



Introduction

The National Association for Regulatory Administration (NARA) has developed a differential monitoring Key Indicator System (KIS) for the Florida Department of Children of Families, Office of Child Care (OCC). This final project summary report provides:

1. A description of the evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology;
2. The approved Project Plan;
3. A summary of the information gained from stakeholder feedback sessions;
4. A summary of the information gained from system data analysis;
5. A summary of the data collection and statistical analysis methods used;
6. A summary of the statistical analysis findings;
7. Information about the inspection checklist, policy and procedure development;
8. Information about staff and stakeholder trainings; and
9. A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future.

All the above sections will be outlined in this report, and each section has a corresponding appendix containing each of the reports produced by NARA that relate to the applicable section.

I. The evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology

OCC had been using an abbreviated protocol for inspections for some time and had legislation for doing so. This is unusual in that most jurisdictions do not have legislation in place for a differential monitoring approach (there is a copy of the legislation in the first appendix with the respective section highlighted), although the Federal Department of Health and Human Services has encouraged states via the Child Care Development and Block Grant (CCDBG) legislation to entertain the possible adaptation of differential monitoring because of its effective and efficient methodology.

Here is the guidance from the Office of Child Care related to Differential Monitoring¹:

Differential monitoring involves monitoring child care programs using a subset of requirements to determine compliance. The two methods used to identify critical rules are **key indicators** and **risk assessment**.

States have the option of using differential monitoring strategies, provided that monitoring visits are still representative of the full complement of licensing and CCDF health and safety standards.

Many states use differential monitoring approaches, which are intentionally designed so that although not every licensing standard is specifically checked for compliance, the monitoring visit is indicative of the full range of the licensing requirements.

Differential monitoring often involves monitoring programs using a subset of requirements to determine compliance. There are two methods that states have used to identify these critical rules:

1. **Key indicators:** An approach that focuses on identifying and monitoring rules that statistically predict compliance with all the rules. The key-indicators approach is often used to determine which rules to include in an abbreviated inspection form or checklist.
2. **Risk assessment:** An approach that focuses on identifying and monitoring rules that place children at greater risk of mortality or morbidity if violations or citations occur. A risk assessment approach is most often tied to classifying or categorizing rule violations and can be used to identify rules where violations pose a greater risk to children, distinguish levels of regulatory compliance, or determine enforcement actions based on categories of violations.

Note that monitoring strategies that rely on sampling only some providers or allow for a frequency of less than once a year for providers that meet certain criteria are **not** allowable. The law clearly states that each child care provider serving a child receiving CCDF assistance shall receive an inspection annually.

II. Approved Project Plan

The approved differential monitoring project plan in its entirety is in Appendix 2. As is evident in the project plan, all deliverables were completed on or before the due dates established by the plan. It is important to note that this was a very linear and modular approach such that each deliverable was produced by building off of the previous deliverable.

¹ Office of Child Care. (2016). Child Care and Development Fund final rule frequently asked questions. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/occ/resource/ccdf-final-rule-faq>

III. Summary of the Information Gained from Stakeholder Feedback Sessions

OCC desired that all stakeholders, including but not necessarily limited to child care centers, day care homes, and licensing staff, be informed of the differential monitoring methodology project and afforded the opportunity to provide information related to current and future inspection practices.

To accomplish this request, NARA, in conjunction with OCC staff, hosted two sessions for each stakeholder type, a total of six sessions overall. All sessions were conducted using remote technology through the OCC's GoToWebinar platform. The topics most relevant to the development of the differential licensing methodology are summarized below:

- Stakeholders were questioned about what counselors spent the most time doing during an inspection. The overwhelming response from all groups was record review. Furthermore, when asked where additional time should be spent, the centers, homes, and OCC staff specified they would like to spend more time on the provision of technical assistance. Implementation of a differential monitoring methodology will allow licensing counselors to spend less time on record review and more time on the provision of technical assistance and compliance measurement with other rules, such as those deemed "most serious" by stakeholders.
- Stakeholders were asked to provide specific regulations that they considered the "most serious" that should be measured during every inspection. For purposes of this report, "most serious" refers to those regulations that if violated pose the greatest risk of harm to children. The three stakeholder groups agreed that child safety requirements, including facility/playground safety, chemical storage, and ratios should be measured at every inspection. Background screenings and supervision requirements were common responses between the centers and OCC staff. It is recommended the above regulatory areas be considered by OCC when determining the supplemental standards discussed in section one of this report.
- Stakeholders were asked about technical assistance provided by OCC to child care centers and day care homes. The majority of both regulated settings and licensing counselors indicated satisfaction with this area but agreed an increased focus on technical assistance would be valuable. Implementing a differential monitoring methodology will allow OCC to provide additional technical assistance to those providers who are not in complete regulatory compliance, one of the primary benefits of such a system.
- Finally, each stakeholder group was asked to give their opinion regarding a transition from an abbreviated inspection to a full inspection should a violation with a key indicator standard be identified. Feedback from all stakeholder groups indicate the majority of participants agree with the above practice. Stakeholder support will be instrumental in the fluid implementation of a differential monitoring methodology.

IV. Summary of Information Gained from System Data Analysis

OCC was able to provide inspection-specific data, which eliminated the need to select a dample of inspections and increased the overall reliability of the results.

With child care centers there were 5179 data points; 1027 data points with family child care homes; and 300 data points with group child care homes. These data points or observations represented comprehensive reviews of all regulations/rules of the respective facilities.

The source of the data are from checklists or instruments that are used by Florida licensing staff when they are on site inspecting a specific program.

The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes, and 332 rules applied to group child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated. Please see Appendices 4, 5, 6 for the detailed report which describes the analyses, the methods, and the results/findings.

V. Summary of the Data Collection and Statistical Analysis Methods Used

The data collection and statistical analysis methodology is the standard NARA methodology used for the past 40 years in generating Licensing Key Indicators developed by Dr Fiene back in the 1970's and 1980's. The methodology has been refined and enhanced over the years as the data distributions have become more comprehensive and electronically based. Because of these facts it has been possible to eliminate false negatives from the 2 x 2 Key Indicator Determination Matrix. Please see Appendices 4, 5, 6.

VI. Summary of the Statistical Analysis Findings

Licensing Key Indicators were found for centers and large and small child care homes. There was a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations. Please see Appendices 4, 5, 6 for the details of the report.

VII. Information About the Inspection Checklist, Policy and Procedure Development

Detailed instructions for eligibility criteria for differential monitoring abbreviated inspections via licensing key indicators were delineated in a Policy and Procedures Report (See Appendix 7). The procedures for conducting licensing key indicator reviews were also provided in this report. The

suggested revised instructions and checklists were provided as well (See Appendix 7 for the suggested checklists).

In order to be eligible for a KIS inspection, a child care facility (“facility”) must meet all of the following criteria:

1. The facility must be licensed for a period of no less than two (2) consecutive years, or, if the facility is a licensed exempt Gold Seal Quality Care program, must have Gold Seal Quality Care designation for a period of no less than two (2) consecutive years.

2. The facility must have received at least two full on-site renewal inspections in the most recent two years.

3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years.

4. The provider is not currently under investigation by Child Protective Services.

A facility that does not meet all of the above criteria may not receive a KIS inspection. Standard inspection procedures shall be followed in accordance with the OCC policy. Per the Desk Reference Guide, Renewal Inspections may not be Abbreviated Inspections.

OCC’s Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

1. Changing the current abbreviated inspection rules to match the KIS rules, and

2. Changing system functionality to select five (5) random rules in addition to the KIS and Supplemental

Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.

VIII. Information about Staff and Stakeholder Trainings

OCC desired that all stakeholders receive training on the creation of Florida’s Differential Monitoring Methodology and inspection tools following completion of system development.

Five sessions were held in total; two were held for licensees (child care facilities, family child care homes, and large family child care homes), and three were held for OCC licensing staff.

All sessions were conducted in June 2021 and were conducted using remote technology through the Office of Child Care's GoToWebinar platform. Attendance reports for each session were generated from the platform and provided to NARA. An informational PowerPoint presentation on Florida's Differential Monitoring Methodology was provided during all sessions. The presentation focused on the following:

- A brief review of differential monitoring;
- The creation of Florida's Differential Monitoring Methodology;
- A review of the standards measured during an abbreviated inspection;
- Eligibility criteria for participation in an abbreviated inspection;
- Procedures for conducting abbreviated inspections, and
- A review of the licensing checklist and instruction manual (Staff only)

70 participants attended the stakeholder training sessions. 116 participants attended the staff training sessions. Questions were operational in nature and answered by the Office of Child Care.

IX. A Summary of the Differential Monitoring Licensing Methodology, its Implementation, and Implications for the Future.

A clear balancing of key indicator rules and risk assessment/supplementary rules has been proposed as the differential monitoring licensing methodology for Florida. This approach will provide the best of both worlds in having predictor indicator rules along with rules that pose the greatest risk to children.

NARA recommends that OCC adopt the following methodology for its differential monitoring system:

1. Identify the Key Indicator Standards that statistically predict overall compliance with all standards for Child Care Centers, Family Child Care Homes, and Large Family Child Care Homes (hereafter "licensed settings").

2. Determine the standards that will be measured during Key Indicator Inspections to include:

- The Key Indicator Standards;
- Supplemental Standards, which generally include any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care, and
- Randomly-selected standards that are selected prior to each inspection, which may be contingent upon OCC's ability to modify its electronic licensing system to select standard. The

total number of standards to be measured should not exceed 20% of the total standards for each type of licensed setting.

3. Establish Eligibility Criteria to determine which licensed settings are eligible for a Key Indicator Inspection.
4. Modify the current abbreviated inspection procedures such that all abbreviated inspections are Key Indicator Inspections and allow Renewal Inspections to be abbreviated inspections.
5. Create policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology that includes, at a minimum, how licensing staff will conduct themselves during such inspections. (See Appendix 9 for the detailed Differential Monitoring Methodology Report)

The next logical step is to validate this approach. Utilizing the Zellman and Fiene (2012) Validation Framework (see Appendix 9 for the research brief describing this framework.) This would be the natural follow up to the work just completed.

These are long term recommendations for Florida to consider as they begin implementation of their key indicator differential monitoring system (these are based upon NARA's experience with several jurisdictions in the State of Washington, Province of Saskatchewan, and the State of Georgia; and the Office of Head Start):

- 1) Begin a pilot phase as soon as possible as part of the implementation process to validate the effectiveness and efficiency of their key indicator differential monitoring system. Pay particular attention to the final licensing decisions and the relative scores on the key indicator tool. There should be 90%+ agreement in full licensure and no non-compliance with the key indicator tool.
- 2) Every 3-4 years, a full review of the key indicators should be done by conducting a replication of the study completed as part of this contract.
- 3) Every 3-4 years, for those programs that have had key indicator/abbreviated inspections, a full review inspection protocol should occur. It has been determined that the key indicator tool will not be used in renewals but if this were to change, then this recommendations is critical to follow.
- 4) If the rules/regulations change in the next 3-4 years, a re-validation of the key indicators is warranted. If the rule changes are minor than doing the re-validation as soon as the rule changes are completed can be assessed. However, if the rule changes are major than doing the re-validation a bit later in order for the rules to be acclimated by all providers is a more prudent way to do the re-validation study.
- 5) If the key indicator tool is used as a screener tool for every provider, only do this once, do not make it a common program monitoring practice.

6) Do not reduce the number of reviews for individual programs. Only reduce the scope of the review by using an abbreviated differential monitoring approach which focuses on the key indicators, risk assessment rules, and the random rules selected for each review. By utilizing this approach it balances cost effectiveness and efficiency.

If you follow these above recommendations, it should enhance the implementation of the key indicator differential monitoring system in Florida.

Appendices:

1) *The evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology: Florida Legislation*

2) *The approved project plan*

3) *A summary of the information gained from stakeholder feedback sessions*

**4, 5, 6) *A summary of the information gained from system data analysis,
A summary of the data collection and statistical analysis methods used,
A summary of the statistical analysis findings***

7) *Information about the inspection checklist, policy and procedure development*

8) *Information about staff and stakeholder trainings*

9) *A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future: Validation Study*

2019

Florida Statutes

Sections

402.26-402.319

Child Care

402.26 Child care; legislative intent.—

(1) The Legislature recognizes the critical importance to the citizens of the state of both safety and quality in child care. Child care in Florida is in the midst of continuing change and development, driven by extraordinary changes in demographics. Many parents with children under age 6 are employed outside the home. For the majority of Florida's children, child care will be a common experience. For many families, child care is an indispensable part of the effort to meet basic economic obligations or to make economic gains. State policy continues to recognize the changing composition of the labor force and the need to respond to the concerns of Florida's citizens as they enter the child care market. In particular, the Legislature recognizes the need to have more working parents employed in family-friendly workplaces. In addition, the Legislature recognizes the abilities of public and private employers to assist the family's efforts to balance family care needs with employment opportunities.

(2) The Legislature also recognizes the effects of both safety and quality in child care in reducing the need for special education, public assistance, and dependency programs and in reducing the incidence of delinquency and educational failure. In a budgetary context that spends billions of dollars to address the aftermath of bad outcomes, safe, quality child care is one area in which the often maligned concept of cost-effective social intervention can be applied. It is the intent of the Legislature, therefore, that state policy should be firmly embedded in the recognition that child care is a voluntary choice of the child's parents. For parents who choose child care, it is the intent of the Legislature to protect the health and welfare of children in care.

(3) To protect the health and welfare of children, it is the intent of the Legislature to develop a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child.

(4) It is also the intent of the Legislature to promote the development of child care options in the private sector and disseminate information that will assist the public in determining appropriate child care options.

(5) It is the further intent of the Legislature to provide and make accessible child care opportunities for children at risk, economically disadvantaged children, and other children traditionally disenfranchised from society. In achieving this intent, the Legislature shall develop a school readiness program, a range of child care options, support services, and linkages with other programs to fully meet the child care needs of this population.

(6) It is the intent of the Legislature that a child care facility licensed pursuant to s. 402.305 or a child care facility exempt from licensing pursuant to s. 402.316, that achieves Gold Seal Quality status pursuant to s. 402.281, be considered an educational institution for the purpose of qualifying for exemption from ad valorem tax pursuant to s. 196.198.

History.—s. 32, ch. 90-306; s. 70, ch. 96-175; s. 4, ch. 99-304; s. 6, ch. 2010-210.

402.281 Gold Seal Quality Care program.—

(1)(a) There is established within the department the Gold Seal Quality Care Program.

(b) A child care facility, large family child care home, or family day care home that is accredited by an accrediting association approved by the department under subsection (3) and meets all other requirements shall, upon application to the department, receive a separate “Gold Seal Quality Care” designation.

(2) The department shall adopt rules establishing Gold Seal Quality Care accreditation standards based on the applicable accrediting standards of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission.

(3)(a) In order to be approved by the department for participation in the Gold Seal Quality Care program, an accrediting association must apply to the department and demonstrate that it:

1. Is a recognized accrediting association.
2. Has accrediting standards that substantially meet or exceed the Gold Seal Quality Care standards adopted by the department under subsection (2).

(b) In approving accrediting associations, the department shall consult with the Department of Education, the Florida Head Start Directors Association, the Florida Association of Child Care Management, the Florida Family Child Care Home Association, the Florida Children’s Forum, the Florida Association for the Education of the Young, the Child Development Education Alliance, the Florida Association of Academic Nonpublic Schools, the Association of Early Learning Coalitions, providers receiving exemptions under s. 402.316, and parents.

(4) In order to obtain and maintain a designation as a Gold Seal Quality Care provider, a child care facility, large family child care home, or family day care home must meet the following additional criteria:

(a) The child care provider must not have had any class I violations, as defined by rule, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider. Commission of a class I violation shall be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class I violations for a period of 2 years.

(b) The child care provider must not have had three or more class II violations, as defined by rule, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider. Commission of three or more class II violations within a 2-year period shall be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class II violations for a period of 1 year.

(c) The child care provider must not have been cited for the same class III violation, as defined by rule, three or more times and failed to correct the violation within 1 year after the date of each citation, within the 2 years preceding its application for designation as a Gold Seal Quality Care provider. Commission of the same class III violation three or more times and failure to correct within

the required time during a 2-year period may be grounds for termination of the designation as a Gold Seal Quality Care provider until the provider has no class III violations for a period of 1 year.

(5) The Department of Children and Families shall adopt rules under ss. 120.536(1) and 120.54 which provide criteria and procedures for reviewing and approving accrediting associations for participation in the Gold Seal Quality Care program, conferring and revoking designations of Gold Seal Quality Care providers, and classifying violations.

History.—s. 72, ch. 96-175; s. 5, ch. 99-304; s. 17, ch. 2000-337; s. 26, ch. 2001-170; s. 1, ch. 2006-91; s. 7, ch. 2010-210; s. 1, ch. 2011-75; s. 282, ch. 2011-142; s. 22, ch. 2013-252; s. 142, ch. 2014-19.

402.301 Child care facilities; legislative intent and declaration of purpose and policy.—It is the legislative intent to protect the health, safety, and well-being of the children of the state and to promote their emotional and intellectual development and care. Toward that end:

(1) It is the purpose of ss. 402.301-402.319 to establish statewide minimum standards for the care and protection of children in child care facilities, to ensure maintenance of these standards, and to approve county administration and enforcement to regulate conditions in such facilities through a program of licensing.

(2) It is the intent of the Legislature that all owners, operators, and child care personnel shall be of good moral character.

(3) It shall be the policy of the state to ensure protection of children and to encourage child care providers and parents to share responsibility for and to assist in the improvement of child care programs.

(4) It shall be the policy of the state to promote public and private employer initiatives to establish day care services for their employees.

(5) It is the further legislative intent that the freedom of religion of all citizens shall be inviolate. Nothing in ss. 402.301-402.319 shall give any governmental agency jurisdiction or authority to regulate, supervise, or in any way be involved in any Sunday School, Sabbath School, or religious services or any nursery service or other program conducted during religious or church services primarily for the convenience of those attending such services.

(6) It is further the intent that membership organizations affiliated with national organizations which do not provide child care, whose primary purpose is providing activities that contribute to the development of good character or good sportsmanship or to the education or cultural development of minors in this state, which charge only a nominal annual membership fee, which are not for profit, and which are certified by their national associations as being in compliance with the association's minimum standards and procedures shall not be considered child care facilities. However, all personnel as defined in s. 402.302 of such membership organizations shall meet background screening requirements through the department pursuant to ss. 402.305 and 402.3055.

(7) It shall be the policy of the state to encourage child care providers to serve children with disabilities. When requested, the department shall provide technical assistance to parents and child care providers in order to facilitate serving children with disabilities.

