

Washington State Journey of Differentiation

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

Quality Assurance

“The licensing agency has an obligation to apply “licensing rules in a consistent manner throughout the state and from one inspector to another”(NARA). To this end, quality assurance is the means for evaluation of a licensing program’s effectiveness in the fair and equitable implementation and enforcement of the licensing statute and applicable regulations.”

National Center on Child Care Quality Improvement



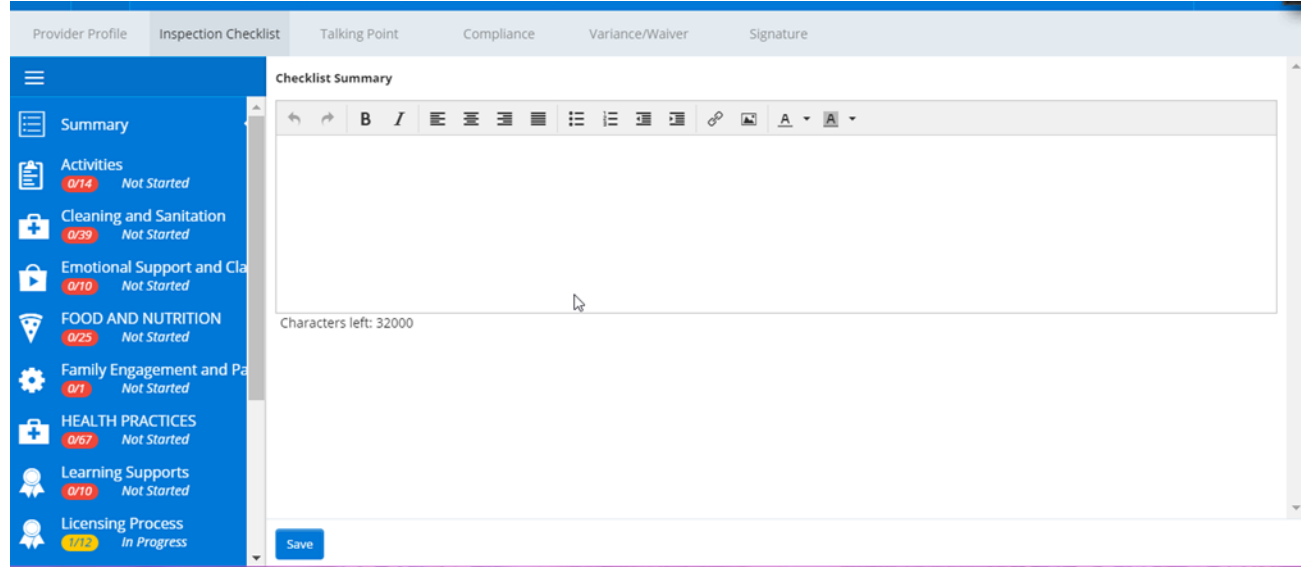
7. Agency Practices		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable E = Exception Granted		
Section	Requirement	Code
6010	Discrimination	Center complies with state and federal nondiscrimination laws, including the Americans with Disabilities Act
6020	Religious Activities	Respect the religious rights of children and center has policy describing religious policy and practices
6030	American Indian Children	If five percent or more of the children are American Indian, special consultants are used to meet their needs, develop resources and train staff
6040	Child Abuse and Neglect	Immediate reporting of suspected child abuse, neglect, or exploitation and children are protected from child abuse and neglect as required in RCW 26.44.030
6050	Prohibited Substances	No staff, parent or volunteer consumes or possess alcohol or illegal drugs on child care premises or during work hours Staff, parents or volunteers must not smoke on child care premises or while supervising children
6060	Unsupervised Access to Children in Care	Unsupervised access to children in care requirements met

