

Four Decades of Licensing Key Indicator Methodology

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This paper provides an update and historical note on the development and implementation of the licensing key indicator methodology. The licensing key indicators are taken from the *Assistant Secretary for Planning and Evaluation (ASPE) Thirteen Indicators of Child Care Quality: Research Update* which has become the blue ribbon ranking of key indicators in the regulatory science research literature. The below chart contains the child care center (CCC) licensing key indicators from the tool with key words. The details of each are provided after the chart in the Legend. Selected states are along the horizontal axis demonstrating where their respective licensing key indicator was present or not (These state key indicators were generated in the last decade). By doing this, it provides a way to compare selected states and provinces. These licensing key indicators also appear in the Administration for Children and Families *Caring for Our Children Basics*, and several other national studies, such as *Child Care Aware's We Can Do Better series*, and AAP/APHA *Stepping Stones to Caring for Our Children*.

When reading this chart please keep in mind that licensing key indicators are predictor rules and they are not determined by the relative risk the rule places children in if they are not complied with. This is an important distinction because one should not think that this is a ranking of importance or lack of regulatory presence within the respective state or province. But rather, it is a ranking of licensing predictor rules that have the ability to distinguish between highly compliant and highly non-compliant programs. This chart provides a comparison tool for determining predictability for regulatory compliance in the respective jurisdictions.

State/Provincial Comparison of Licensing Key Indicators

Key Indicators:	FL	WA	AL	SK	KS	IL	IN	GA	MO	MI
1. Immunizations	x	x						x	x	
2. Hazard Free	x	x			x	x	x	x	x	x
3. Training/First Aid		x	x	x					x	x
4. Staff Child Ratios	x	x	x				x	x		
5,6. Qualifications		x	x	x						
7. Supervision		x	x							
8. Child Abuse Prevent	x	x	x	x	x		x			
9. Emergency Plan		x				x			x	x
10. Medication Admin		x	x		x				x	
11. Fire Drills		x								
12. Hand Washing		x							x	x
13. Playgrounds	x	x			x		x	x	x	x

States/Provinces: FL = Florida; WA = Washington; AL = Alberta, Canada; SK = Saskatchewan, Canada; KS = Kansas; IL = Illinois, IN = Indiana; GA = Georgia; MO = Montana; MI = Michigan.

LEGEND:

1. 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?

2. Hazard Free/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?

3. 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)?

4. Child:Staff Ratio and Group Size:How many children are being cared for in the child care program? How many caregivers are there?

5. 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?

6. 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?

7. Supervision: Are children supervised at all times, even when they are sleeping? How do the caregivers discipline children?

8. Child Abuse Prevention: 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?

9. 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?

10. Child Care 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?

11. 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?

12. 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?

13. 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?

Richard Fiene, Ph.D. is a NARA Senior Research Consultant and a Research Psychologist, Research Institute for Key Indicators and a retired Professor of Psychology at Penn State. He continues to be actively consulting at Penn State Health's College of Medicine. Dr Fiene is the creator of the licensing key indicator methodology as well as the risk assessment and differential monitoring methodologies which he created in the mid 1970's. Dr Fiene is also the author of the regulatory compliance theory of diminishing returns which has had a major impact on the regulatory science field.

To obtain more information about the contents of this paper, please go to: rikoinstitute.com.

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