History.—s. 1, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 1, ch. 84-551; s. 21, ch. 87-238; s. 1, ch. 91-300; ss. 1, 2, ch. 93-115; s. 74, ch. 96-175; s. 5, ch. 2015-79.

402.302 Definitions.—As used in this chapter, the term:

(1) “Child care” means the care, protection, and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care.

(2) “Child care facility” includes any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. The following are not included:

(a) Public schools and nonpublic schools and their integral programs, except as provided in s. 402.3025;

(b) Summer camps having children in full-time residence;

(c) Summer day camps;

(d) Bible schools normally conducted during vacation periods; and

(e) Operators of transient establishments, as defined in chapter 509, which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of chapter 435.

(3) “Child care personnel” means all owners, operators, employees, and volunteers working in a child care facility. The term does not include persons who work in a child care facility after hours when children are not present or parents of children in a child care facility. For purposes of screening, the term includes any member, over the age of 12 years, of a child care facility operator’s family, or person, over the age of 12 years, residing with a child care facility operator if the child care facility is located in or adjacent to the home of the operator or if the family member of, or person residing with, the child care facility operator has any direct contact with the children in the facility during its hours of operation. Members of the operator’s family or persons residing with the operator who are between the ages of 12 years and 18 years are not required to be fingerprinted but must be screened for delinquency records. For purposes of screening, the term also includes persons who work in child care programs that provide care for children 15 hours or more each week in public or nonpublic schools, family day care homes, membership organizations under s. 402.301, or programs otherwise exempted under s. 402.316. The term does not include public or nonpublic school personnel who are providing care during regular school hours, or after hours for activities related to a school’s program for grades

kindergarten through 12. A volunteer who assists on an intermittent basis for less than 10 hours per month is not included in the term “personnel” for the purposes of screening and training if a person who meets the screening requirement of s. 402.305(2) is always present and has the volunteer in his or her line of sight. Students who observe and participate in a child care facility as a part of their required coursework are not considered child care personnel, provided such observation and participation are on an intermittent basis and a person who meets the screening requirement of s. 402.305(2) is always present and has the student in his or her line of sight.

(4) “Child welfare provider” means a licensed child-caring or child-placing agency.

(5) “Department” means the Department of Children and Families.

(6) “Drop-in child care” means child care provided occasionally in a child care facility in a shopping mall or business establishment where a child is in care for no more than a 4-hour period and the parent remains on the premises of the shopping mall or business establishment at all times. Drop-in child care arrangements shall meet all requirements for a child care facility unless specifically exempted.

(7) “Evening child care” means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts.

(8) “Family day care home” means an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Household children under 13 years of age, when on the premises of the family day care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A family day care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:

(a) A maximum of four children from birth to 12 months of age.

(b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.

(c) A maximum of six preschool children if all are older than 12 months of age.

(d) A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.

(9) “Household children” means children who are related by blood, marriage, or legal adoption to, or who are the legal wards of, the family day care home operator, the large family child care home operator, or an adult household member who permanently or temporarily resides in the home. Supervision of the operator’s household children shall be left to the discretion of the operator unless those children receive subsidized child care through the school readiness program pursuant to s. 1002.92 to be in the home.

(10) “Indoor recreational facility” means an indoor commercial facility which is established for the primary purpose of entertaining children in a planned fitness environment through equipment, games,

and activities in conjunction with food service and which provides child care for a particular child no more than 4 hours on any one day. An indoor recreational facility must be licensed as a child care facility under s. 402.305, but is exempt from the minimum outdoor-square-footage-per-child requirement specified in that section, if the indoor recreational facility has, at a minimum, 3,000 square feet of usable indoor floor space.

(11) “Large family child care home” means an occupied residence in which child care is regularly provided for children from at least two unrelated families, which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least two full-time child care personnel on the premises during the hours of operation. One of the two full-time child care personnel must be the owner or occupant of the residence. A large family child care home must first have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home. Household children under 13 years of age, when on the premises of the large family child care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A large family child care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:

- (a) A maximum of 8 children from birth to 24 months of age.
- (b) A maximum of 12 children, with no more than 4 children under 24 months of age.

(12) “Local licensing agency” means any agency or individual designated by the county to license child care facilities.

(13) “Operator” means any onsite person ultimately responsible for the overall operation of a child care facility, whether or not he or she is the owner or administrator of such facility.

(14) “Owner” means the person who is licensed to operate the child care facility.

(15) “Screening” means the act of assessing the background of child care personnel, in accordance with state and federal law, and volunteers and includes, but is not limited to:

(a) Employment history checks, including documented attempts to contact each employer that employed the applicant within the preceding 5 years and documentation of the findings.

(b) A search of the criminal history records, sexual predator and sexual offender registry, and child abuse and neglect registry of any state in which the applicant resided during the preceding 5 years.

An applicant must submit a full set of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. Fingerprint submission must comply with s. 435.12.

(16) “Secretary” means the Secretary of Children and Families.

(17) “Substantial compliance” means that level of adherence which is sufficient to safeguard the health, safety, and well-being of all children under care. Substantial compliance is greater than minimal adherence but not to the level of absolute adherence. Where a violation or variation is identified as the type which impacts, or can be reasonably expected within 90 days to impact, the health, safety, or well-being of a child, there is no substantial compliance.

(18) “Weekend child care” means child care provided between the hours of 6 p.m. on Friday and 6 a.m. on Monday.

History.—s. 2, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 2, ch. 84-551; s. 23, ch. 85-54; s. 22, ch. 87-238; s. 2, ch. 88-391; s. 1, ch. 90-35; s. 34, ch. 90-306; s. 7, ch. 91-300; ss. 1, 2, ch. 93-115; s. 1, ch. 94-257; s. 1059, ch. 95-148; s. 57, ch. 95-228; s. 75, ch. 96-175; s. 1, ch. 97-63; s. 1, ch. 98-165; s. 8, ch. 99-304; s. 16, ch. 2000-253; s. 989, ch. 2002-387; s. 57, ch. 2004-267; s. 2, ch. 2006-91; s. 22, ch. 2010-114; s. 1, ch. 2010-158; s. 2, ch. 2011-75; s. 23, ch. 2013-252; s. 143, ch. 2014-19; s. 6, ch. 2015-79; s. 10, ch. 2016-238.

402.3025 Public and nonpublic schools.—For the purposes of ss. 402.301-402.319, the following shall apply:

(1) PUBLIC SCHOOLS.—

(a) The following programs for children shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319:

1. Programs for children in 5-year-old kindergarten and grades one or above.
2. Programs for children who are at least 3 years of age, but who are under 5 years of age, provided the programs are operated and staffed directly by the schools and provided the programs meet age-appropriate standards as adopted by the State Board of Education.
3. Programs for children under 3 years of age who are eligible for participation in the programs under the existing or successor provisions of Pub. L. No. 94-142 or Pub. L. No. 99-457, provided the programs are operated and staffed directly by the schools and provided the programs meet age-appropriate standards as adopted by the State Board of Education.

(b) The following programs for children shall be deemed to be child care and shall be subject to the provisions of ss. 402.301-402.319:

1. Programs for children who are under 5 years of age when the programs are not operated and staffed directly by the schools.
2. Programs for children under 3 years of age who are not eligible for participation in the programs under existing or successor provisions of Pub. L. No. 94-142 or Pub. L. No. 99-457.

(c) The monitoring and enforcement of compliance with age-appropriate standards established by rule of the State Board of Education shall be the responsibility of the Department of Education.

(2) NONPUBLIC SCHOOLS.—

(a) Programs for children under 3 years of age shall be deemed to be child care and subject to the provisions of ss. 402.301-402.319.

(b) Programs for children in 5-year-old kindergarten and grades one or above shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319.

(c) Programs for children who are at least 3 years of age, but under 5 years of age, shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319 relating to child care facilities, provided the programs in the schools are operated and staffed directly by the schools, provided a majority of the children enrolled in the schools are 5 years of age or older, and provided there is compliance with the screening requirements for personnel pursuant to s. 402.305. A nonpublic school may designate certain programs as child care, in which case these programs shall be subject to the provisions of ss. 402.301-402.319.

(d)1. Programs for children who are at least 3 years of age, but under 5 years of age, which are not licensed under ss. 402.301-402.319 shall substantially comply with the minimum child care standards promulgated pursuant to ss. 402.305-402.3055.

2. The department or local licensing agency shall enforce compliance with such standards, where possible, to eliminate or minimize duplicative inspections or visits by staff enforcing the minimum child care standards and staff enforcing other standards under the jurisdiction of the department.

3. The department or local licensing agency may commence and maintain all proper and necessary actions and proceedings for any or all of the following purposes:

a. To protect the health, sanitation, safety, and well-being of all children under care.

b. To enforce its rules and regulations.

c. To use corrective action plans, whenever possible, to attain compliance prior to the use of more restrictive enforcement measures.

d. To make application for injunction to the proper circuit court, and the judge of that court shall have jurisdiction upon hearing and for cause shown to grant a temporary or permanent injunction, or both, restraining any person from violating or continuing to violate any of the provisions of ss. 402.301-402.319. Any violation of this section or of the standards applied under ss. 402.305-402.3055 which threatens harm to any child in the school's programs for children who are at least 3 years of age, but are under 5 years of age, or repeated violations of this section or the standards under ss. 402.305-402.3055, shall be grounds to seek an injunction to close a program in a school.

e. To impose an administrative fine, not to exceed \$100, for each violation of the minimum child care standards promulgated pursuant to ss. 402.305-402.3055.

4. It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to:

a. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any required written documentation for exclusion from licensure pursuant to this section a material fact used in making a determination as to such exclusion; or

b. Use information from the criminal records obtained under s. 402.305 or s. 402.3055 for any purpose other than screening that person for employment as specified in those sections or release such information to any other person for any purpose other than screening for employment as specified in those sections.

5. It is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from the juvenile records of any person obtained under s. 402.305 or s. 402.3055 for any purpose other than screening for employment as specified in those sections or to release information from such records to any other person for any purpose other than screening for employment as specified in those sections.

(e) The department and the nonpublic school accrediting agencies are encouraged to develop agreements to facilitate the enforcement of the minimum child care standards as they relate to the schools which the agencies accredit.

(3) **INSPECTION FEE.**—The department shall establish a fee for inspection activities performed pursuant to this section, in an amount sufficient to cover costs. However, the amount of such fee for the inspection of a school shall not exceed the fee imposed for child care licensure pursuant to s. 402.315.

History.—s. 3, ch. 88-391; s. 1, ch. 89-296; s. 35, ch. 90-347; ss. 1, 2, ch. 93-115; s. 94, ch. 2000-349; s. 50, ch. 2013-18; s. 21, ch. 2016-238; s. 25, ch. 2017-3.

402.3026 Full-service schools.—

(1) The State Board of Education and the Department of Health shall jointly establish full-service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of the demographic evaluations. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process. The Department of Health shall provide services to these high-risk students through facilities established within the grounds of the school. The Department of Health professionals shall carry out their specialized services as an extension of the educational environment. Such services may include, without limitation, nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education.

(2) The Department of Health shall designate an executive staff director to coordinate the full-service schools program and to act as liaison with the Department of Education to coordinate the provision of health and rehabilitative services in educational facilities.

History.—s. 20, ch. 90-273; s. 122, ch. 94-209; s. 34, ch. 99-5; s. 146, ch. 99-8.

402.305 Licensing standards; child care facilities.—

(1) LICENSING STANDARDS.—The department shall establish licensing standards that each licensed child care facility must meet regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility.

(a) The standards shall be designed to address the following areas:

1. The health, sanitation, safety, and adequate physical surroundings for all children in child care.
2. The health and nutrition of all children in child care.
3. The child development needs of all children in child care.

(b) All standards established under ss. 402.301-402.319 must be consistent with the rules adopted by the State Fire Marshal for child care facilities. However, if the facility is operated in a public school, the department shall use the public school fire code, as provided in the rules of the State Board of Education, as the minimum standard for firesafety.

(c) The minimum standards for child care facilities shall be adopted in the rules of the department and shall address the areas delineated in this section. The department, in adopting rules to establish minimum standards for child care facilities, shall recognize that different age groups of children may require different standards. The department may adopt different minimum standards for facilities that serve children in different age groups, including school-age children. The department shall also adopt by rule a definition for child care which distinguishes between child care programs that require child care licensure and after-school programs that do not require licensure. Notwithstanding any other provision of law to the contrary, minimum child care licensing standards shall be developed to provide for reasonable, affordable, and safe before-school and after-school care. After-school programs that otherwise meet the criteria for exclusion from licensure may provide snacks and meals through the federal Afterschool Meal Program (AMP) administered by the Department of Health in accordance with federal regulations and standards. The Department of Health shall consider meals to be provided through the AMP only if the program is actively participating in the AMP, is in good standing with the department, and the meals meet AMP requirements. Standards, at a minimum, shall allow for a credentialed director to supervise multiple before-school and after-school sites.

(2) PERSONNEL.—Minimum standards for child care personnel shall include minimum requirements as to:

(a) Good moral character based upon screening as defined in s. 402.302(15). This screening shall be conducted as provided in chapter 435, using the level 2 standards for screening set forth in that chapter, and include employment history checks, a search of criminal history records, sexual predator and sexual offender registries, and child abuse and neglect registry of any state in which the current or prospective child care personnel resided during the preceding 5 years.

(b) Fingerprint submission for child care personnel, which shall comply with s. 435.12.

(c) The department may grant exemptions from disqualification from working with children or the developmentally disabled as provided in s. 435.07.

(d) Minimum age requirements. Such minimum standards shall prohibit a person under the age of 21 from being the operator of a child care facility and a person under the age of 16 from being employed at such facility unless such person is under direct supervision and is not counted for the purposes of computing the personnel-to-child ratio.

(e) Minimum training requirements for child care personnel.

1. Such minimum standards for training shall ensure that all child care personnel take an approved 40-clock-hour introductory course in child care, which course covers at least the following topic areas:

- a. State and local rules and regulations which govern child care.
- b. Health, safety, and nutrition.
- c. Identifying and reporting child abuse and neglect.
- d. Child development, including typical and atypical language, cognitive, motor, social, and self-help skills development.
- e. Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine the child's developmental age level.
- f. Specialized areas, including computer technology for professional and classroom use and early literacy and language development of children from birth to 5 years of age, as determined by the department, for owner-operators and child care personnel of a child care facility.
- g. Developmental disabilities, including autism spectrum disorder and Down syndrome, and early identification, use of available state and local resources, classroom integration, and positive behavioral supports for children with developmental disabilities.

Within 90 days after employment, child care personnel shall begin training to meet the training requirements. Child care personnel shall successfully complete such training within 1 year after the date on which the training began, as evidenced by passage of a competency examination. Successful completion of the 40-clock-hour introductory course shall articulate into community college credit in early childhood education, pursuant to ss. 1007.24 and 1007.25. Exemption from all or a portion of the required training shall be granted to child care personnel based upon educational credentials or passage of competency examinations. Child care personnel possessing a 2-year degree or higher that includes 6 college credit hours in early childhood development or child growth and development, or a child development associate credential or an equivalent state-approved child development associate credential, or a child development associate waiver certificate shall be automatically exempted from the training requirements in sub-subparagraphs b., d., and e.

2. The introductory course in child care shall stress, to the extent possible, an interdisciplinary approach to the study of children.

3. The introductory course shall cover recognition and prevention of shaken baby syndrome; prevention of sudden infant death syndrome; recognition and care of infants and toddlers with developmental disabilities, including autism spectrum disorder and Down syndrome; and early childhood brain development within the topic areas identified in this paragraph.

4. On an annual basis in order to further their child care skills and, if appropriate, administrative skills, child care personnel who have fulfilled the requirements for the child care training shall be required to take an additional 1 continuing education unit of approved inservice training, or 10 clock hours of equivalent training, as determined by the department.

5. Child care personnel shall be required to complete 0.5 continuing education unit of approved training or 5 clock hours of equivalent training, as determined by the department, in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subparagraph 4.

6. Procedures for ensuring the training of qualified child care professionals to provide training of child care personnel, including onsite training, shall be included in the minimum standards. It is recommended that the state community child care coordination agencies (central agencies) be contracted by the department to coordinate such training when possible. Other district educational resources, such as community colleges and career programs, can be designated in such areas where central agencies may not exist or are determined not to have the capability to meet the coordination requirements set forth by the department.

7. Training requirements shall not apply to certain occasional or part-time support staff, including, but not limited to, swimming instructors, piano teachers, dance instructors, and gymnastics instructors.

8. The department shall evaluate or contract for an evaluation for the general purpose of determining the status of and means to improve staff training requirements and testing procedures. The evaluation shall be conducted every 2 years. The evaluation shall include, but not be limited to, determining the availability, quality, scope, and sources of current staff training; determining the need for specialty training; and determining ways to increase inservice training and ways to increase the accessibility, quality, and cost-effectiveness of current and proposed staff training. The evaluation methodology shall include a reliable and valid survey of child care personnel.

9. The child care operator shall be required to take basic training in serving children with disabilities within 5 years after employment, either as a part of the introductory training or the annual 8 hours of inservice training.

(f) Periodic health examinations.

(g) A credential for child care facility directors. The credential shall be a required minimum standard for licensing.

- (3) **MINIMUM STAFF CREDENTIALS.**—For every 20 children in a licensed child care facility, if the facility operates 8 hours or more per week, one of the child care personnel in the facility must have:
- (a) A child development associate credential;
 - (b) A child care professional credential, unless the department determines that such child care professional credential is not equivalent to or greater than a child development associate credential;
- or
- (c) A credential that is equivalent to or greater than the credential required in paragraph (a) or paragraph (b).

The department shall establish by rule those hours of operation, such as during rest periods and transitional periods, when this subsection does not apply.

(4) **STAFF-TO-CHILDREN RATIO.**—

(a) Minimum standards for the care of children in a licensed child care facility as established by rule of the department must include:

1. For children from birth through 1 year of age, there must be one child care personnel for every four children.
2. For children 1 year of age or older, but under 2 years of age, there must be one child care personnel for every six children.
3. For children 2 years of age or older, but under 3 years of age, there must be one child care personnel for every 11 children.
4. For children 3 years of age or older, but under 4 years of age, there must be one child care personnel for every 15 children.
5. For children 4 years of age or older, but under 5 years of age, there must be one child care personnel for every 20 children.
6. For children 5 years of age or older, there must be one child care personnel for every 25 children.
7. When children 2 years of age and older are in care, the staff-to-children ratio shall be based on the age group with the largest number of children within the group.

(b) This subsection does not apply to nonpublic schools and their integral programs as defined in s. 402.3025(2)(d)1. In addition, an individual participating in a community service program activity under s. 445.024(1)(e), or a work experience activity under s. 445.024(1)(f), at a child care facility may not be considered in calculating the staff-to-children ratio.