8. Records, Reporting and Posting		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable E = Exception Granted		
Section	Requirement	Code
7010	Children's Files	Confidential files on premises for each child in care that include:
		▪ Registration information
		▪ Health history/individual child care plan
		▪ Medications given
		▪ Authorizations
		▪ Copies of illness or injury reports
7020	Immunizations	Track immunizations status and store confidentially
7030	Attendance Records	Daily attendance record with signature on file
7040	Licensing Information	Current child care center checklists, monitoring checklists and facility licensing compliance agreements kept on premises for parents to review
7050	Personnel Records and Policies	Employment application
		Background check for all staff
		Complete owner, staff and volunteer personnel records on premises
		Written documentation of training and staff meetings to include:
		▪ Staff orientation
		▪ Ongoing training: including annual infant safe sleep if applicable
		▪ Bloodborne pathogen training (including HIV/AIDS)
		▪ CPR/First Aid
		▪ Food handler card (if applicable)
		▪ STARS training
		▪ Staff meeting
▪ Child abuse, neglect and exploitation		
▪ Tuberculosis (TB) testing		
7060	Injury, Illness, Child Abuse and Neglect Immediate Reporting	Death, serious injury or illness is reported to parent, licensor and child social worker (verbal and written)
		Suspected child abuse, neglect, endangerment or exploitation
		Food poisoning or reportable contagious disease

Previous (ELF) System

Two checklists: Comprehensive/Abbreviated

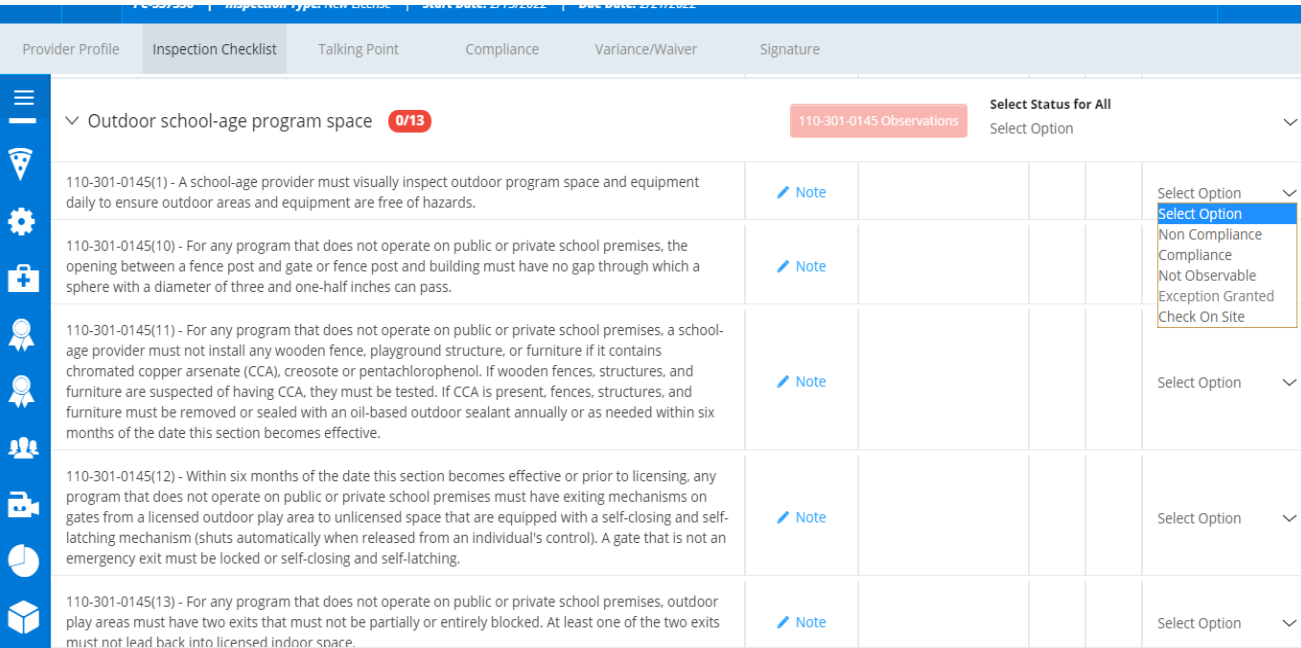
- Full compliance is determined every 3 years with a comprehensive checklist
- Depth of monitoring is dependent on:
 - 12 month History of compliance
 - Valid complaints = Begin with a Comprehensive checklist
 - On-site performance
 - Non-compliant KI = Switch to a Comprehensive Checklist



Current (WA Compass) System

One system: Intuitive/expandable

- Full compliance is determined upon licensure
- After licensure, full compliance is determined cumulatively over 4 years
- Depth on monitoring dependent on:
 - Regulation weight values
 - On-site performance/key indicators

