<td></td>
</tr>
<tr>
<td>Inter-National benchmarks.</td>
<td></td>
</tr>
<tr>
<td>Risk assessment/DMLMA.</td>
<td></td>
</tr>
</tbody>
</table>

Key Indicator Formula Matrix

Use data from this matrix to plug formulas on the next slide in order to determine the phi coefficients.

Key Indicator Statistical Methodology

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

Key Indicator Coefficient Ranges

<table>
<thead>
<tr>
<th>Coefficient Range</th>
<th>Characteristics of Indicator</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+1.00) - (+.76)</td>
<td>Good Predictor – Licensing</td>
<td>Include</td>
</tr>
<tr>
<td>(+.75) - (+.25)</td>
<td>Good Predictor – QRIS</td>
<td>Include</td>
</tr>
<tr>
<td>(+.25) - (-.25)</td>
<td>Unpredictable – Licensing</td>
<td>Do not include</td>
</tr>
<tr>
<td>(-.26) - (-1.00)</td>
<td>Unpredictable – QRIS</td>
<td>Do not include</td>
</tr>
<tr>
<td>(-1.00)</td>
<td>Terrible Predictor</td>
<td>Do not include</td>
</tr>
</tbody>
</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 – NAEYC – 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 – QRS
- 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.
- Child immunizations.

**Caring for Our Children Basics (2015)**

- 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)
- 13 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 (Alins, 2014)

**Federal Legislation**

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

**QRIS Key Indicators – CO. QualiStar**

- 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.

**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.
- Well-written, comprehensive standards.
- Monitoring protocol in place for collecting data.
- Risk assessment system in use.
- Program quality (DASS) 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 nowhere.

**Head Start Key Indicators (Fiene, 2013x)**

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**Head Start Key Indicators Sample Content**
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 3 – Excited about Teaching
  - Item 7 – Enjoy Children
  - Item 15 – 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

Key Indicator (KI) Formula Matrix for ECERS Item 16 – Children Communicating

<table>
<thead>
<tr>
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Box Plot of ECERS Item 16

Box Plot of ECERS Item 39

Normal & Skewed Data

ECERS Total Scores

State's Family CC Home Licensing

HSKI-C Monitoring Protocol

- Administration for Children and Families
- U. S. Department of Health and Human Services
- Office of Head Start
- September 8, 2014

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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)

### 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.

### Monitoring Tools

- 36 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
- 43 percent report assisting facilities to improve quality beyond licensing regulations

### Program Monitoring Questions?

- Generalist versus Specialists Assessors.
- General (SS3) versus Special Standards (licensing, QRIS, HSPE).
- How Key Indicators can be used?
  - CM = Generalist.
  - CI = Specialist.
- Based upon approach from previous slide, discussion should be generalist + specialist rather than generalist or specialist.

### Differential Monitoring (DM) Example

- Absolute System – One size fits all.
  - 50% of providers need additional assistance & resources.
  - Other 50% receive the same level of monitoring services without differential monitoring based on 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.

### Differential Monitoring (DM) Example (Fiene, 2013e)

**Core Indicators Screener = CR + KI**

**Monitoring Visit**

**Licensing Study**

**Compliance Decisions:**

- 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.
All staff have CDA or degrees in ECE.
- Director has BA in ECE.
- Professional development/training/technical assistance (PD) linked to Differential Monitoring (DM) results.

- Training/PD fund for all staff.

- Mentoring of staff occurs.

- 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.

- Training with Child Outcomes

- Infant-Toddler Teacher Mentoring

- 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).

- K and QRIS on Licensing

- Key Element ECPQIM/DMLMA Publication Summary
  - RA = Stepping Stones (NRC, 2012).
  - KI = 13 Indicators of Quality Child Care (Fiene, 2002a).
  - DM = International Child Care & Education Policy (Fiene, 2002b).
  - 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
  - Inter-rater reliability still is a big issue contributing to inconsistent data collection.