(5) **PHYSICAL FACILITIES.**—Minimum standards shall include requirements for building conditions, indoor play space, outdoor play space, napping space, bathroom facilities, food preparation facilities, outdoor equipment, and indoor equipment. Because of the nature and duration of drop-in child care, outdoor play space and outdoor equipment shall not be required for licensure; however, if such play

space and equipment are provided, then the minimum standards shall apply to drop-in child care. With respect to minimum standards for physical facilities of a child care program for school-age children which is operated in a public school facility, the department shall adopt the State Uniform Building Code for Public Educational Facilities Construction as the minimum standards, regardless of the operator of the program. The Legislature intends that if a child care program for school-age children is operated in a public school, the program need not conform to standards for physical facilities other than the standards adopted by the Commissioner of Education.

(6) SQUARE FOOTAGE PER CHILD.—Minimum standards shall be established by the department by rule.

(a) A child care facility that holds a valid license on October 1, 1992, must have a minimum of 20 square feet of usable indoor floor space for each child and a minimum of 45 square feet of usable outdoor play area for each child. Outdoor play area shall be calculated at the rate of 45 feet per child in any group using the play area at one time. A minimum play area shall be provided for one half of the licensed capacity. This standard applies as long as the child care facility remains licensed at the site occupied on October 1, 1992, and shall not be affected by any change in the ownership of the site.

(b) A child care facility that does not hold a valid license on October 1, 1992, and seeks regulatory approval to operate as a child care facility must have a minimum of 35 square feet of usable floor space for each child and a minimum of 45 square feet of usable outdoor play area for each child.

The minimum standard for outdoor play area does not apply in calculating square footage for children under 1 year of age. However, appropriate outdoor infant equipment shall be substituted for outdoor play space. The centers shall provide facilities and equipment conducive to the physical activities appropriate for the age and physical development of the child.

(7) SANITATION AND SAFETY.—

(a) Minimum standards shall include requirements for sanitary and safety conditions, first aid treatment, emergency procedures, and pediatric cardiopulmonary resuscitation. The minimum standards shall require that at least one staff person trained in cardiopulmonary resuscitation, as evidenced by current documentation of course completion, must be present at all times that children are present.

(b) In the case of a child care program for school-age children attending before and after school programs on the public school site, the department shall use the public school fire code, as adopted in the rules of the State Board of Education, as the minimum standard for firesafety. In the case of a child care program for school-age children attending before-school and after-school programs on a site operated by a municipality, the department shall adopt rules for such site and intended use.

(c) Some type of communications system, such as a pocket pager or beeper, shall be provided to a parent whose child is in drop-in child care to ensure the immediate return of the parent to the child, if necessary.

(8) NUTRITIONAL PRACTICES.—Minimum standards shall include requirements for the provision of meals or snacks of a quality and quantity to assure that the nutritional needs of the child are met.

(9) ADMISSIONS AND RECORDKEEPING.—

(a) Minimum standards shall include requirements for preadmission and periodic health examinations, requirements for immunizations, and requirements for maintaining emergency information and health records on all children.

(b) During the months of August and September of each year, each child care facility shall provide parents of children enrolled in the facility detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(c) During the months of April and September of each year, at a minimum, each facility shall provide parents of children enrolled in the facility information regarding the potential for a distracted adult to fail to drop off a child at the facility and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The child care facility shall also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which child care facilities may choose to reproduce and provide to parents to satisfy the requirements of this paragraph.

(d) Because of the nature and duration of drop-in child care, requirements for preadmission and periodic health examinations and requirements for medically signed records of immunization required for child care facilities shall not apply. A parent of a child in drop-in child care shall, however, be required to attest to the child's health condition and the type and current status of the child's immunizations.

(e) Any child shall be exempt from medical or physical examination or medical or surgical treatment upon written request of the parent or guardian of such child who objects to the examination and treatment. However, the laws, rules, and regulations relating to contagious or communicable diseases and sanitary matters shall not be violated because of any exemption from or variation of the health and immunization minimum standards.

(10) TRANSPORTATION SAFETY.—Minimum standards shall include requirements for child restraints or seat belts in vehicles used by child care facilities and large family child care homes to transport children, requirements for annual inspections of the vehicles, limitations on the number of children in the vehicles, procedures to avoid leaving children in vehicles when transported by the facility, and

accountability for children transported by the child care facility. A child care facility is not responsible for children when they are transported by a parent or guardian.

(11) ACCESS.—Minimum standards shall provide for reasonable access to the child care facility by the custodial parent or guardian during the time the child is in care.

(12) CHILD DISCIPLINE.—

(a) Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used for children in care. Such standards shall include at least the following requirements:

1. Children shall not be subjected to discipline which is severe, humiliating, or frightening.
2. Discipline shall not be associated with food, rest, or toileting.
3. Spanking or any other form of physical punishment is prohibited.

(b) Prior to admission of a child to a child care facility, the facility shall notify the parents in writing of the disciplinary practices used by the facility.

(13) PLAN OF ACTIVITIES.—Minimum standards shall ensure that each child care facility has and implements a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child. The written plan must include a program, to be implemented periodically for children of an appropriate age, which will assist the children in preventing and avoiding physical and mental abuse.

(14) URBAN CHILD CARE FACILITIES.—Minimum standards shall include requirements for child care facilities located in urban areas. The standards must allow urban child care facilities to substitute indoor play space for outdoor play space, if outdoor play space is not available in the area, and must set forth additional requirements that apply to a facility which makes that substitution, including, but not limited to, additional square footage requirements for indoor space; air ventilation provisions; and a requirement to provide facilities and equipment conducive to physical activities appropriate for the age of the children.

(15) TRANSITION PERIODS.—During the periods of time in which children are arriving and departing from the child care facility, notwithstanding local fire ordinances, the provisions of subsection (6) are suspended for a period of time not to exceed 30 minutes.

(16) EVENING AND WEEKEND CHILD CARE.—Minimum standards shall be developed by the department to provide for reasonable, affordable, and safe evening and weekend child care. Each facility offering evening or weekend child care must meet these minimum standards, regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility. The department may modify by rule the licensing standards contained in this section to accommodate evening child care.

(17) SPECIALIZED CHILD CARE FACILITIES FOR THE CARE OF MILDLY ILL CHILDREN.—Minimum standards shall be developed by the department, in conjunction with the Department of Health, for

specialized child care facilities for the care of mildly ill children. The minimum standards shall address the following areas: personnel requirements; staff-to-child ratios; staff training and credentials; health and safety; physical facility requirements, including square footage; client eligibility, including a definition of “mildly ill children”; sanitation and safety; admission and recordkeeping; dispensing of medication; and a schedule of activities.

(18) **TRANSFER OF OWNERSHIP.**—

(a) One week prior to the transfer of ownership of a child care facility or family day care home, the transferor shall notify the parent or caretaker of each child of the impending transfer.

(b) The department shall, by rule, establish methods by which notice will be achieved and minimum standards by which to implement this subsection.

History.—s. 5, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 1, 6, 7, ch. 83-248; s. 3, ch. 84-551; s. 24, ch. 85-54; s. 41, ch. 87-225; s. 23, ch. 87-238; s. 25, ch. 89-379; s. 2, ch. 90-35; s. 2, ch. 90-225; s. 35, ch. 90-306; s. 10, ch. 91-33; s. 28, ch. 91-57; s. 92, ch. 91-221; s. 2, ch. 91-300; s. 56, ch. 92-58; ss. 1, 2, ch. 93-115; s. 14, ch. 93-156; s. 22, ch. 94-134; s. 22, ch. 94-135; s. 1060, ch. 95-148; s. 18, ch. 95-152; s. 15, ch. 95-158; s. 22, ch. 95-195; s. 41, ch. 95-228; s. 131, ch. 95-418; ss. 76, 77, ch. 96-175; s. 12, ch. 96-268; s. 2, ch. 97-63; s. 2, ch. 98-165; s. 1, ch. 99-241; s. 10, ch. 99-304; s. 164, ch. 2000-165; s. 19, ch. 2000-253; s. 18, ch. 2000-337; ss. 21, 26, ch. 2001-170; s. 2, ch. 2002-300; s. 40, ch. 2003-1; s. 1, ch. 2003-131; s. 3, ch. 2003-146; s. 10, ch. 2004-41; s. 1, ch. 2004-49; s. 58, ch. 2004-267; s. 15, ch. 2004-269; s. 32, ch. 2004-357; s. 7, ch. 2005-71; s. 12, ch. 2007-6; s. 3, ch. 2007-197; s. 1, ch. 2009-147; s. 3, ch. 2010-224; s. 24, ch. 2013-252; s. 16, ch. 2018-103; s. 68, ch. 2019-3.

402.30501 Modification of introductory child care course for community college credit authorized.—The Department of Children and Families may modify the 40-clock-hour introductory course in child care under s. 402.305 or s. 402.3131 to meet the requirements of articulating the course to community college credit. Any modification must continue to provide that the course satisfies the requirements of s. 402.305(2)(e).

History.—s. 4, ch. 2002-300; s. 144, ch. 2014-19; s. 17, ch. 2018-103.

402.3054 Child enrichment service providers.—

(1) For the purposes of this section, “child enrichment service provider” means an individual who provides enrichment activities, such as language training, music instruction, educational instruction, and other experiences, to specific children during a specific time that is not part of the regular program in a child care facility.

(2) The child’s parent shall provide written consent before a child may participate in activities conducted by a child enrichment service provider that are not part of the regular program of the child care facility. A child enrichment service provider receives compensation from the child’s parent or from the child care facility and shall not be considered a volunteer or child care personnel.

(3) A child enrichment service provider shall be of good moral character based upon screening. This screening shall be conducted as provided in chapter 435, using the level 2 standards for screening set

forth in that chapter. A child enrichment service provider must meet the screening requirements prior to providing services to a child in a child care facility. A child enrichment service provider who has met the screening standards shall not be required to be under the direct and constant supervision of child care personnel.

History.—s. 18, ch. 2000-253; s. 59, ch. 2004-267.

402.3055 Child care personnel requirements.—

(1) REQUIREMENTS FOR CHILD CARE PERSONNEL.—

(a) The department or local licensing agency shall require that the application for a child care license contain a question that specifically asks the applicant, owner, or operator if he or she has ever had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. The applicant, owner, or operator shall attest to the accuracy of the information requested under penalty of perjury. If the applicant, owner, or operator admits that he or she has been a party in such action, the department or local licensing agency shall review the nature of the suspension, revocation, disciplinary action, or fine before granting the applicant a license to operate a child care facility. If the department or local licensing agency determines as the result of such review that it is not in the best interest of the state or local jurisdiction for the applicant to be licensed, a license shall not be granted.

(b) The child care facility employer shall require that the application for a child care personnel position contain a question that specifically asks the applicant if he or she has ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. The applicant shall attest to the accuracy of the information requested under penalty of perjury. If the applicant admits that he or she has been a party in such action, the employer shall review the nature of the denial, suspension, revocation, disciplinary action, or fine before the applicant is hired.

(2) EXCLUSION FROM OWNING, OPERATING, OR BEING EMPLOYED BY A CHILD CARE FACILITY OR OTHER CHILD CARE PROGRAM; HEARINGS PROVIDED.—

(a) The department or local licensing agency shall deny, suspend, or revoke a license or pursue other remedies provided in s. 402.310, s. 402.312, or s. 402.319 in addition to or in lieu of denial, suspension, or revocation for failure to comply with this section. The disciplinary actions determination to be made by the department or the local licensing agency and the procedure for hearing for applicants and licensees shall be in accordance with s. 402.310.

(b) When the department or the local licensing agency has reasonable cause to believe that grounds for denial or termination of employment exist, it shall notify, in writing, the applicant, licensee, or other child care program and the child care personnel affected, stating the specific record which indicates noncompliance with the standards in s. 402.305(2).

(c) When the department is the agency initiating the statement regarding noncompliance, the procedures established for hearing under chapter 120 shall be available to the applicant, licensee, or other child care program and to the affected child care personnel, in order to present evidence relating either to the accuracy of the basis of exclusion or to the denial of an exemption from disqualification.

(d) When a local licensing agency is the agency initiating the statement regarding noncompliance of an employee with the standards contained in s. 402.305(2), the employee, applicant, licensee, or other child care program has 15 days from the time of written notification of the agency's finding to make a written request for a hearing. If a request for a hearing is not received in that time, the permanent employee, applicant, licensee, or other child care program is presumed to accept the finding.

(e) If a request for a hearing is made to the local licensing agency, a hearing shall be held within 30 days and shall be conducted by an individual designated by the county commission.

(f) An employee, applicant, licensee, or other child care program shall have the right to appeal a finding of the local licensing agency to a representative of the department. Any required hearing shall be held in the county in which the permanent employee is employed. The hearing shall be conducted in accordance with the provisions of chapter 120.

(g) Refusal on the part of an applicant or licensee to dismiss child care personnel who have been found to be in noncompliance with personnel standards of s. 402.305(2) shall result in automatic denial or revocation of the license in addition to any other remedies pursued by the department or local licensing agency.

History.—ss. 4, 19, ch. 84-551; s. 25, ch. 85-54; s. 24, ch. 87-238; ss. 36, 61, ch. 90-306; s. 36, ch. 90-347; ss. 1, 2, ch. 93-115; s. 811, ch. 95-148; s. 58, ch. 95-228; s. 7, ch. 95-407; s. 223, ch. 99-13; s. 12, ch. 99-304.

402.306 Designation of licensing agency; dissemination by the department and local licensing agency of information on child care.—

(1) Any county whose licensing standards meet or exceed state minimum standards may:

(a) Designate a local licensing agency to license child care facilities in the county; or

(b) Contract with the department to delegate the administration of state minimum standards in the county to the department.

(2) Child care facilities in any county whose standards do not meet or exceed state minimum standards shall be subject to licensing by the department under state minimum standards.

(3) The department and local licensing agencies, or the designees thereof, shall be responsible for coordination and dissemination of information on child care to the community and shall make available through electronic means all licensing standards and procedures, health and safety standards for school readiness providers, monitoring and inspection reports, and the names and addresses of licensed child care facilities, school readiness program providers, and, where applicable pursuant to s. 402.313,

licensed or registered family day care homes. This information shall also include the number of deaths, serious injuries, and instances of substantiated child abuse that have occurred in child care settings each year; research and best practices in child development; and resources regarding social-emotional development, parent and family engagement, healthy eating, and physical activity.

History.—s. 6, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 5, ch. 84-551; ss. 1, 2, ch. 93-115; s. 12, ch. 2016-238.

402.307 Approval of licensing agency.—

(1) Within 30 days after the promulgation of state minimum standards, each county shall provide the department with a copy of its standards if they differ from the state minimum standards. At the same time, each county shall provide the department with the administrative procedures it intends to use for the licensing of child care facilities.

(2) The department shall have the authority to determine if local standards meet or exceed state minimum standards. Within 60 days after the county has submitted its standards and procedures, the department, upon being satisfied that such standards meet or exceed state minimum standards and that there is compliance with all provisions of ss. 402.301-402.319, shall approve the local licensing agency.

(3) Approval to issue licenses for the department shall be renewed annually. For renewal, the local licensing agency shall submit to the department a copy of the licensing standards and procedures applied. An onsite review may be made if deemed necessary by the department.

(4) If, following an onsite review, the department finds the local licensing agency is not applying the approved standards, the department shall report the specific violations to the county commission of the involved county which shall investigate the violations and take whatever action necessary to correct them.

(5) To ensure that accurate statistical data are available, each local licensing agency shall report annually to the department the number of child care facilities under its jurisdiction, the number of children served, the ages of children served, and the number of revocations or denials of licenses.

History.—s. 7, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 6, ch. 84-551; ss. 1, 2, ch. 93-115.

402.308 Issuance of license.—

(1) ANNUAL LICENSING.—Every child care facility in the state shall have a license which shall be renewed annually.

(2) CHANGE OF OWNERSHIP.—Every child care facility shall reapply for and receive a license prior to the time a new owner assumes responsibility for the facility. The department shall grant or deny the reapplication for license within 45 days from the date upon which the child care facility reapplies.

(3) STATE ADMINISTRATION OF LICENSING.—In any county in which the department has the authority to issue licenses, the following procedures shall be applied:

(a) Application for a license or for a renewal of a license to operate a child care facility shall be made in the manner and on the forms prescribed by the department. The applicant's social security number shall be included on the form submitted to the department. Pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, each applicant is required to provide his or her social security number in accordance with this section. Disclosure of social security numbers obtained through this requirement shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

(b) Prior to the renewal of a license, the department shall reexamine the child care facility, including in that process the examination of the premises and those records of the facility as required under s. 402.305, to determine that minimum standards for licensing continue to be met.

(c) The department shall coordinate all inspections of child care facilities. A child care facility is not required to implement a recommendation of one agency that is in conflict with a recommendation of another agency if such conflict arises due to uncoordinated inspections. Any conflict in recommendations shall be resolved by the secretary of the department within 15 days after written notice that such conflict exists.

(d) The department shall issue or renew a license upon receipt of the license fee and upon being satisfied that all standards required by ss. 402.301-402.319 have been met. A license may be issued if all the screening materials have been timely submitted; however, a license may not be issued or renewed if any of the child care personnel at the applicant facility have failed the screening required by ss. 402.305(2) and 402.3055.

(4) LOCAL ADMINISTRATION OF LICENSING.—In any county in which there is a local licensing agency approved by the department, the following procedures shall apply:

(a) Application for a license or for renewal of license to operate a child care facility shall be made in the manner and on the forms prescribed by the local licensing agency.

(b) Prior to the renewal of a license, the agency shall reexamine the child care facility, including in that process the examination of the premises and records of the facility as required in s. 402.305 to determine that minimum standards for licensing continue to be met.

(c) The local agency shall coordinate all inspections of child care facilities. A child care facility is not required to implement a recommendation of one agency that is in conflict with a recommendation of another agency if such conflict arises due to uncoordinated inspections. Any conflict in recommendations shall be resolved by the county commission or its representative within 15 days after written notice that such conflict exists.

(d) The local licensing agency shall issue a license or renew a license upon being satisfied that all standards required by ss. 402.301-402.319 have been met. A license may be issued or renewed if all the screening materials have been timely submitted; however, the local licensing agency shall not issue or

renew a license if any of the child care personnel at the applicant facility have failed the screening required by ss. 402.305(2) and 402.3055.

(5) **ISSUANCE OF LOCAL OCCUPATIONAL LICENSES.**—No county or municipality shall issue an occupational license which is being obtained for the purpose of operating a child care facility regulated under this act without first ascertaining that the applicant has been licensed to operate such facility at the specified location or locations by the department or local licensing agency. The department or local licensing agency shall furnish to local agencies responsible for issuing occupational licenses sufficient instruction for making the above required determinations.