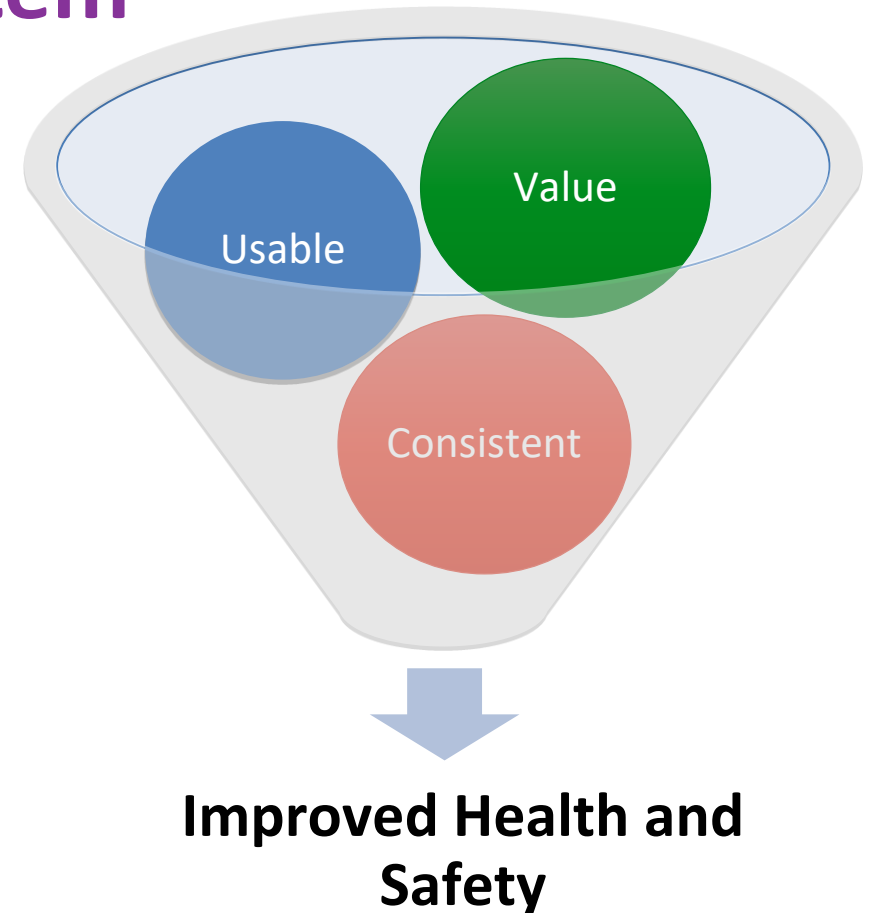


Why – Changing the Checklist to a monitoring system

For the checklist to be reliable, it must be **consistent**

For the checklist to be effective, it must be **usable**

For the checklist to be trusted, **value** must be placed in the outcomes



Why - Identified Challenges

Rater-drift:

Checklist are always the same

Compliance blindness:

Ignores individual needs of provider

Inter-rater reliability:

Licensors inconsistency

Risk-assessment:

Regulations are all treated equally



Focused Monitoring System

Rater-drift:

Individualized “checklist” for each provider

Compliance blindness:

Focus on where providers need support

Inter-rater reliability:

Consistent focus on inspection items (Pilot Project – still in process)

Risk-assessment:

Provides a greater level of protection for children by creating a common understanding of risk



