The focal point of my research over the past 40 years has been program monitoring and how to make it more effective and efficient, especially through the use of key indicators which predicts an overall score. Key indicators is really my contribution to the research literature. I developed the methodology borrowing statistical techniques and concepts from the tests and measurements literature. Key indicators has led to the 13 indicators of quality child care, differential monitoring, abbreviated or inferential inspections, cost efficiencies and making program monitoring more effective. Risk assessment is really an add on to key indicators as far as I am concerned although many states use risk assessment without key indicators in order to focus their licensing inspections.

In the 1980’s several publications, such as the Children’s Services Monitoring Transfer Consortium (CSMTC) publications, the Child Care Quarterly article, and the Child Welfare Instrument Based Program Monitoring and Key Indicator (CWIPM), all described how the system worked. Key indicators is the centerpiece to the Early Childhood Program Quality Indicator Model (ECPQIM) and all my research work. My research with states over the past two years (2013-14) has led to several enhancements/clarifications to the key indicator methodology that should help to fine tune the methodology and potentially expand it to QRIS and other service types: child and adult residential (ECPQIM1-4).

My research focus has always been on program monitoring and how to build better systems for reviewing programs for compliance. It all started with thinking about a regional child care model when I was working with Dr. Francis Palmer at State University of New York at Stony
Brook in 1972 as a graduate student. This morphed into the Ecological Monitoring Information System (EMIS) and the Ecological Paradigm for the evaluation of child care (ECOPAD) during 1975 – 1978 time period and then to the Child Development Program Evaluation (CDPE) which formed the basis for Instrument based Program Monitoring and the Indicator Checklist System (IPM/ICS). Key indicators came about because of the need to have a cost effective and efficient program monitoring system for the Federal Interagency Day Care Regulations (FIDCR) in 1979. The CSMTC federal project (1980-83) really helped to kick start the IPM/ICS methodology and moved it from a statewide project to a national project.

The Child Care Quarterly (ECPQIM1) article along with the Quality in Child Care: What Does Research Tell Us chapter published in 1985 and 1987 respectively got the methodology our into the research literature. By 1992, Risk Assessment Methodology (RAM) was being used for Stepping Stones with the publication of Caring for Our Children as a way to make it more accessible and user friendly. The use of RAM continued with the successive publications of Stepping Stones over the next two decades. It was also at this time that the National Early Childhood Program Accreditation (NECPA)(1992, 1993) was designed and implemented based upon the key indicator methodology.

In 1995 another federal project helped to expand the methodology in ECPQIM2 to a second version with the addition of a more systemic approach to policy analysis. This federal project was housed at Zero to Three and involved Utah, Illinois, and Florida. Again it helped to get the methodology out to a larger audience.

By the early 1990’s the methodology expanded to include professional development (PD) services as a means for improving program quality. The Child Care and Early Childhood Development (CCECD) training system was born in the early 1990’s in Pennsylvania and ushered in other professional development innovations in the following two decades.

A series of major publications occurred in the early 2000’s. One was the study and research monograph commissioned by ASPE to create the 13 Indicators of Quality Child Care which has had a tremendous impact on regulatory administration in the states. A Parent’s Guide was published along with it and has been used by parents across the country and appears on over 25,000 websites. Both publications are based upon the key indicator methodology. The 13 indicators (KI) is a further reduction of Stepping Stones (RA) which is a reduction of Caring for Our Children (CI).

The second major publication appeared in Children and Youth Forum (2002) which describes an innovative coaching/mentoring approach to training infant toddler caregivers. The third publication was a chapter on licensing measurement describing the methodology in the National Association for Regulatory Administration’s (NARA) Licensing Curriculum (2000), and the fourth publication was the Early Childhood Education Quality Study (2002) completed in Pennsylvania that formed the basis for Pennsylvania’s Quality Rating and Improvement System.
(QRIS) and its subsequent validation and evaluation. With the coaching/mentoring and the QRIS systems in place, these provided the other key elements needed to complete the third version of the ECPQIM3 (2002).

The next major use of the methodology was when the National Association for Child Care Resource and Referral Agencies (NACCRRA) organization began to use a report card format called We CAN Do Better in which the 13 key indicators were used as the basis for comparing states on their health and safety regulations. These reports were produced for both centers (2007, 2009, 2011, 2013) and homes (2008, 2010, 2012, 2014). These reports were very important catalysts to help states upgrade their child care licensing rules and their monitoring review systems. Also, the key indicator methodology, in particular the 13 Indicators of Quality Child Care were used to develop standards for the cruise industry (2012).

Most recently, major advancements and changes have taken place with the fourth version of ECPQIM4 (2012, 2013) being published that combined validation studies with differential monitoring. An international study was completed comparing 32 countries with the USA on the basic components of the 13 Indicators of Quality Child Care. The Office of Child Care published a licensing brief on differential monitoring, risk assessment and key indicators in 2014 as guidance to states. In both the CCDF rule and the CCDBG law, differential monitoring, risk assessment, and key indicator methodologies were referenced in one form or another. The Research Institute for Key Indicators LLC (RIKI) was created in 2013 with the possible inclusion of the institute as a division within NARA (2015) in the near future.