History.—s. 8, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 2, 6, 7, ch. 83-248; s. 7, ch. 84-551; s. 26, ch. 85-54; s. 25, ch. 87-238; ss. 1, 2, ch. 93-115; s. 44, ch. 97-170; s. 225, ch. 99-13.

402.309 Provisional license or registration.—

(1) The local licensing agency or the department, whichever is authorized to license child care facilities in a county, may issue a provisional license for child care facilities, family day care homes, or large family child care homes, or a provisional registration for family day care homes to applicants for an initial license or registration or to licensees or registrants seeking a renewal who are unable to meet all the standards provided for in ss. 402.301-402.319.

(2) A provisional license or registration may not be issued unless the operator or owner makes adequate provisions for the health and safety of the child. A provisional license may be issued for a child care facility if all of the screening materials have been timely submitted. A provisional license or registration may not be issued unless the child care facility, family day care home, or large family child care home is in compliance with the requirements for screening of child care personnel in ss. 402.305, 402.3055, 402.313, and 402.3131, respectively.

(3) The provisional license or registration may not be issued for a period that exceeds 6 months; however, it may be renewed one time for a period that may not exceed 6 months under unusual circumstances beyond the control of the applicant.

(4) The provisional license or registration may be suspended or revoked if periodic inspection or review by the local licensing agency or the department indicates that insufficient progress has been made toward compliance.

(5) The department shall adopt rules specifying the conditions and procedures under which a provisional license or registration may be issued, suspended, or revoked.

History.—s. 9, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 8, ch. 84-551; s. 27, ch. 85-54; s. 26, ch. 87-238; ss. 1, 2, ch. 93-115; s. 7, ch. 2006-91.

402.310 Disciplinary actions; hearings upon denial, suspension, or revocation of license or registration; administrative fines.—

(1)(a) The department or local licensing agency may administer any of the following disciplinary sanctions for a violation of any provision of ss. 402.301-402.319, or the rules adopted thereunder:

1. Impose an administrative fine not to exceed \$100 per violation, per day. However, if the violation could or does cause death or serious harm, the department or local licensing agency may impose an administrative fine, not to exceed \$500 per violation per day in addition to or in lieu of any other disciplinary action imposed under this section.

2. Convert a license or registration to probation status and require the licensee or registrant to comply with the terms of probation. A probation-status license or registration may not be issued for a period that exceeds 6 months and the probation-status license or registration may not be renewed. A probation-status license or registration may be suspended or revoked if periodic inspection by the department or local licensing agency finds that the probation-status licensee or registrant is not in compliance with the terms of probation or that the probation-status licensee or registrant is not making sufficient progress toward compliance with ss. 402.301-402.319.

3. Deny, suspend, or revoke a license or registration.

(b) In determining the appropriate disciplinary action to be taken for a violation as provided in paragraph (a), the following factors shall be considered:

1. The severity of the violation, including the probability that death or serious harm to the health or safety of any person will result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of ss. 402.301-402.319 have been violated.

2. Actions taken by the licensee or registrant to correct the violation or to remedy complaints.

3. Any previous violations of the licensee or registrant.

(c) The department shall adopt rules to:

1. Establish the grounds under which the department may deny, suspend, or revoke a license or registration or place a licensee or registrant on probation status for violations of ss. 402.301-402.319.

2. Establish a uniform system of procedures to impose disciplinary sanctions for violations of ss. 402.301-402.319. The uniform system of procedures must provide for the consistent application of disciplinary actions across districts and a progressively increasing level of penalties from predisciplinary actions, such as efforts to assist licensees or registrants to correct the statutory or regulatory violations, and to severe disciplinary sanctions for actions that jeopardize the health and safety of children, such as for the deliberate misuse of medications.

(d) The disciplinary sanctions set forth in this section apply to licensed child care facilities, licensed large family child care homes, and licensed or registered family day care homes.

(2) When the department has reasonable cause to believe that grounds exist for the denial, suspension, or revocation of a license or registration; the conversion of a license or registration to probation status; or the imposition of an administrative fine, it shall determine the matter in accordance with procedures prescribed in chapter 120. When the local licensing agency has reasonable cause to believe that grounds exist for the denial, suspension, or revocation of a license or registration; the conversion of a license or registration to probation status; or the imposition of an administrative

fine, it shall notify the applicant, registrant, or licensee in writing, stating the grounds upon which the license or registration is being denied, suspended, or revoked or an administrative fine is being imposed. If the applicant, registrant, or licensee makes no written request for a hearing to the local licensing agency within 15 days after receipt of the notice, the license shall be deemed denied, suspended, or revoked; the license or registration shall be converted to probation status; or an administrative fine shall be imposed.

(3) If a request for a hearing is made to the local licensing agency, a hearing shall be held within 30 days and shall be conducted by an individual designated by the county commission.

(4) An applicant, registrant, or licensee shall have the right to appeal a decision of the local licensing agency to a representative of the department. Any required hearing shall be held in the county in which the child care facility, family day care home, or large family child care home is being operated or is to be established. The hearing shall be conducted in accordance with the provisions of chapter 120.

History.—s. 10, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-117; s. 1, ch. 77-457; s. 19, ch. 78-95; ss. 2, 3, ch. 81-318; ss. 3, 6, 7, ch. 83-248; s. 9, ch. 84-551; s. 42, ch. 87-225; s. 37, ch. 90-306; ss. 1, 2, ch. 93-115; s. 24, ch. 2000-153; s. 3, ch. 2006-91; s. 69, ch. 2019-3.

402.311 Inspection.—

(1) A licensed child care facility shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities and personnel and to those records required in s. 402.305, at reasonable times during regular business hours, to ensure compliance with ss. 402.301-402.319. The right of entry and inspection shall also extend to any premises which the department or local licensing agency has reason to believe are being operated or maintained as a child care facility without a license, but no such entry or inspection of any premises shall be made without the permission of the person in charge thereof unless a warrant is first obtained from the circuit court authorizing such entry or inspection. Any application for a license or renewal made pursuant to this act or the advertisement to the public for the provision of child care as defined in s. 402.302 shall constitute permission for any entry or inspection of the premises for which the license is sought in order to facilitate verification of the information submitted on or in connection with the application. In the event a licensed facility refuses permission for entry or inspection to the department or local licensing agency, a warrant shall be obtained from the circuit court authorizing entry or inspection before such entry or inspection. The department or local licensing agency may institute disciplinary proceedings pursuant to s. 402.310 for such refusal.

(2) A school readiness program provider shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities, personnel, and records, to verify compliance with the requirements of s. 1002.88. Entry, inspection, and issuance of an inspection report by the department or the local licensing agency to verify compliance with the

requirements of s. 1002.88 is an exercise of a discretionary power to enforce compliance with the laws duly enacted by a governmental body.

(3) The department's issuance, transmittal, or publication of an inspection report resulting from an inspection under this section does not constitute agency action subject to chapter 120.

History.—s. 11, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 10, ch. 84-551; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 13, ch. 2016-238.

402.3115 Elimination of duplicative and unnecessary inspections; abbreviated inspections.—

The Department of Children and Families and local governmental agencies that license child care facilities shall develop and implement a plan to eliminate duplicative and unnecessary inspections of child care facilities. In addition, the department and the local governmental agencies shall develop and implement an abbreviated inspection plan for child care facilities that have had no Class 1 or Class 2 deficiencies, as defined by rule, for at least 2 consecutive years. The abbreviated inspection must include those elements identified by the department and the local governmental agencies as being key indicators of whether the child care facility continues to provide quality care and programming.

History.—s. 79, ch. 96-175; s. 147, ch. 99-8; s. 226, ch. 99-13; s. 145, ch. 2014-19.

402.312 License required; injunctive relief.—

(1) The operation of a child care facility without a license, a family day care home without a license or registration, or a large family child care home without a license is prohibited. If the department or the local licensing agency discovers that a child care facility is being operated without a license, a family day care home is being operated without a license or registration, or a large family child care home is being operated without a license, the department or local licensing agency is authorized to seek an injunction in the circuit court where the facility is located to enjoin continued operation of such facility, family day care home, or large family child care home. When the court is closed for the transaction of judicial business, the department or local licensing agency is authorized to seek an emergency injunction to enjoin continued operation of such unlicensed facility, unregistered or unlicensed family day care home, or unlicensed large family child care home, which injunction shall be continued, modified, or revoked on the next day of judicial business.

(2) Other grounds for seeking an injunction to close a child care facility, family day care home, or a large family child care home are that:

(a) There is any violation of the standards applied under ss. 402.301-402.319 which threatens harm to any child in the child care facility, a family day care home, or large family child care home.

(b) A licensee or registrant has repeatedly violated the standards provided for under ss. 402.301-402.319.

(c) A child care facility, family day care home, or large family child care home continues to have children in attendance after the closing date established by the department or the local licensing agency.

(3) The department or local licensing agency may impose an administrative fine on any child care facility, family day care home, or large family child care home operating without a license or registration, consistent with the provisions of s. 402.310.

History.—s. 12, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 4, 6, 7, ch. 83-248; s. 11, ch. 84-551; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 2, ch. 2003-131.

402.3125 Display and appearance of license; posting of violations; information to be provided to parents.—

(1)(a) Upon receipt of a license issued under s. 402.308 or s. 402.309, the child care facility shall display such license in a conspicuous place within the facility.

(b)1. In addition to posting the license as required under paragraph (a), the child care facility shall post with the license:

a. Each citation for a violation of any standard or requirement of ss. 402.301-402.319 that has resulted in disciplinary action under s. 402.310 or s. 402.312.

b. An explanation, written in simple language, of each citation.

c. A description, written in simple language, of the corrective action, if any, taken by the facility for each citation. Included in the description shall be the dates on which the corrective action was taken.

2. Each citation, explanation, and description of corrective action shall remain posted for 1 year after the citation's effective date.

(2) The department shall ensure that every license it issues under s. 402.308 or s. 402.309 bears the distinctive seals of the State of Florida and of the department and is clearly recognizable by its size, color, seals, and contents to be a state license or provisional license for a child care facility.

(3) Each local licensing agency shall ensure that every license it issues under s. 402.308 or s. 402.309 bears the distinctive seals of the issuing county and of the department and is clearly recognizable by its size, color, seals, and contents to be a county license or provisional license for a child care facility. Noncompliance by a local licensing agency shall be deemed by the department to be failure to meet minimum state standards and shall result in the department immediately assuming licensure authority in the county.

(4) Any license issued pursuant to subsection (2) or subsection (3) shall include the name, address, and telephone number of the licensing agency.

(5) The department shall develop a model brochure for distribution by the department and by local licensing agencies to every child care facility in the state. Pursuant thereto:

(a) Upon receipt of such brochures, each child care facility shall provide a copy of same to every parent, guardian, or other person having entered a child in such facility. Thereafter, a copy of such brochure shall be provided to every parent, guardian, or other person entering a child in such facility upon entrance of the child or prior thereto.

(b) Each child care facility shall certify to the department or local licensing agency, whichever is appropriate, that it has so provided and will continue to so provide such brochures, which certification shall operate as a condition upon issuance and renewal of licensure. Noncompliance by any child care facility shall be grounds for sanction as provided in ss. 402.310 and 402.312.

(c) The brochure shall, at a minimum, contain the following information:

1. A statement that the facility is licensed and has met state standards for licensure as established by s. 402.305 or that the facility is licensed by a local licensing agency and has met or exceeded the state standards, pursuant to ss. 402.306 and 402.307. Such statement shall include a listing of specific standards that licensed facilities must meet pursuant to s. 402.305.

2. A statement indicating that information about the licensure status of the child care facility can be obtained by telephoning the department office or the office of the local licensing agency issuing the license at a telephone number or numbers which shall be printed upon or otherwise affixed to the brochure.

3. The statewide toll-free telephone number of the central abuse hotline, together with a notice that reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect are received and referred for investigation by the hotline.

4. The date that the current license for the facility was issued and the date of its scheduled expiration if it is not renewed.

5. Any other information relating to competent child care that the department deems would be helpful to parents and other caretakers in their selection of a child care facility.

(d) The department shall prepare a brochure containing substantially the same information as specified in paragraph (c) and shall make such brochure available to all interested persons, including physicians and other health professionals; mental health professionals; school teachers or other school personnel; social workers or other professional child care, foster care, residential, or institutional workers; and law enforcement officers.

History.—ss. 12, 19, ch. 84-551; s. 43, ch. 87-225; s. 61, ch. 90-306; ss. 1, 2, ch. 93-115; s. 1, ch. 95-329; s. 95, ch. 2000-349.

402.313 Family day care homes.—

(1) Family day care homes shall be licensed under this act if they are presently being licensed under an existing county licensing ordinance or if the board of county commissioners passes a resolution that family day care homes be licensed.

(a) If not subject to license, family day care homes shall register annually with the department, providing the following information:

1. The name and address of the home.
2. The name of the operator.
3. The number of children served.

4. Proof of a written plan to provide at least one other competent adult to be available to substitute for the operator in an emergency. This plan shall include the name, address, and telephone number of the designated substitute.

5. Proof of screening and background checks.

6. Proof of successful completion of the 30-hour training course, as evidenced by passage of a competency examination, which shall include:

a. State and local rules and regulations that govern child care.

b. Health, safety, and nutrition.

c. Identifying and reporting child abuse and neglect.

d. Child development, including typical and atypical language development; and cognitive, motor, social, and self-help skills development.

e. Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine a child's developmental level.

f. Specialized areas, including early literacy and language development of children from birth to 5 years of age, as determined by the department, for owner-operators of family day care homes.

7. Proof that immunization records are kept current.

8. Proof of completion of the required continuing education units or clock hours.

(b) A family day care home may volunteer to be licensed under this act.

(c) The department may provide technical assistance to counties and family day care home providers to enable counties and family day care providers to achieve compliance with family day care homes standards.

(2) This information shall be included in a directory to be published annually by the department to inform the public of available child care facilities.

(3) Child care personnel in family day care homes shall be subject to the applicable screening provisions contained in ss. 402.305(2) and 402.3055. For purposes of screening in family day care homes, the term includes any member over the age of 12 years of a family day care home operator's family, or persons over the age of 12 years residing with the operator in the family day care home. Members of the operator's family, or persons residing with the operator, who are between the ages of 12 years and 18 years shall not be required to be fingerprinted, but shall be screened for delinquency records.

(4) Operators of family day care homes must successfully complete an approved 30-clock-hour introductory course in child care, as evidenced by passage of a competency examination, before caring for children.

(5) In order to further develop their child care skills and, if appropriate, their administrative skills, operators of family day care homes shall be required to complete an additional 1 continuing education

unit of approved training or 10 clock hours of equivalent training, as determined by the department, annually.

(6) Operators of family day care homes shall be required to complete 0.5 continuing education unit of approved training in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subsection (5).

(7) Operators of family day care homes shall be required annually to complete a health and safety home inspection self-evaluation checklist developed by the department in conjunction with the statewide resource and referral program. The completed checklist shall be signed by the operator of the family day care home and provided to parents as certification that basic health and safety standards are being met.

(8) Family day care home operators may avail themselves of supportive services offered by the department.

(9) The department shall prepare a brochure on family day care for distribution by the department and by local licensing agencies, if appropriate, to family day care homes for distribution to parents utilizing such child care, and to all interested persons, including physicians and other health professionals; mental health professionals; school teachers or other school personnel; social workers or other professional child care, foster care, residential, or institutional workers; and law enforcement officers. The brochure shall, at a minimum, contain the following information:

(a) A brief description of the requirements for family day care registration, training, and fingerprinting and screening.

(b) A listing of those counties that require licensure of family day care homes. Such counties shall provide an addendum to the brochure that provides a brief description of the licensure requirements or may provide a brochure in lieu of the one described in this subsection, provided it contains all the required information on licensure and the required information in the subsequent paragraphs.

(c) A statement indicating that information about the family day care home's compliance with applicable state or local requirements can be obtained by telephoning the department office or the office of the local licensing agency, if appropriate, at a telephone number or numbers which shall be affixed to the brochure.

(d) The statewide toll-free telephone number of the central abuse hotline, together with a notice that reports of suspected and actual child physical abuse, sexual abuse, and neglect are received and referred for investigation by the hotline.

(e) Any other information relating to competent child care that the department or local licensing agency, if preparing a separate brochure, deems would be helpful to parents and other caretakers in their selection of a family day care home.

(10) On an annual basis, the department shall evaluate the registration and licensure system for family day care homes. Such evaluation shall, at a minimum, address the following:

(a) The number of family day care homes registered and licensed and the dates of such registration and licensure.

(b) The number of children being served in both registered and licensed family day care homes and any available slots in such homes.

(c) The number of complaints received concerning family day care, the nature of the complaints, and the resolution of such complaints.

(d) The training activities utilized by child care personnel in family day care homes for meeting the state or local training requirements.

The evaluation shall be utilized by the department in any administrative modifications or adjustments to be made in the registration of family day care homes or in any legislative requests for modifications to the system of registration or to other requirements for family day care homes.

(11) In order to inform the public of the state requirement for registration of family day care homes as well as the other requirements for such homes to legally operate in the state, the department shall institute a media campaign to accomplish this end. Such a campaign shall include, at a minimum, flyers, newspaper advertisements, radio advertisements, and television advertisements.

(12) Notwithstanding any other state or local law or ordinance, any family day care home licensed pursuant to this chapter or pursuant to a county ordinance shall be charged the utility rates accorded to a residential home. A licensed family day care home may not be charged commercial utility rates.

(13) The department shall, by rule, establish minimum standards for family day care homes that are required to be licensed by county licensing ordinance or county licensing resolution or that voluntarily choose to be licensed. The standards should include requirements for staffing, training, maintenance of immunization records, minimum health and safety standards, reduced standards for the regulation of child care during evening hours by municipalities and counties, and enforcement of standards.

(14) During the months of August and September of each year, each family day care home shall provide parents of children enrolled in the home detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(15) During the months of April and September of each year, at a minimum, each family day care home shall provide parents of children attending the family day care home information regarding the potential for a distracted adult to fail to drop off a child at the family day care home and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The family day care home shall

also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which family day care homes may choose to reproduce and provide to parents to satisfy the requirements of this subsection.

History.—s. 13, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 28, ch. 85-54; s. 44, ch. 87-225; s. 27, ch. 87-238; s. 38, ch. 90-306; s. 3, ch. 91-300; ss. 1, 2, ch. 93-115; s. 46, ch. 95-196; s. 59, ch. 95-228; s. 80, ch. 96-175; s. 3, ch. 97-63; s. 39, ch. 97-173; s. 14, ch. 99-304; s. 96, ch. 2000-349; s. 62, ch. 2002-1; s. 3, ch. 2002-300; s. 3, ch. 2003-131; s. 4, ch. 2006-91; s. 2, ch. 2009-147; s. 11, ch. 2010-210; s. 18, ch. 2018-103.