- Correlation of Accreditation, Licensing, & Training with Child Outcomes

- ITERS/HOME Post-Test Scores
Methodological Issues

- The need for states to routinely conduct reliability testing is vitally important to make sure that their licensing staff/inspectors are consistently measuring rules.
- The balancing between program compliance and program quality.
- Determining the most effective and efficient threshold is critical because as one becomes more efficient a loss of effectiveness does occur which can lead to an increase in false positives and negatives.

Lessons Learned

- We have learned how to deal more effectively with very skewed data through dichotomization grouping of a high versus a low compliant groups.
- Risk assessment only includes non-compliance and high risk rules which generally are always in compliance.
- Key indicators focus on high and low compliance differences with these rules generally being somewhere in the middle range come in compliance the majority of the time cut out of compliance the majority of the time.
- It continues to be true that all rules are not created equal nor are they administered equally.
- Most recently we have seen that when higher standards are applied, especially with Pre-K initiatives, this goes a long way in helping to discriminate the top performers from the mediocre performers.

Future Research

- The crucial need for future research in the human services licensing and regulatory compliance area is for validation studies of the above approaches, Key Indicators and Risk Assessment methodologies to make certain that they are working as they should.
- Another validation study is needed regarding the relationship between program compliance and program quality. This is such an important finding about the plateau of program quality scores with increasing regulatory compliance as one moves from substantial compliance with all rules to full compliance with all rules.
- A clear delineation needs to occur to establish appropriate thresholds for the number of key indicator/predictor rules that provide a balance of program monitoring effectiveness and efficiency that can diminish the number of false positives and especially false negatives.

Concluding Thoughts

- The relationship between regulatory compliance and quality is not linear.
- Regulatory compliance has difficulty in distinguishing the best programs from the mediocre programs.
- Regulatory compliance is very effective at identifying the worse programs.
- There still is the need to balance regulatory compliance with quality indicators.
- There is the need to validate differential monitoring approaches such as risk assessment by behaviors.
- What is the ideal threshold for the number of key compliance/predictor rules or how can we maintain a balance of program monitoring efficiency and effectiveness.
- Key indicator/predictor rules are easily in compliance because they place детей in such risk of mortality or morbidity.
- More intense risk assessment systems have low compliance and very high probability of occurrence.
- Key indicator/predictor rules are not easily in compliance but are not out of compliance in great deal.
- What is the key to making key predictor rules that make them so effective in discriminating between high and low performing programs.
- Licensing offices vary shared performance of how the rule is used in the databases.
- There is no single variable in licensing data with generally only 20% separating the top compliant programs from the lower compliant programs.

Core Indicators – Final Thoughts

- Childhood Immunizations (PC)
- Director & Teacher Qualifications (PC, PQ)
- Mentoring/Coaching (PQ/PD)
- Family Engagement (PQ)
- Social-Emotional & Language Learning/Competencies (ELS, PD)

Early Childhood Program Quality Indicator Model (ECPQIM) Evolution

- Nixon Veto of Comprehensive Child Development Bill 1971. (ECPQIM0)
- 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)
- OPRE/ACF Validation Brief 2012. (ECPQIM4)
- Differential Monitoring Logic Model (DMLMA) 2012-13. (ECPQIM4+)

The following graphics represent the previous generations of ECPQIM 1-4 beginning in 1975 up to the present model (DMQA, 2013).

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

Early Childhood Program Quality Improvement and Indicator Models (ECPQI2M0©–4©)

Early Childhood Program Quality Improvement and Indicator Models

- ECPQI2M0© 1975–1994: Qualitative to Quantitative; focus on reliability, data utilizations, differences between program monitoring and evaluation; key indicators, weighted rules, & principles of licensing standardized instrument design introduced. (Fiene, 1981, 1985).


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For Additional Information:


For a complete list of publications, please visit the following websites:
- Research Institute for Key Indicators, Pennsylvania Research Institute for Key Indicators
- National Association for Regulatory Administration (NARA)

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