The key indicator methodology’s major contribution has been through the 13 Indicators of Child Care Quality and its accompanying Parent’s Guide in which the monograph has helped shape many states differential monitoring systems while the Parent’s Guide has been used by many parents in helping them to make decisions about child care (it is presently on more than 25,000 websites).
Child Care
✔ checklist

Medications
✔ Does the child care program keep medication out of reach from children?
✔ Are the caregivers trained and the medications labeled to make sure the right child gets the right amount of the right medication at the right time?

Staff Training/First Aid
✔ Have caregivers been trained how to keep children healthy and safe from injury and illness?
✔ Do they know how to do first aid and rescue breathing?
✔ Have they been trained to understand and meet the needs of children of different ages?
✔ Are all child care staff, volunteers, and substitutes trained on and implementing infant back sleeping and safe sleep policies to reduce the risk of SIDS (Sudden Infant Death Syndrome, crib death)?

Hint: When infants are sleeping, are they on their backs with no pillows, quilts, stuffed toys, or other soft bedding in the crib with them?

Playgrounds
✔ Is the playground inspected for safety often?
✔ Is the playground surrounded by a fence?
✔ If there is a sandbox, is it clean?
✔ Is the playground equipment safe, with no sharp edges, and kept in good shape?
✔ Are the soil and playground surfaces checked often for dangerous substances and hazards?
✔ Is equipment the right size and type for the age of children who use it?

If you would like more information on the research of Dr. Richard Fiene that supports these health and safety guidelines, please visit these websites: http://nrc.uchsc.edu; http://aspe.hhs.gov. The research paper, 13 Indicators of Quality Child Care: Research Update, is available on the Web at http://aspe.hhs.gov/hsp/ccquality-ind02. This Parent's Guide can be downloaded from the Internet at: http://aspe.hhs.gov and http://nrc.uchsc.edu.

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Internet access is available at your public library.
More and more, research tells us that our children’s healthy development depends on safe and positive experiences during the first few years of life. If you are a parent who works during these early years, choosing good child care is one of the most important decisions you will ever make for your child.

To help you make the right choice for your child, researchers have identified 13 guidelines to think about when choosing a child care program.

You might want to visit several different child care programs, either centers or family child care homes, before you decide which one is best for your family. Call each child care program and schedule an appointment for your visit. Once you are there, stay for at least an hour to watch activities, check the surroundings, and ask questions. This form provides a place for you to note which guidelines are met; the checklist below provides a place where you can make notes on up to 3 different child care programs. Research shows that if a program follows guidelines, it is more likely to be a safe and healthy place for your child.

Considering these guidelines can help you find a place where you can feel comfortable leaving your child.

**Supervision**
- ✔ Are children supervised at all times, even when they are sleeping?
- ✔ How do the caregivers discipline children?
  
  **Hint:** Discipline should be positive, clear, consistent, and fair.

**Handwashing and Diapering**
- ✔ Do all caregivers and children wash their hands often, especially before eating and after using the bathroom or changing diapers?
- ✔ Is the place where diapers are changed clean?
- ✔ Do caregivers always keep a hand on the child while diapering?
- ✔ Do caregivers remove the soiled diaper without dirtying any surface not already in contact with stool or urine?
- ✔ Do caregivers clean and sanitize the surface after finishing the changing process?
  
  **Hint:** Hands should be scrubbed with soap and water for at least 10 seconds and then rinsed and dried. The water faucet should be turned off with a paper towel.

**Director Qualifications**
- ✔ Does the director of a child care center have a bachelor’s degree in a child-related field?
- ✔ Has the director worked in child care for at least 2 years?
- ✔ Does the director understand what children need to grow and learn?

**Lead Teacher Qualifications**
- ✔ Does the lead teacher in a child care center have a bachelor’s degree in a child-related field?
- ✔ Has the teacher worked in child care for at least 1 year?
- ✔ Does the teacher give children lessons and toys that are right for their ages?

**Child:Staff Ratio and Group Size**
- ✔ How many children are being cared for in the child care program?
- ✔ How many caregivers are there?
  
  **Hint:** Your child will get more attention if each caregiver has fewer children to take care of. The younger the children are, the more caregivers there should be. For example, one family home caregiver should only take care of two babies.

**Immunizations**
- ✔ Is your child up-to-date on all of the required immunizations?
- ✔ Does the child care program have records proving that the other children in care are up-to-date on all their required immunizations?

**Toxic Substances**
- ✔ Are toxic substances like cleaning supplies and pest killers kept away from children?
- ✔ Has the building been checked for dangerous substances like radon, lead, and asbestos?
- ✔ Is poison control information posted?

**Emergency Plan**
- ✔ Does the child care program have an emergency plan if a child is injured, sick, or lost?
- ✔ Does the child care program have first aid kits?
- ✔ Does the child care program have information about who to contact in an emergency?

**Fire Drills**
- ✔ Does the child care program have a plan in case of a disaster like a fire, tornado, flood, blizzard, or earthquake?
- ✔ Does the child care program do practice drills once every month?

**Child Abuse**
- ✔ Can caregivers be seen by others at all times, so a child is never alone with one caregiver?
- ✔ Have all caregivers gone through a background check?
- ✔ Have the caregivers been trained how to prevent child abuse, how to recognize signs of child abuse, and how to report suspected child abuse?
A Parent’s Guide to Choosing Safe and Healthy Child Care

More and more, research tells us that our children’s healthy development depends on safe and positive experiences during the first few years of life. If you are a parent who works during these early years, choosing good child care is one of the most important decisions you will ever make for your child.

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