402.3131 Large family child care homes.—

(1) Large family child care homes shall be licensed under this section.

(a) A licensed family day care home must first have operated for a minimum of 2 consecutive years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home.

(b) The department may provide technical assistance to counties and family day care home providers to enable the counties and providers to achieve compliance with minimum standards for large family child care homes.

(2) Child care personnel in large family child care homes shall be subject to the applicable screening provisions contained in ss. 402.305(2) and 402.3055. For purposes of screening child care personnel in large family child care homes, the term "child care personnel" includes any member of a large family child care home operator's family 12 years of age or older, or any person 12 years of age or older residing with the operator in the large family child care home. Members of the operator's family, or persons residing with the operator, who are between the ages of 12 years and 18 years, inclusive, shall not be required to be fingerprinted, but shall be screened for delinquency records.

(3) Operators of large family child care homes must successfully complete an approved 40-clock-hour introductory course in group child care, as evidenced by passage of a competency examination. Successful completion of the 40-clock-hour introductory course shall articulate into community college credit in early childhood education, pursuant to ss. 1007.24 and 1007.25.

(4) In order to further develop their child care skills and, if appropriate, their administrative skills, operators of large family child care homes who have completed the required introductory course shall be required to complete an additional 1 continuing education unit of approved training or 10 clock hours of equivalent training, as determined by the department, annually.

(5) Operators of large family child care homes shall be required to complete 0.5 continuing education unit of approved training or 5 clock hours of equivalent training, as determined by the department, in early literacy and language development of children from birth to 5 years of age one time. The year that this training is completed, it shall fulfill the 0.5 continuing education unit or 5 clock hours of the annual training required in subsection (4).

(6) The department shall prepare a brochure on large family child care homes for distribution to the general public.

(7) The department shall, by rule, establish minimum standards for large family child care homes. The standards shall include, at a minimum, requirements for staffing, maintenance of immunization records, minimum health standards, minimum safety standards, minimum square footage, and enforcement of standards.

(8) Prior to being licensed by the department, large family child care homes must be approved by the state or local fire marshal in accordance with standards established for child care facilities.

(9) During the months of August and September of each year, each large family child care home shall provide parents of children enrolled in the home detailed information regarding the causes, symptoms, and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against influenza as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(10) During the months of April and September of each year, at a minimum, each large family child care home shall provide parents of children attending the large family child care home information regarding the potential for a distracted adult to fail to drop off a child at the large family child care home and instead leave the child in the adult's vehicle upon arrival at the adult's destination. The large family child care home shall also give parents information about resources with suggestions to avoid this occurrence. The department shall develop a flyer or brochure with this information that shall be posted to the department's website, which large family child care homes may choose to reproduce and provide to parents to satisfy the requirements of this subsection.

History.—s. 15, ch. 99-304; s. 1, ch. 2002-300; s. 41, ch. 2003-1; s. 4, ch. 2003-131; s. 5, ch. 2006-91; s. 3, ch. 2009-147; s. 19, ch. 2018-103.

402.314 Supportive services.—The department shall provide consultation services, technical assistance, and inservice training, when requested and as available, to operators, licensees, registrants, and applicants to help improve programs, homes, and facilities for child care, and shall work cooperatively with other organizations and agencies concerned with child care.

History.—s. 13, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 29, ch. 85-54; ss. 1, 2, ch. 93-115.

402.315 Funding; license fees.—

(1) If the county designates a local agency to be responsible for the licensing of child care facilities, the county shall bear at least 75 percent of the costs involved.

(2) The department shall bear the costs of the licensing of child care facilities when contracted to do so by a county or when directly responsible for licensing in a county which fails to meet or exceed state minimum standards.

(3) The department shall collect a fee for any license it issues for a child care facility, family day care home, or large family child care home pursuant to ss. 402.305, 402.313, and 402.3131.

(a) For a child care facility licensed pursuant to s. 402.305, such fee shall be \$1 per child, based on the licensed capacity of the facility, except that the minimum fee shall be \$25 per facility and the maximum fee shall be \$100 per facility.

(b) For a family day care home registered pursuant to s. 402.313, such fee shall be \$25.

(c) For a family day care home licensed pursuant to s. 402.313, such fee shall be \$50.

(d) For a large family child care home licensed pursuant to s. 402.3131, such fee shall be \$60.

(4) Any county may collect a fee for any license it issues pursuant to s. 402.308.

(5) All moneys collected by the department for child care licensing shall be held in a trust fund of the department to be reallocated to the department during the following fiscal year to fund child care licensing activities, including the Gold Seal Quality Care program created pursuant to s. 402.281.

History.—s. 15, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 5, 6, 7, ch. 83-248; s. 13, ch. 84-551; s. 30, ch. 85-54; ss. 1, 2, ch. 93-115; s. 81, ch. 96-175; s. 14, ch. 2010-210.

402.316 Exemptions.—

(1) The provisions of ss. 402.301-402.319, except for the requirements regarding screening of child care personnel, shall not apply to a child care facility which is an integral part of church or parochial schools conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, and sanitation. However, such facilities shall meet minimum requirements of the applicable local governing body as to health, sanitation, and safety and shall meet the screening requirements pursuant to ss. 402.305 and 402.3055. Failure by a facility to comply with such screening requirements shall result in the loss of the facility's exemption from licensure.

(2) Any county or city with state or local child care licensing programs in existence on July 1, 1974, will continue to license the child care facilities as covered by such programs, notwithstanding the provisions of subsection (1), until and unless the licensing agency makes a determination to exempt them.

(3) Any child care facility covered by the exemption provisions of subsection (1), but desiring to be included in this act, is authorized to do so by submitting notification to the department. Once licensed, such facility cannot withdraw from the act and continue to operate.

History.—s. 16, ch. 74-113; s. 3, ch. 76-168; s. 1, ch. 77-457; ss. 2, 3, ch. 81-318; ss. 6, 7, ch. 83-248; s. 14, ch. 84-551; s. 31, ch. 85-54; ss. 1, 2, ch. 93-115.

402.317 Prolonged child care.—Notwithstanding the time restriction specified in s. 402.302(1), child care may be provided for 24 hours or longer for a child whose parent or legal guardian works a shift of 24 hours or more. The requirement that a parent or legal guardian work a shift of 24 hours or more must be certified in writing by the employer, and the written certification shall be maintained in

the facility by the child care provider and made available to the licensing agency. The time that a child remains in child care, however, may not exceed 72 consecutive hours in any 7-day period. During a declared state of emergency, the child care licensing agency may temporarily waive the time limitations provided in this section.

History.—s. 8, ch. 2006-91.

402.318 Advertisement.—A person, as defined in s. 1.01(3), may not advertise a child care facility, family day care home, or large family child care home without including within such advertisement the state or local agency license number or registration number of such facility or home. Violation of this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History.—ss. 15, 19, ch. 84-551; s. 74, ch. 91-224; ss. 1, 2, ch. 93-115; s. 3, ch. 2011-75.

402.319 Penalties.—

(1) It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person knowingly to:

(a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment or licensure regulated under ss. 402.301-402.318 all information required under those sections or a material fact used in making a determination as to such person's qualifications to be child care personnel, as defined in s. 402.302, in a child care facility, family day care home, or other child care program.

(b) Operate or attempt to operate a child care facility without having procured a license as required by this act.

(c) Operate or attempt to operate a family day care home without a license or without registering with the department, whichever is applicable.

(d) Operate or attempt to operate a child care facility or family day care home under a license that is suspended, revoked, or terminated.

(e) Misrepresent, by act or omission, a child care facility or family day care home to be duly licensed pursuant to this act without being so licensed.

(f) Make any other misrepresentation, by act or omission, regarding the licensure or operation of a child care facility or family day care home to a parent or guardian who has a child placed in the facility or is inquiring as to placing a child in the facility, or to a representative of the licensing authority, or to a representative of a law enforcement agency, including, but not limited to, any misrepresentation as to:

1. The number of children at the child care facility or the family day care home;
2. The part of the child care facility or family day care home designated for child care;
3. The qualifications or credentials of child care personnel;

4. Whether a family day care home or child care facility complies with the screening requirements of s. 402.305; or

5. Whether child care personnel have the training as required by s. 402.305.

(2) If any child care personnel makes any misrepresentation in violation of this section to a parent or guardian who has placed a child in the child care facility or family day care home, and the parent or guardian relied upon the misrepresentation, and the child suffers great bodily harm, permanent disfigurement, permanent disability, or death as a result of an intentional act or negligence by the child care personnel, then the child care personnel commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) Each child care facility, family day care home, and large family child care home shall annually submit an affidavit of compliance with s. 39.201.

History.—ss. 16, 19, ch. 84-551; s. 32, ch. 85-54; s. 37, ch. 90-347; ss. 1, 2, ch. 93-115; s. 60, ch. 95-228; s. 2, ch. 99-207; s. 14, ch. 2016-238.

**Development and Implementation of a Statewide Differential Monitoring Licensing Methodology for Florida's Office of Child Care
February 17, 2021 - June 30, 2021**

Phase	Deliverable	Lead Consultant	Service Task (ST)	ST Target Completion Date	ST Actual Completion Date
1	F-2.1.1 Development of Differential Monitoring Licensing Methodology Project Plan Due: March 5, 2021	Alisa	C-1.1.1. – develop a project plan and timeline for implementation of all phases of the Differential Monitoring Licensing Methodology. C-1.1.2. The Provider shall schedule, organize, and conduct one initial meeting with the Department for the purpose of reviewing the proposed project plan with Office of Child Care staff. Review plan, laws, checklists. Submit final project plan within 1 week of initial meeting	February 26, 2021 March 5, 2021	February 26, 2021 March 3, 2021
1		Alisa	C-1.1.3. The Provider shall conduct ongoing communication with the Office of Child Care for project updates, including, but not limited to, biweekly virtual status meetings to discuss progress of the project and any difficulties that may impede progress. Biweekly written status reports within 1 week of status report meetings	Biweekly for duration of the contract	
2	F-2.1.2 Quantitative and qualitative statistical analysis of the stakeholder feedback sessions to generate a recommended Differential Monitoring Licensing Methodology. Due: April 5, 2021	Alisa	C-1.2.1. The Provider shall develop, organize, and conduct stakeholder feedback sessions to include Department staff and child care providers, in order to garner information regarding current regulation and inspection methodology and suggestions for changes in regulation and inspection methodology. Stakeholder groups should be developed to focus on specific licensing areas. The Provider shall determine the feedback session structure, including questions used, and method of data collection. The Provider shall submit plans for the feedback sessions to the Department for approval prior to conducting the first session. Information gained from feedback sessions shall be shared with the Department as part of biweekly status reports and in the overall project report	March 30, 2021 One week before first session	March 24, 2021 March 11, 2021
2	F-2.1.3 Quantitative and qualitative statistical analysis of system child care licensing data to generate a recommended Differential Monitoring Licensing Methodology. Due: April 15, 2021	Rick	C-1.2.2. The Provider shall collect child care regulation data based on State data storage mechanisms. The Provider shall identify and select a statistically significant representative sample of the data to use for conducting a quantitative analysis of the data in order to generate a desired Differential Monitoring Licensing Methodology. The Provider shall submit plans for system data analysis to the Department for approval prior to conducting the analysis. Information	February 23, 2021 March 8, 2021	February 23, 2021 March 11, 2021

			gained from system data analysis shall be shared with the Department as part of biweekly status reports and in the overall project report.		
2	<p>F-2.1.4 Development of Differential Monitoring Licensing Methodology to be used by the State during licensing inspections.</p> <p>Due: May 31, 2021</p>	Rick	<p>C-1.2.3. The Provider shall use both quantitative and qualitative statistical analysis of the stakeholder feedback session information and system child care licensing data to generate a recommended Differential Monitoring Licensing Methodology</p> <p>C-1.2.4. The Differential Monitoring Licensing Methodology, developed based on a statistical model, must include without limitation methodology for determining the frequency and scope or depth of inspections needed at licensed child care facilities based on the licensed setting’s inspection and compliance history, identifying licensed providers in need of technical assistance, identifying licensed settings with low levels of compliance in need of increased monitoring, and recognizing licensed settings with strong compliance records with abbreviated inspections.</p> <p>C-1.2.5. The Provider shall comply with data and system requirements outlined in Part 1 of this contract.</p> <p>C-1.3.1. The Provider shall schedule a meeting with the Office of Child Care to discuss the Provider’s recommended Differential Monitoring Licensing Methodology.</p> <p>The Provider shall submit a report containing the Provider’s recommendation of Differential Monitoring Licensing Methodology to the Department Contract Manager in writing at least one week prior to the scheduled meeting.</p> <p>C-1.3.2. The Provider shall provide a report to the Office of Child Care including, but not limited to, data collection and statistical analysis methods used, statistical analysis findings, recommended Differential Monitoring Licensing Methodology, implementation suggestions, potential impact on staff resources, and comparison of recommended Differential Monitoring Licensing Methodology to other state Differential Monitoring Licensing Methodologies.</p>	<p>May 14,2021</p> <p>May 7, 2021</p> <p>May 24, 2021</p>	<p>May 17, 2021</p> <p>May 6, 2021</p> <p>May 20, 2021</p>
3	<p>F-2.1.5 Development of Differential Monitoring Licensing Methodology inspection checklist to be used by the State during licensing inspections.</p> <p>Due: May 31, 2021</p>	Ron	<p>C-1.4.1. The Provider shall develop revised inspection checklists based on the approved Differential Monitoring Licensing Methodology to be used by the Department during licensing inspections</p> <p>C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.</p>	<p>May 20, 2021</p>	<p>May 18, 2021</p>

3	<p>F-2.1.6 Development of Differential Monitoring Licensing Methodology inspection instruction manuals to be used by the State during licensing inspections</p> <p>Due: May 31, 2021</p>	Ron	<p>C-1.4.2. The Provider shall develop step-by step instruction manuals, to be used by line staff and management, for all licensing inspection checklists.</p> <p>C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.</p>	May 20, 2021	May 18, 2021
3	<p>F-2.1.7 Development of Differential Monitoring Licensing Methodology policy</p> <p>Due: May 31, 2021</p>	Ron	<p>C-1.4.3. The Provider shall develop policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology to include, but not limited to:</p> <ul style="list-style-type: none"> • C-1.4.3.1. Eligibility criteria to be met for licensee to qualify for differential monitoring checklist use; • C-1.4.3.2. Factors that will be measured during inspections; • C-1.4.3.3. Non-regulatory factors, if any, that may be measured during inspections; • C-1.4.3.4. Methods for inspections of licensees who do not qualify for differential monitoring checklist use; and <p>C-1.4.3.5. If necessary, separate policy and procedure documents will be developed for each licensing focus area.</p> <p>C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.</p>	May 20, 2021	May 12, 2021
3	<p>F-2.1.8 Creation of Differential Monitoring Licensing Methodology explanatory material for public dissemination.</p> <p>Due: May 31, 2021</p>	Ron	<p>C-1.4.4. The Provider shall develop Differential Monitoring Licensing Methodology policy and procedure explanatory material for public dissemination.</p> <p>C-1.4.5. All inspection checklists, policy, and procedure documents, including material for public dissemination shall be submitted to the Department Contract Manager for approval.</p>	May 20, 2021	May 12, 2021
4	<p>F-2.1.9 Licensing Staff Training</p> <p>Due: June 22, 2021</p>	Alisa	<p>C-1.5.1. The Provider shall conduct virtual training sessions (5) for Office of Child Care, Department Licensing Counselors, and stakeholders identified by the Department, on the newly developed Differential Monitoring Licensing Methodology.</p> <p>C-1.5.2. Training sessions shall include instruction in the use of the Differential Monitoring Licensing Methodology including a review of the instruction manual and tools.</p> <p>C-1.5.3. The Provider shall provide a minimum of one instructor to provide a minimum of five virtual trainings on the newly developed Differential Monitoring Licensing Methodology.</p>	June 15, 2021	June 10, 2021

			C-1.5.4. The Provider shall submit training attendance logs, training agenda, and a status report based on the results of the training to the Contract Manager no later than one week after the last training.	June 22, 2021	June 11, 2021
5	F-2.1.10 Implementation guidance of Differential Monitoring Licensing Methodology for licensed child care facilities statewide. Due: June 30, 2021	Rick	C-1.6.1. The Provider shall guide the Department in the Department’s implementation of the Differential Monitoring Licensing Methodology for licensed child care facilities statewide through the biweekly status calls.	June 30, 2021	June 28, 2021
5	F-2.1.11 Final Project Summary Report on the impact of differential monitoring approach on key outcomes and the plan for long-term system maintenance, including data collection and recalculation of core elements. Due: June 30, 2021		C-1.7.1. The Provider shall generate a final project summary report. This report is a cumulative narrative summary of the Provider’s activities during the life of this Contract. The report shall include a discussion on the accomplishments for the Service Tasks contained in Sections C-1.1 through C-1.6. of this Contract to include, but not limited to: <ul style="list-style-type: none"> • C-1.7.1.1. The evolution of the Florida Department of Children and Families Office of Child Care Differential Monitoring Licensing Methodology; • C-1.7.1.2. The approved project plan; • C-1.7.1.3. A summary of the information gained from stakeholder feedback sessions; • C-1.7.1.4. A summary of the information gained from system data analysis; • C-1.7.1.5. A summary of the data collection and statistical analysis methods used; • C-1.7.1.6. A summary of the statistical analysis findings; • C-1.7.1.7. Information about the inspection checklist, policy and procedure development; • C-1.7.1.8. Information about staff and stakeholder trainings; • C-1.7.1.9. A summary of the Differential Monitoring Licensing Methodology, its implementation, and implications for the future. <p>C-1.7.2. The Provider shall submit the Post Project Summary Report it to the Department’s Contract Manager prior to the submission of the final invoice.</p>	June 30, 2021	June 14, 2021

All Services to be provided through virtual technology.

Florida Department of Children and Families' Differential Monitoring Project



Stakeholder Session

3/18/2021



National Association for Regulatory Administration

- NARA is an international non-profit professional association founded in 1976 representing all human care licensing
- Licensing Professionals including Dr. Richard Fiene - “Father of Key Indicator System Theory”
- NARA’s professional services and educational curricula have been used by dozens of states and provinces for program-specific research, training, and customized technical assistance
 - Child day and residential settings
 - Care settings for older adults
 - Care settings for MH/ID

Objectives

- Introduce differential monitoring project
- Garner feedback related to current inspection practices and regulations
- Garner feedback related to suggested changes of each



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 licensing rules.
- Incorporates **Targeted Measurement Tools**

Targeted Measurement Tools

Increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs.

Key Indicator Systems (KIS) – identify subset of regulations through statistical analysis that predict overall compliance.

Risk Assessment – identify rules that place children at greater risk of harm if violations occur.