Monitoring Theory

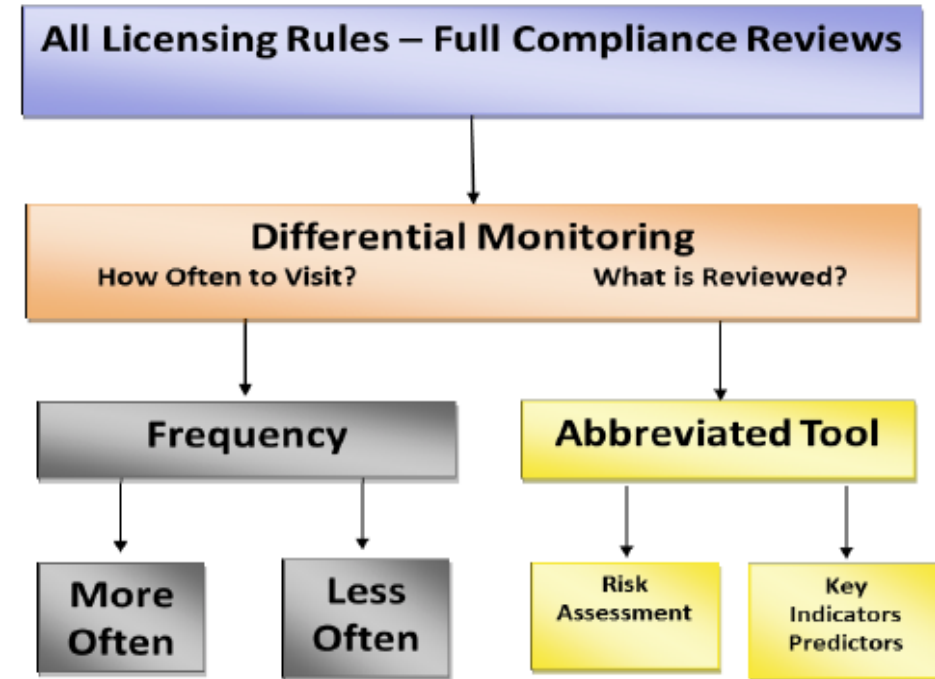
Research Based Methodology – WA Approach

Dr. Richard Fiene Research

Differential Monitoring: A regulatory method for determining the *frequency or depth of monitoring* based on an assessment of a facility's history of compliance with rules

Key Indicators: An approach that focuses on identifying and monitoring those rules that statistically predict compliance with all the rules.

Risk Assessment: An approach that focuses on identifying and monitoring those rules that place children at *greater risk of mortality or morbidity* if violations or citations occur



Note: This graphic is adapted from a graphic developed by Dr. Richard Fiene and used in: Fiene, R. (2013) *Differential monitoring logic model and algorithm (DMLMA: A new early childhood program quality indicator model (ECPQIMA)© for early care and education regulatory agencies*, Middletown, PA: Research Institute for Key Indicators.

Key Indicators

13 Baseline Indicators

- 1) Child abuse
- 2) Immunizations
- 3) Staff: child ratio and group size
- 4) Director qualifications
- 5) Teacher qualifications
- 6) Staff training
- 7) Supervision / discipline
- 8) Fire drills
- 9) Administration of medication
- 10) Emergency plan & contact
- 11) Outdoor playground
- 12) Toxic substances
- 13) Hand-washing & diapering

Intent & Authority

Child Outcomes/Family Engagement

Interactions/Curriculum

Program Oversight

Environment - Indoor

Environment - Outdoor/General

Food and Nutrition

Infant Toddler

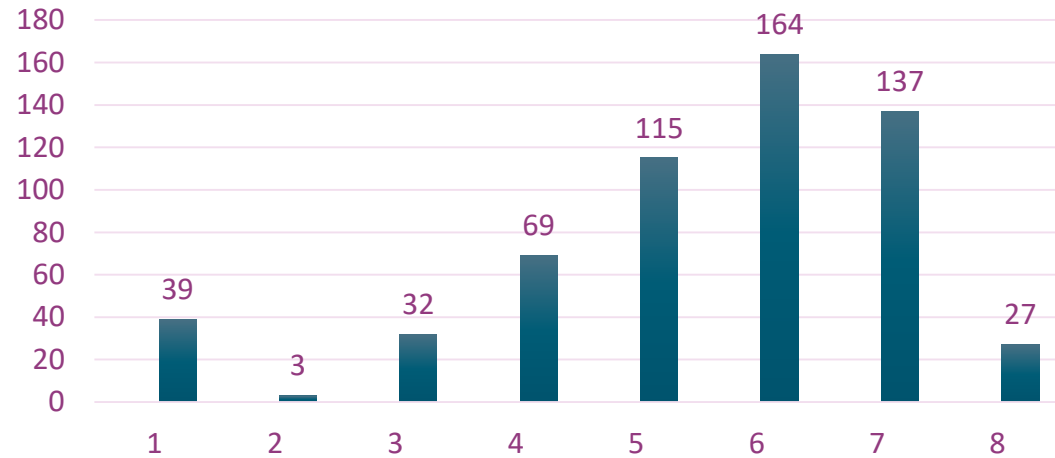
Professional Development



Risk Assessment

Factors affecting final weights:

1. Survey
2. NRM
3. Executive Decision
4. Validations

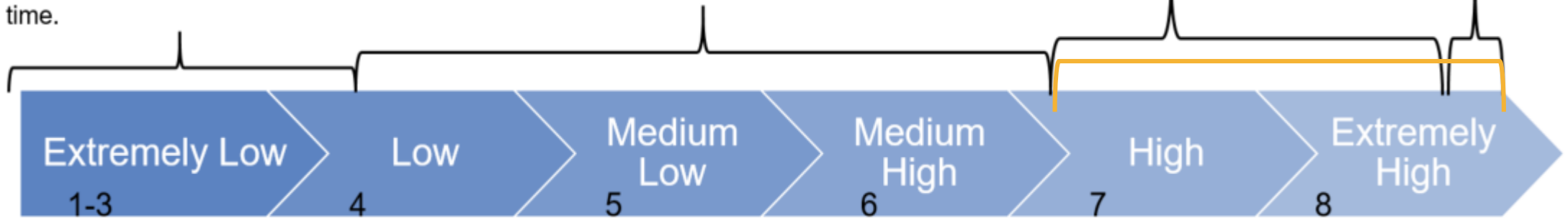


Long Term: Bodily injury or illness may occur if a provider fails to comply over an extended period of time.

Short Term: Bodily injury or illness may occur if a provider fails to comply over a short period of time.

Serious: Bodily injury or illness may occur if not fixed almost immediately

Immediate: Bodily injury, illness, or death may occur if not fixed immediately



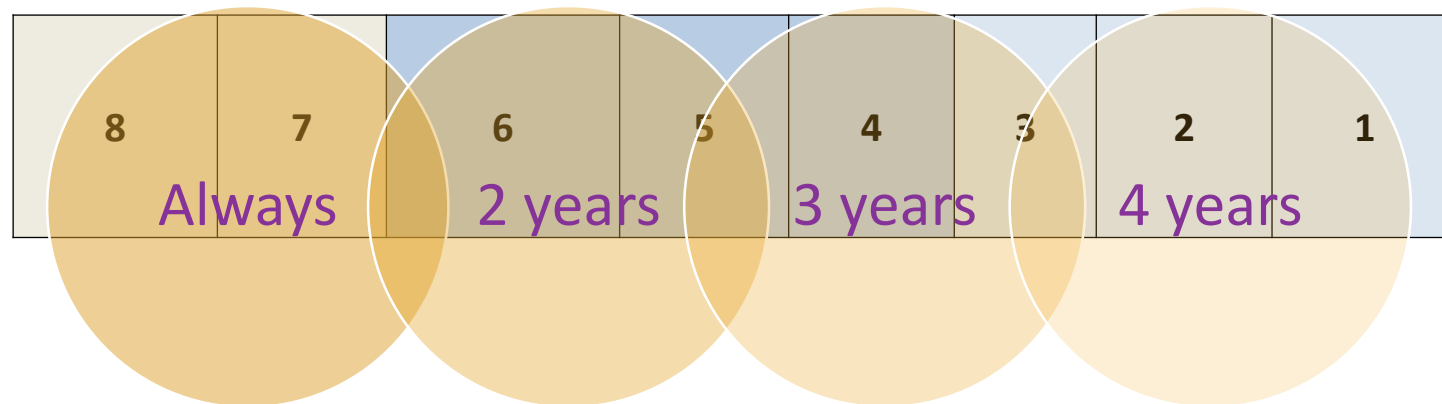
Focused Monitoring: Putting it together

Each monitoring visit will begin with a baseline of regulations that must be inspected at every monitoring visit (excluding any regulations that does not apply to the facility). These Include

- Key indicators: Sections expand when found non-complaint
- All High Risk Items (Serious/Immediate)
- Remaining regulations rotated based on weight values
- Full compliance is determined at the completion of 4 years*

Not on the checklist:

- Regulations with 0 weight
- Regulations that don't apply to the provider
- Regulations on the annual compliance
- Regulations as talking points/not likely to be observable [Regulating for Incidence]



*Represents approximate division of the weight into risk category

Validation

Validation Approach	What does it mean?	Completion Date
1. Standards	Does the WAC align with National Best Practices?	June, 2018
2. Measure	Are the enforcement actions taken appropriate?	March, 2020
3. Output	What is the relationship between quality and compliance with the new regulations?	June, 2020
4. Outcome	What does the data say? Are children in low risk programs less likely to get sick or injured?	TBD