Key Indicator Systems (KIS)

- Identifies a subset of licensing regulations that statistically predict compliance with the entire set of regulations.
- Licensing Oversight agencies throughout the United States and Canada have successfully implemented a KIS.
 - Michigan
 - Washington
 - Indiana
 - Montana
 - Minnesota
 - Saskatchewan



KIS Misconception

Many people mistakenly believe that KIS identify the most “serious” regulations (that is, the regulations which, if violated, pose the greatest risk to children in care.)

Remember: KIS identify a subset of licensing regulations that *statistically* predict compliance with the entire set of regulations.



How does a KIS work?

In general, child care settings are either:

- High Compliance Settings - fewer violations identified
- Low Compliance Setting - many violations identified

Research has shown that some violations are usually identified during licensing inspections, even at the most highly-compliant settings.

How does a KIS work?

- Inspection data is used to determine which regulations are found to be in compliance at high compliance setting and out of compliance at settings with low compliance.
- Statistical analysis to determine the relationship between the regulation and settings' level of overall compliance
- Regulations with the closest statistical relationship are then identified as **Key Indicators**.



How does a KIS work?



By measuring compliance with the Key Indicators, we can be **very confident** the setting is compliant with all other regulations.



Why we know KIS work

- NARA has developed and refined KIS for over 30 years
- Methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care
- Independent research conducted by Dr. Richard Fiene, an early-child education professional and NARA consultant, has found patterns in key indicators of compliance/quality in childcare programs, suggesting that certain areas of regulatory oversight function as key indicators nationwide

Benefits

- **The regulatory oversight agency** is able to spend more time monitoring and providing technical assistance to noncompliant providers by spending less time in compliant programs.
- **The regulatory oversight agency** is able to increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs
- **Providers** benefit from shorter inspections by maintaining compliance.
- **Persons in care** enjoy a higher degree of health and safety protection.
- **The public** is assured that strong licensing continues even if resources are reduced.

Safeguards

- Eligibility Criteria
- Inspection Expansion
- Identify regulations that are always measured, even if not KI



Feedback

Your opinion is
important!



Feedback Instructions

When answering a question, please indicate which question you are answering by adding “Q” and the question number to the beginning of your response (i.e., **Q1 – answer**)

Example

Question 1 – How many years have you worked as a Licensing Counselor?

Answer: **Q1** – 12 years



Question 1

When the Department inspects your facility/home – What do Counselors spend the most time doing?



REMEMBER: Indicate which question you are answering. **Q1 - Answer**

Question 2

When the Department inspects your facility/home – How would you like to see Counselors using their time?



REMEMBER: Indicate which question you are answering. **Q2 - Answer**

Question 3

What regulations do you feel are the “most serious” and should be measured during every inspection?



REMEMBER: Indicate which question you are answering. **Q3 - Answer**

Question 4

Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?



REMEMBER: Indicate which question you are answering. **Q4 - Answer**

Question 5

Child Care Centers are subject to 3 inspections per year.

1. What are your thoughts on the frequency of inspections?
2. Are there challenges that present with 3 inspections per year?
3. If so, what are they?



REMEMBER: Indicate which question you are answering. **Q5 - Answer**

Question 6

Family Day Care Homes are subject to 2 inspections per year.

1. What are your thoughts on the frequency of inspections?
2. Are there challenges that present with 2 inspections per year?
3. If so, what are they?



REMEMBER: Indicate which question you are answering. **Q6 - Answer**

Question 7

In your opinion, how many inspections should be conducted per year? Why?



REMEMBER: Indicate which question you are answering. **Q7- Answer**

Question 8

What do you think are barriers to achieving or maintaining full compliance?



REMEMBER: Indicate which question you are answering. **Q8 - Answer**

Question 9

Do you feel you receive enough support/technical assistance from the Department?

If not, what do you think the Department should do to ensure enough support is provided?



REMEMBER: Indicate which question you are answering. **Q9 - Answer**

Question 10

Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule.

1. What are your thoughts on such a policy?
2. How many KI violations should be identified before a full inspection is triggered?



REMEMBER: Indicate which question you are answering. **Q10 - Answer**

Additional information related to Key Indicator Systems can be located on NARA's website:

<https://www.naralicensing.org/>

THANK YOU!



Florida Department of Children and Families Office of Child Care

Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions
April 5, 2021

Introduction

The purpose of this document is to provide a quantitative and qualitative analysis of the feedback garnered from the stakeholder sessions conducted on behalf of Florida’s Office of Child Care.

Background and Methodology

Two (2) sessions were held for each stakeholder type (child care centers, day care homes, and Department staff/staff from other departments) totaling six (6) sessions overall. All sessions were conducted in March 2021. Sessions were conducted using remote technology through the Office of Child Care’s GoToWebinar platform. An informational PowerPoint presentation on differential monitoring, with a focus on Key Indicator Systems, was provided during all sessions. Attendees were asked to provide feedback on a variety of questions related to current and future inspection practices using the GoToWebinar’s question toolbar. A data report was generated from the platform after each session and provided to NARA for analysis. Reports included, at minimum, the number of participants in each session, participant names, all feedback provided by the participants, and the time of each participants entry.

Results

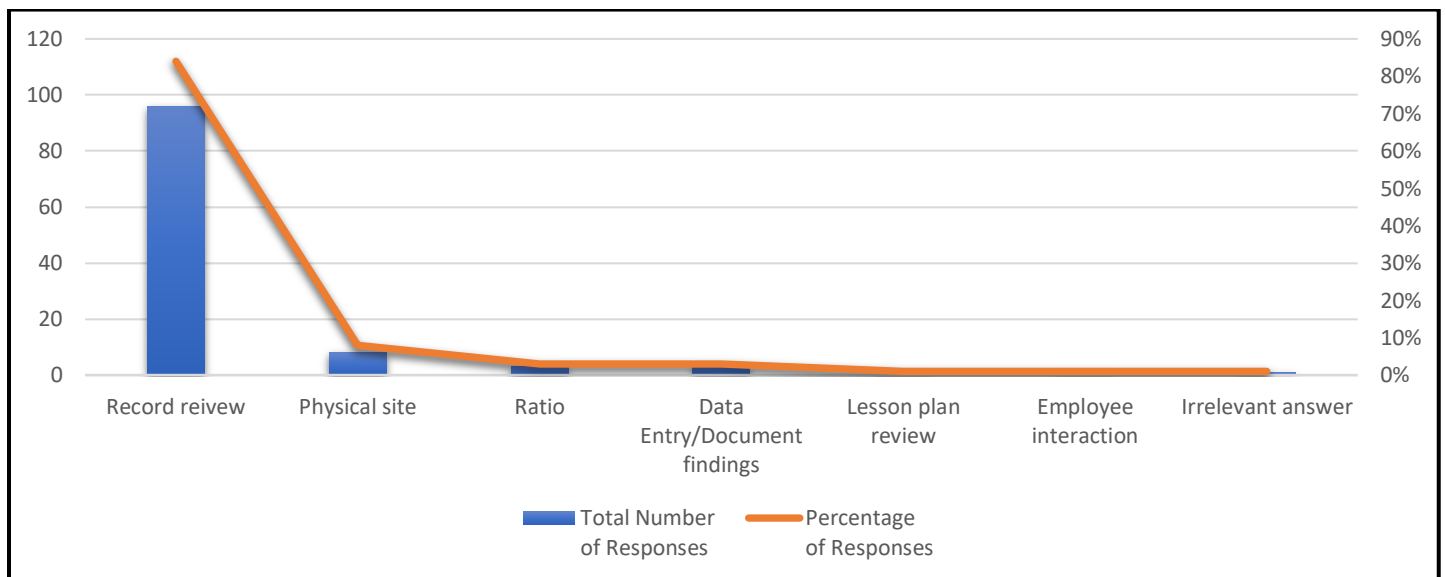
The results will be provided in three sections, one for each session type. Each question will include the number of respondents, total number of responses, the question asked, an analysis of the data gathered for each question, and any other relevant information pertaining to the question. It is important to note that not all session attendees provided feedback and attendees that did often provided multiple answers. The analysis results are relative to the total number of responses received by all respondents. Percentages are rounded to the nearest whole number.

Child Care Facilities

150 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When the Department inspects your facility – What do Counselors spend the most time doing?

114 responses were received from 103 respondents. The chart below represents the data received.





Florida Department of Children and Families Office of Child Care

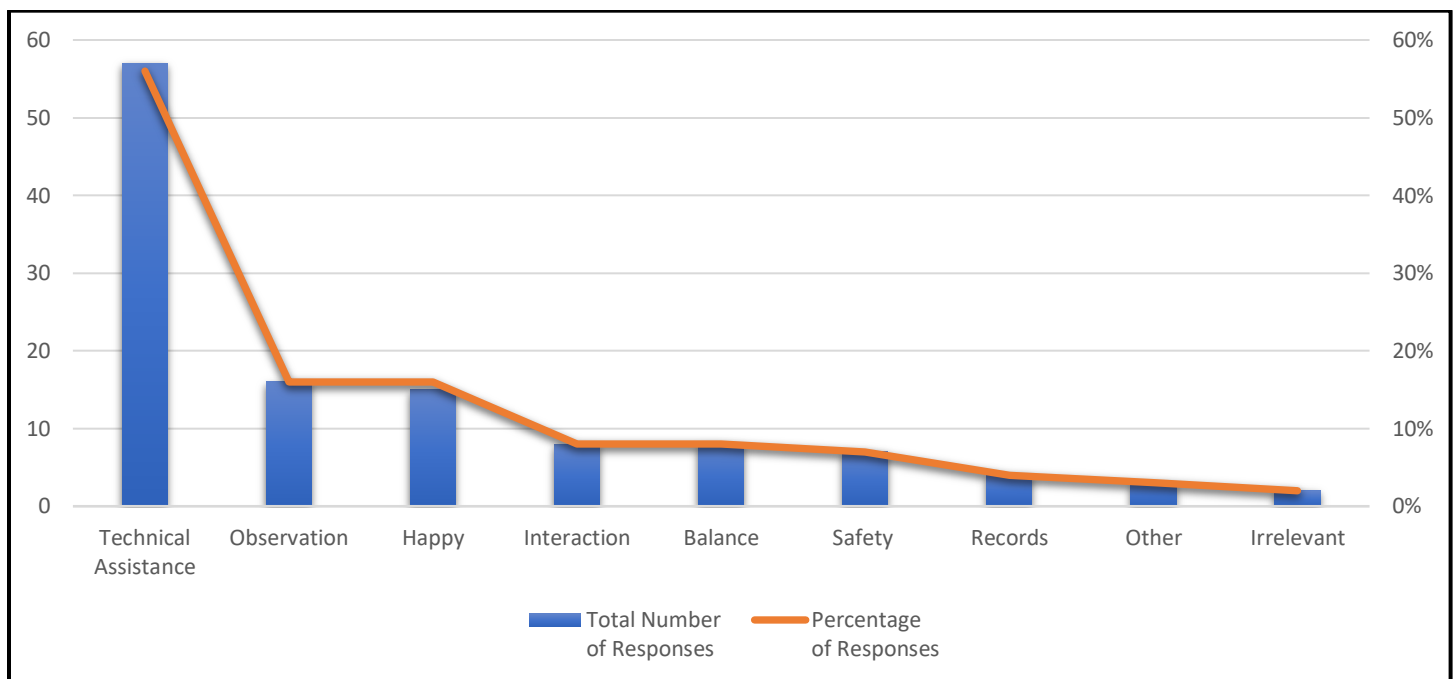
Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions
April 5, 2021

The overwhelming response from child care providers reveals licensing counselors spend the majority of their time reviewing staff and child records. This is a very common and expected answer given the number of rules that involve documentation requirements.

Question: When the Department inspects your facility – How would you like to see Counselors using their time?

120 responses were received from 101 respondents. The responses included the following:

- Providing technical assistance
- Observing the facility and staff/child interactions
- Happy with current practices
- Interaction with staff/children
- Balance between record review and facility inspection
- Measuring compliance with safety related regulations
- Reviewing staff/child records
- Irrelevant answers
- Other



“Other” responses included learning about the program, being friendly, and reviewing indicators of excellent child care.



Florida Department of Children and Families Office of Child Care

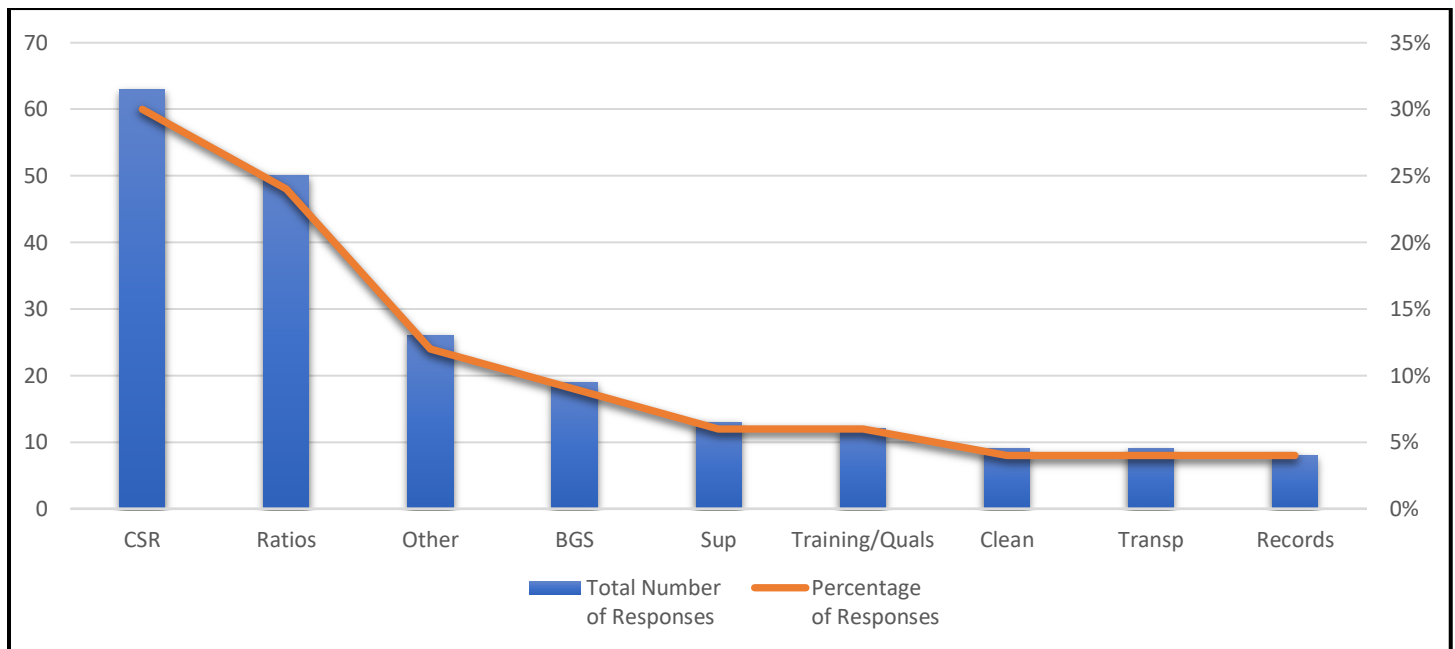
Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions
April 5, 2021

The majority of responses indicate child care facilities would like licensing counselors to spend more time providing technical assistance. Facilities would like the Department to notify facilities when regulations or policies change, offer guidance on best practices, render positive feedback, answer questions, and offer more training opportunities.

Question: What regulations do you feel are the “most serious” and should be measured during every inspection?

210 responses were received from 101 respondents. The responses included the following:

- Child safety requirements (CSR)
- Ratios
- Other
- Background screening (BGS)
- Supervision (Sup)
- Staff training/qualifications (Training/Quals)
- Overall cleanliness (Clean)
- Transportation (Transp)
- Staff/Child records (Records)



“Other” included immunizations, fire safety, capacity, diapering, medication administration, discipline, food preparation, infant safety, class I and II violations, and teacher/child interaction. Each response was 1% or less of the total responses. Each response listed under “other” contained 5 or less responses.



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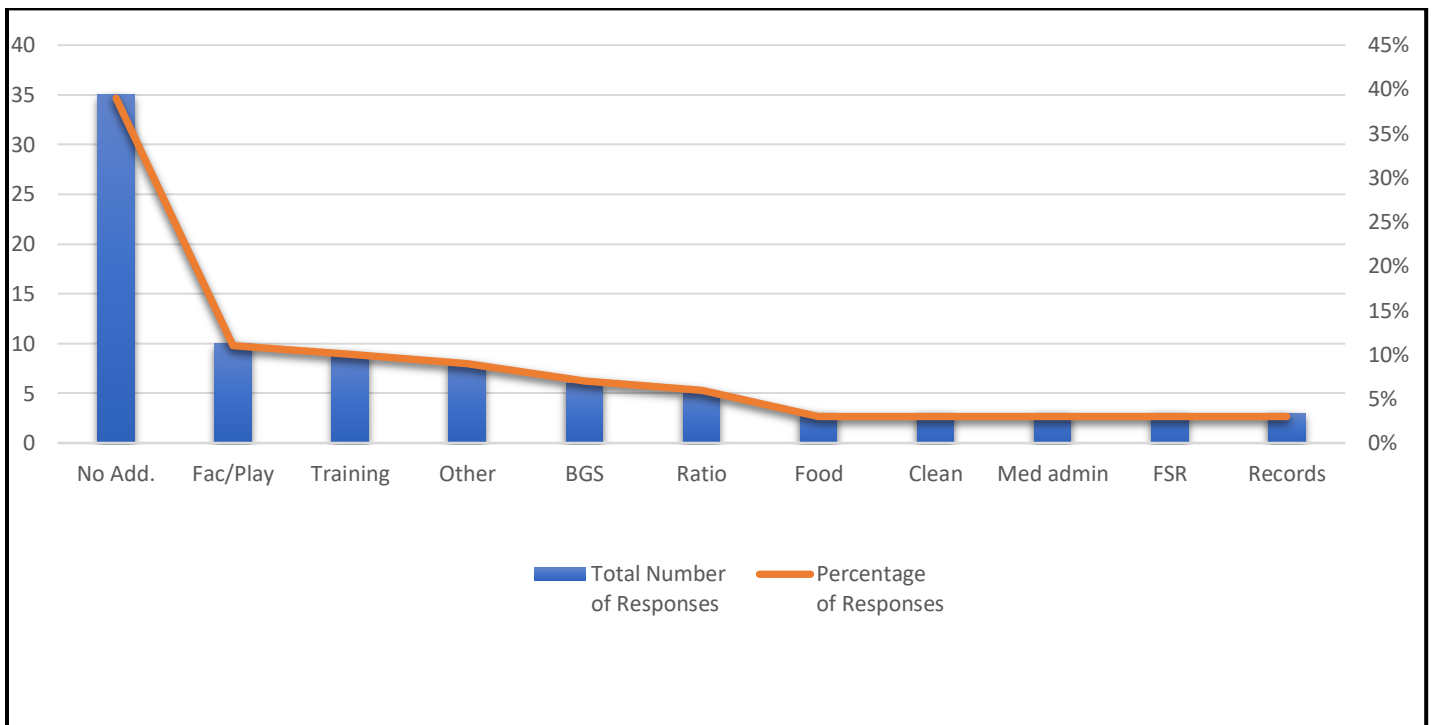
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The majority of responses included compliance with child safety requirements such as facility and playground safety and proper storage of chemicals. Staff to child ratios should be measured at every inspection to ensure the safety of children and maintain capacity requirements.

Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

89 responses were received from 77 respondents. The responses included the following:

- No additional regulations
- Facility/Playground safety
- Staff training/qualifications
- Other
- Background screenings
- Ratios/group size
- Food prep
- Overall cleanliness of facility
- Medication administration
- Fire safety requirements
- Staff/Child records





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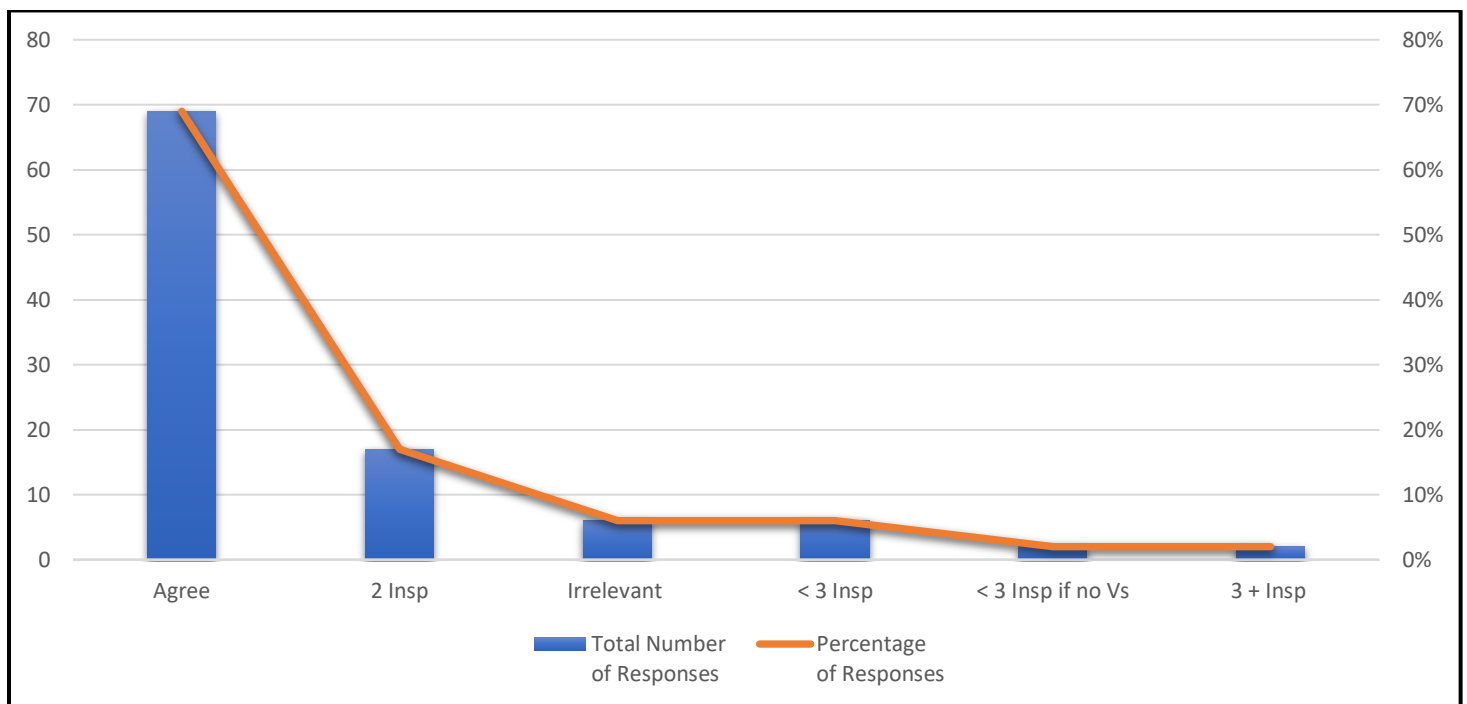
“Other” responses included transportation compliance, observing child/staff interaction, discipline policy review, compliance measurement with repeated violations. One respondent stated all regulations should be measured. One respondent said parent views should be considered. Each response accounted for 2% or less of responses.

The rules mentioned above directly or indirectly have an effect on the health and safety of children served in regulated settings. Noncompliance with any of the above requirements could lead to harm.

Question: Child Care Centers are subject to 3 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 3 inspections per year? If so, what are they?

102 responses were received from 102 respondents. The responses included the following:

- Agree with frequency of inspections
- Two (2) inspections preferred
- Prefer less than 3
- Less than three (3) if no violations
- More than three (3)
- Irrelevant answers





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When asked if challenges exist with 3 inspections per year, respondents stated:

- No challenges - 60%
- Challenges exist - 40%

Challenges include:

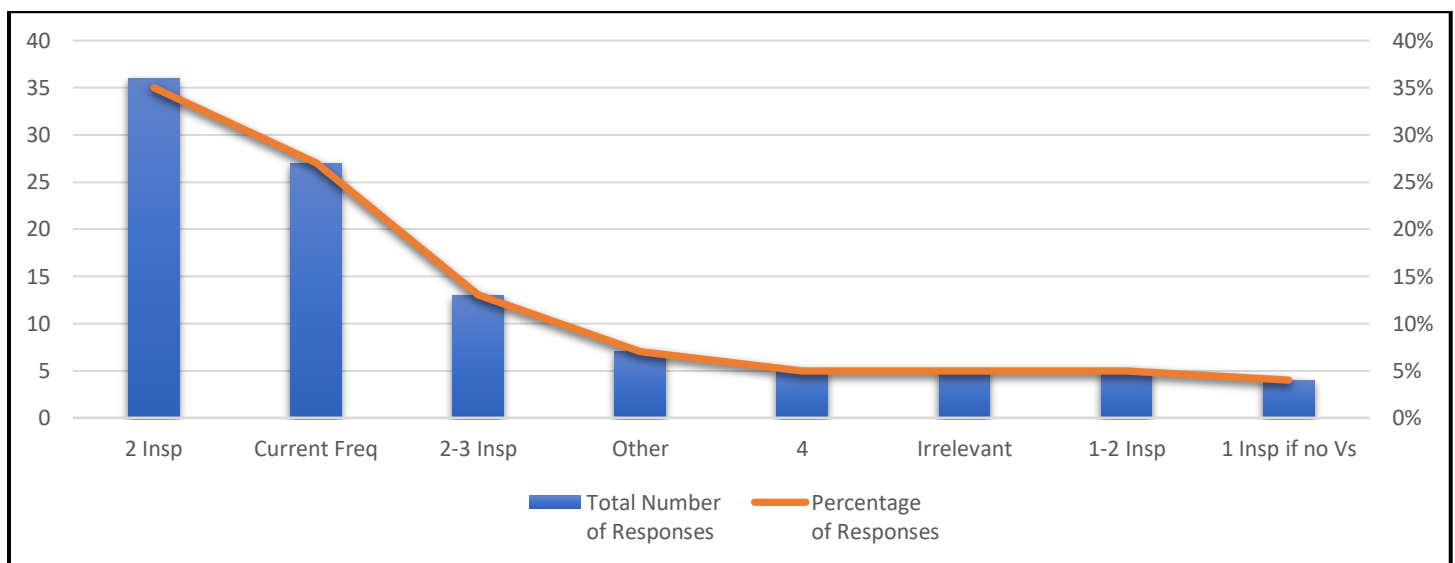
- Staffing issues with the Department and centers (counselor/staff turnover, center staff call outs)
- Ability to remove oneself from other responsibilities
- Inconvenient timing (nap times, summertime, not enough time with counselors for assistance)
- Shorter amount of time between visits for school programs
- Inspection length
- Relying on parents to comply with required form submission
- Lack of funds for improvement projects

A suggestion to allow center staff to submit documentation to counselors prior to inspection was proposed.

Question: In your opinion, how many inspections should be conducted per year? Why?

102 responses were received from 102 respondents. The responses included the following:

- Two (2) inspections preferred
- Fine with current frequency
- Two (2) or three (3) depending on compliance level
- Quarterly inspections preferred
- One (1) or two (2) inspections
- One (1) if no violations identified
- Irrelevant Answer
- Other





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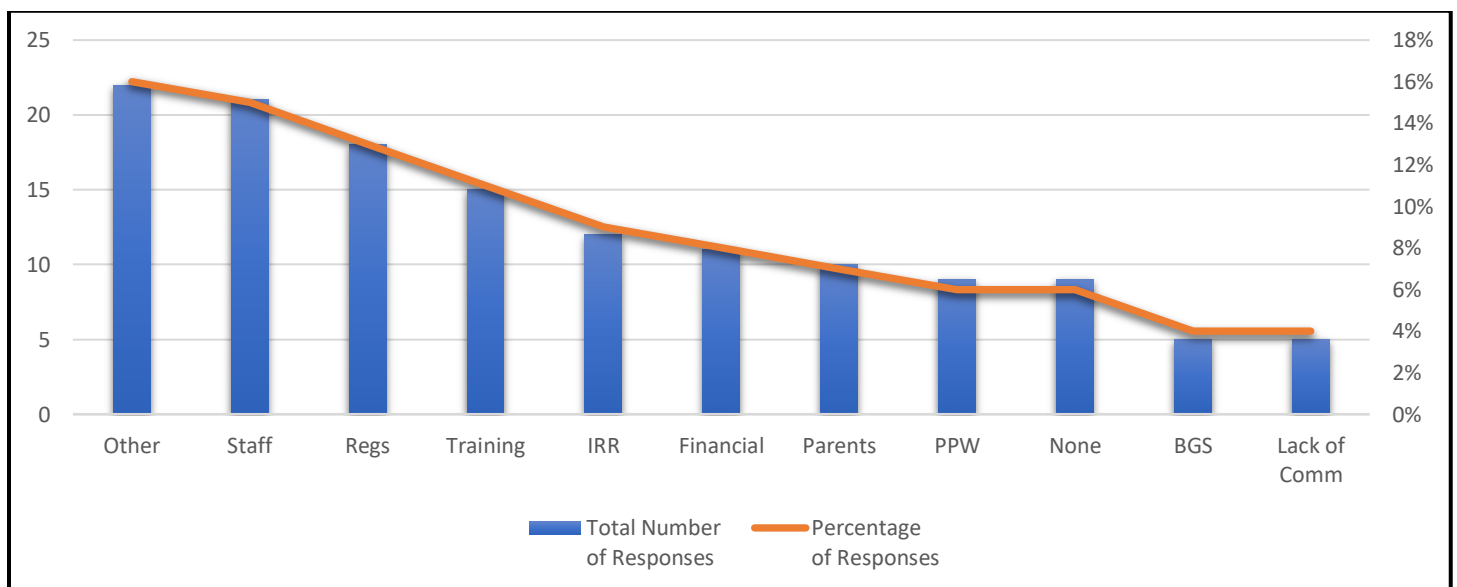
“Other” responses included a range from 1 to 4 inspections based on compliance level. One respondent stated inspection frequency should be based on history of compliance. A few respondents said 3 inspections should be the minimum.

Many respondents did not provide feedback to the second question. Some respondents stated fewer inspections would increase counselor availability and keep centers mindful. Respondents stated their facility is inspected by other agencies and felt they had proper oversight. Facility staff felt comfortable with fewer inspections because of their ability to receive support from their counselor when needed. Others mentioned the current frequency of inspections keeps centers accountable. A respondent stated the frequency of inspections should be based on the setting’s level of compliance such that counselors could spend more time with struggling centers. This is a primary benefit of a Key Indicator System.

Question: What do you think are barriers to achieving or maintaining full compliance?

140 responses were received from 97 respondents. The responses included the following:

- Other
- Staffing issues (turnover, quality of staff)
- Notification of regulation changes/understanding regulations (Regs)
- Abundance of training requirements/ability to take classes and tests (Training)
- Counselor inter-rater reliability (IRR)
- Financial barriers
- Relying on parents for documents
- Abundance of paperwork/timelines
- No barriers
- Background screening process (BGS)
- Lack of communication between the Department and centers





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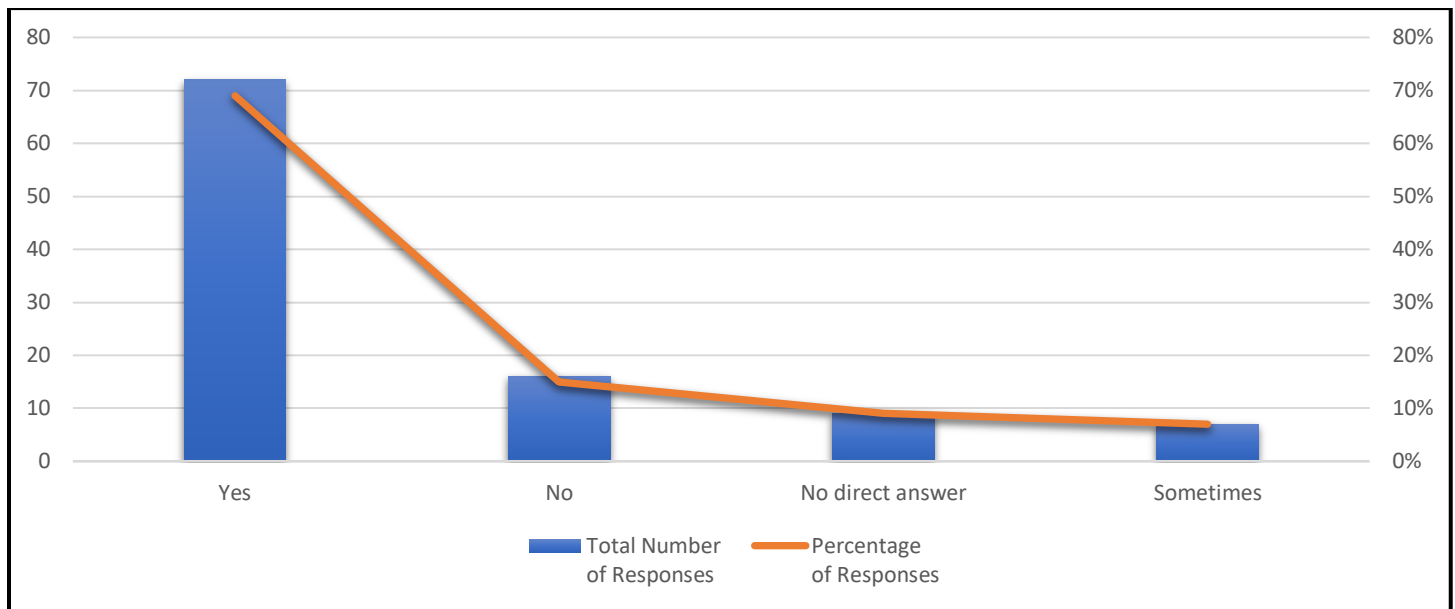
“Other” responses included the number of requirements to follow, lack of organizational skills, ratio compliance, unknown expectations, frequency of counselor turnover, structure of the program, the Department’s website is difficult to navigate requiring additional time to search for documents, lack of program supervision, issues that require correction because of other programs’ actions, delay in work orders, violations corrected on site but still considered noncompliant, COVID-19, and irrelevant feedback. These accounted for 4% or less of responses.

Respondents stated inter-rater reliability is a barrier to compliance. Inter-rater reliability refers to the degree of consistency with which regulatory oversight agencies and individual regulators measure and determine compliance with regulatory requirements.

Question: Do you feel you receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

104 responses were received from 104 respondents. The responses included the following:

- Yes, Department provides enough technical assistance
- No, Department does not provide enough technical assistance
- Sometimes the Department provides enough technical assistance
- Did not provide a direct answer



The majority of center participants said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:



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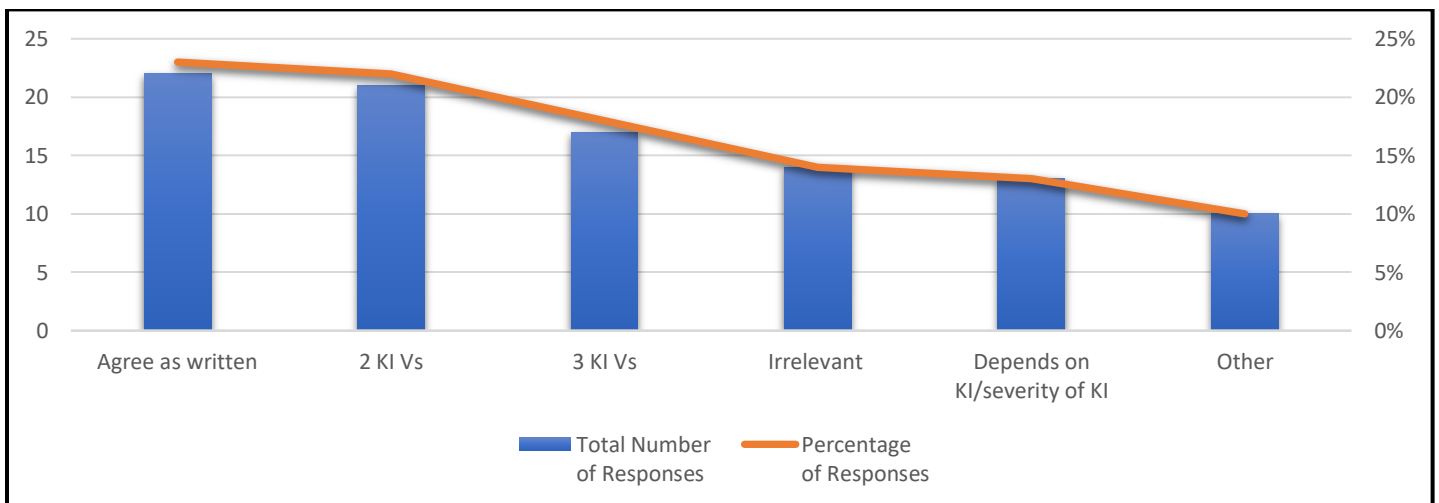
- Notify centers when changes in rule or policy occur
- Create a user-friendly website
- Offer additional training opportunities
- Increase inter-rater reliability
- Return emails/calls timely
- Hire additional licensing counselors
- Provide resources for noncompliant providers
- Pair compliant centers with noncompliant centers for additional support/training
- Create small licensing groups (quarterly) for technical assistance, ideas, best practices
- Email alerts for changes or reminders
- Provide a list of items being measured during inspection

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Many respondents stated they agreed with the above practice but thought the policy should be more lenient with respect to the number of KI violations. Based on the feedback received, further education on differential monitoring may be beneficial. Several respondents struggled with the concept that key indicators predict overall compliance.

97 responses were received from 97 respondents. The responses included the following:

- Agree with the practice as written
- Agree full inspection should be triggered after two (2) KI violations
- Agree full inspection should be triggered after three (3) KI violations
- Number should depend on what the KI is and/or its severity
- Irrelevant feedback
- Other





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“Other” responses suggested a percentage of KI violations should be determined, a class 3 violation should trigger a full inspection, if there are no safety violations, a full inspection should not be triggered, low level violations should not trigger a full inspection, half the KIs should be identified as violations before triggering a full inspection, and a range of 2-5 violations before a full inspection is triggered. Each response accounted for 1% of the total responses.

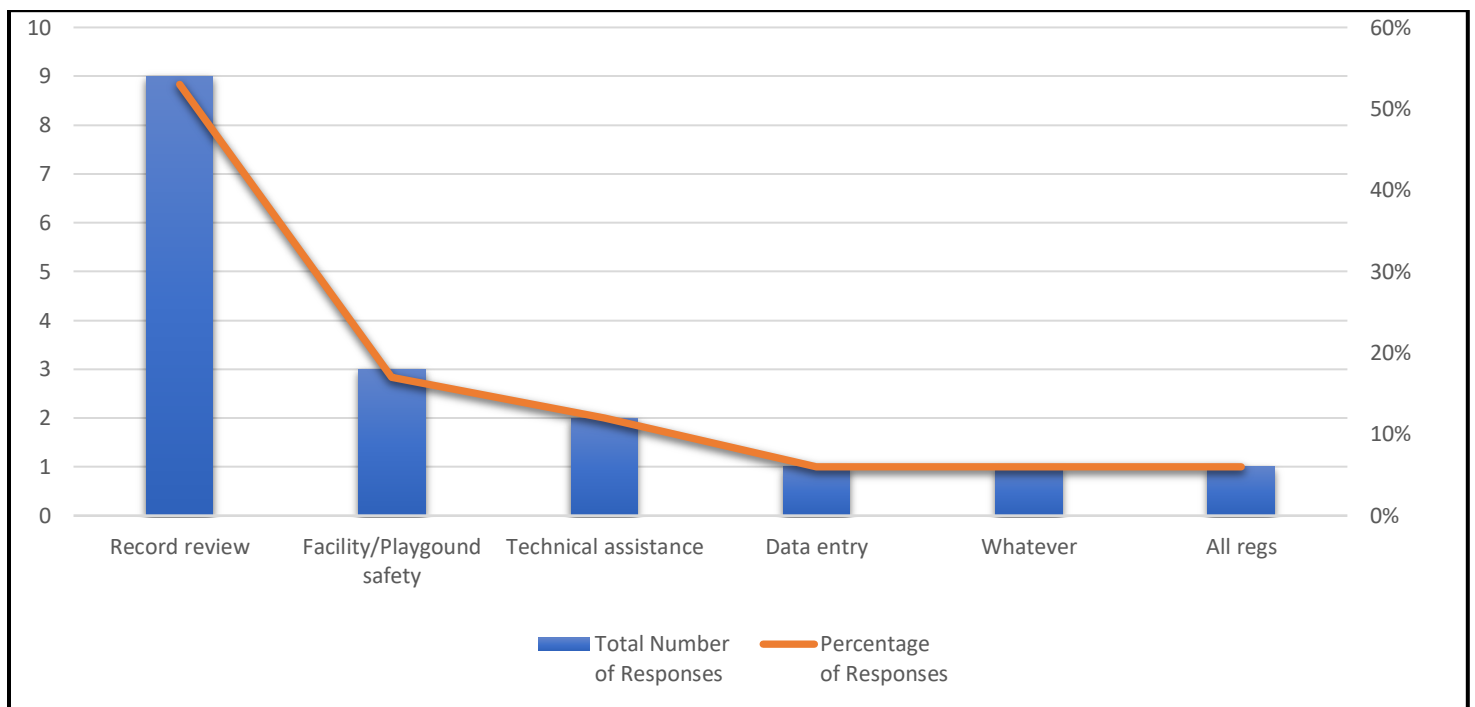
Family Day Care Homes

25 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When the Department inspects your home – What do Counselors spend the most time doing?

17 responses were received from 14 respondents. The responses included the following:

- Record Review
- Facility/Playground safety
- Providing technical assistance
- Data entry/document findings
- Whatever is asked of them
- Reviewing all regulations





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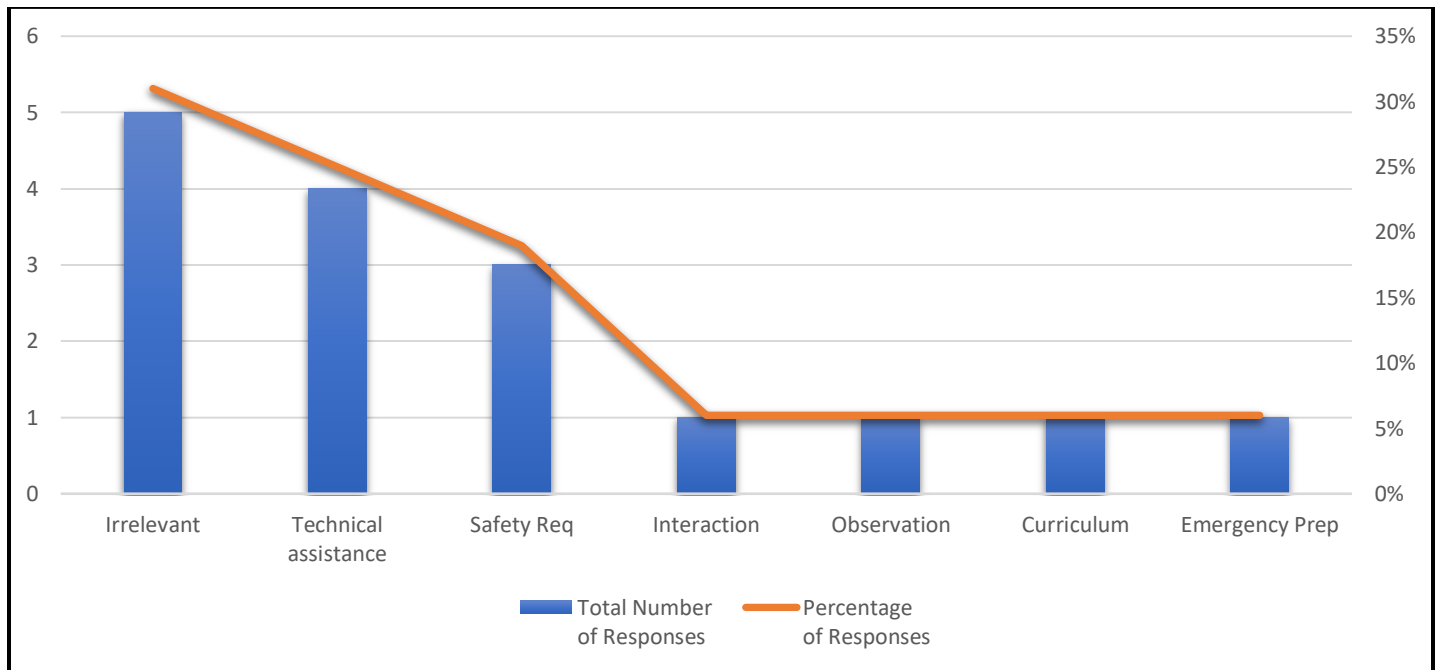
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Similar to child care centers, counselors that inspect day care homes report that a majority of their time is spent on staff and child record review. As mentioned earlier, this is a very common and expected answer given the number of rules that involve documentation requirements.

Question: When the Department inspects your home – How would you like to see Counselors using their time?

16 responses were received from 13 respondents. The responses included the following:

- Irrelevant answer
- Provide technical assistance
- Compliance measurement with safety requirements
- Child Interaction
- Care observation
- Curriculum review
- Compliance measurement with emergency preparedness requirements



The majority of day care homes provided irrelevant answers to this question. Respondents stated inspections are done “by the book”, commented on the length of the inspection process and referenced counselors inspecting programs based on personal preference instead of regulation. Others offered positive feedback about their counselors.



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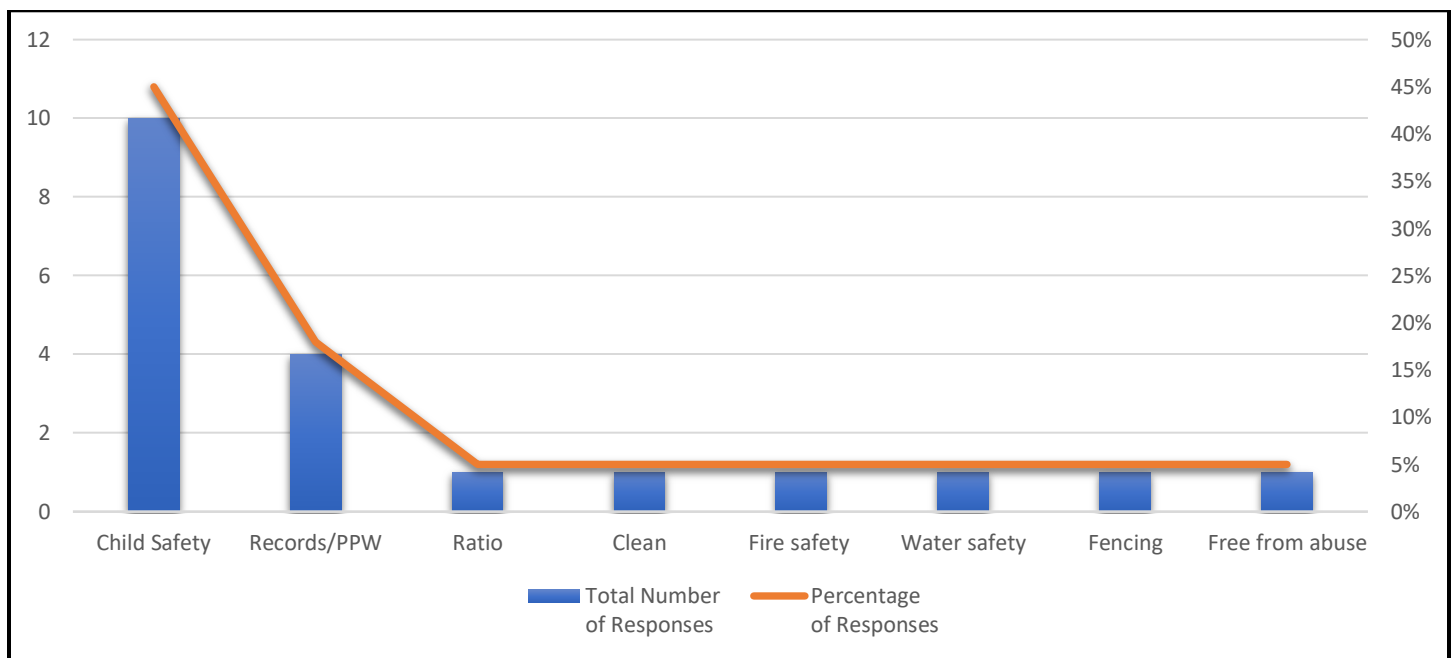
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An increased focus on technical assistance would be welcomed. Day Care Homes stated more time spent on explaining new requirements, rendering positive feedback, and offering guidance on best practices would be helpful.

Question: What regulations do you feel are the “most serious” and should be measured during every inspection?

22 responses were received from 13 respondents. The responses included the following:

- Child safety requirements
- Records/paperwork up to date
- Ratio compliance
- Overall cleanliness
- Fire safety
- Water safety
- Fencing requirements
- Free from abuse



Similar to child care center responses, the majority of responses indicated compliance measurement with child safety requirements should be measured during every inspection. Facility and playground safety, proper chemical storage, and electrical outlet safety were some examples provided.



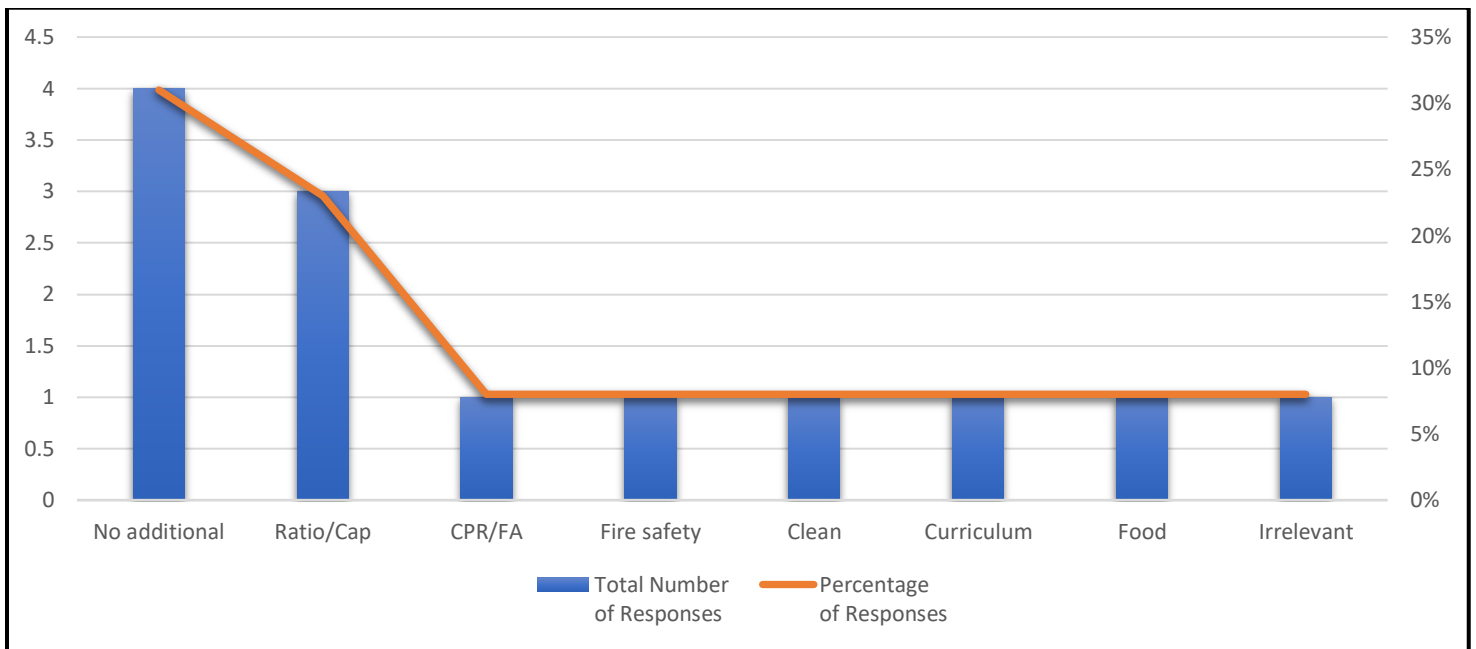
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Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

13 responses were received from 12 respondents. The responses included the following:

- No additional regulations
- Ratio/capacity
- CPR/First Aid
- Fire safety
- Overall cleanliness
- Curriculum review
- Food prep/quality
- Irrelevant Answer



Most respondents did not provide feedback as to why these regulations should be measured during each inspection. One respondent stated curriculum should be reviewed due to low socio-economic status of the area. Although the “why” was not answered for the most part, the areas of regulation above are directly or indirectly linked to child safety and development needs.



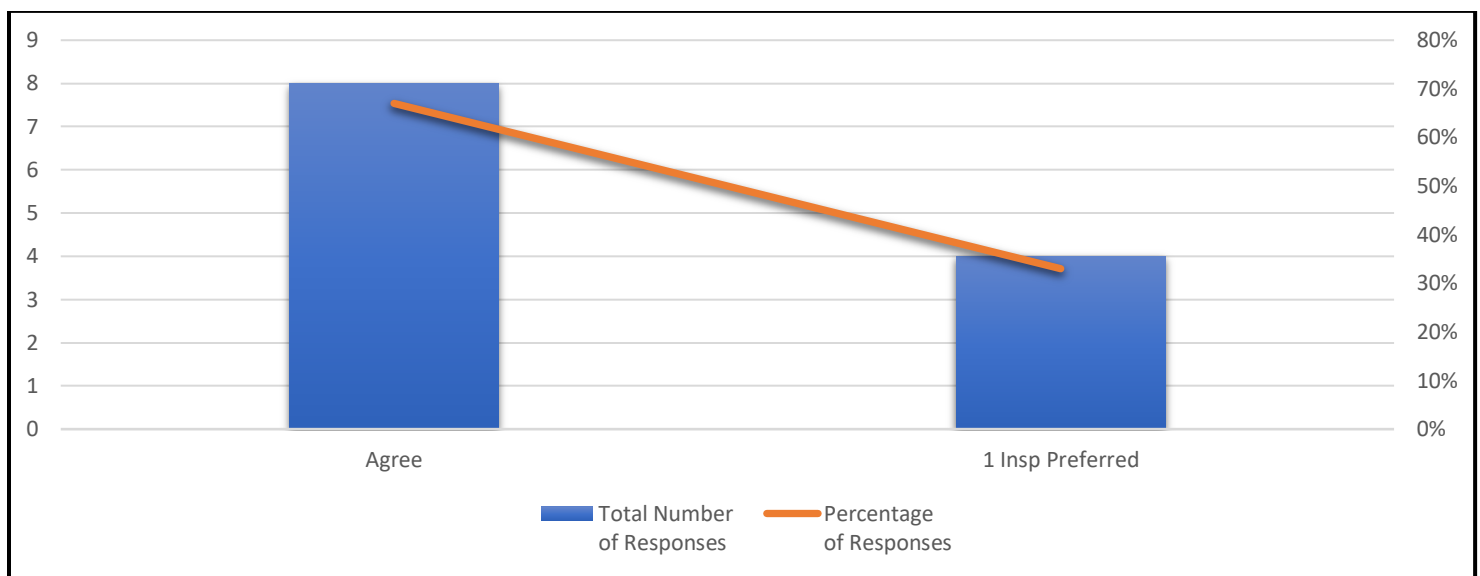
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Question: Family Day Care Homes are subject to 2 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 2 inspections per year? If so, what are they?

12 responses were received from 12 respondents. The responses included the following:

- Agree with frequency of inspections
- 1 inspection preferred



When asked if challenges exist with 2 inspections per year, respondents stated:

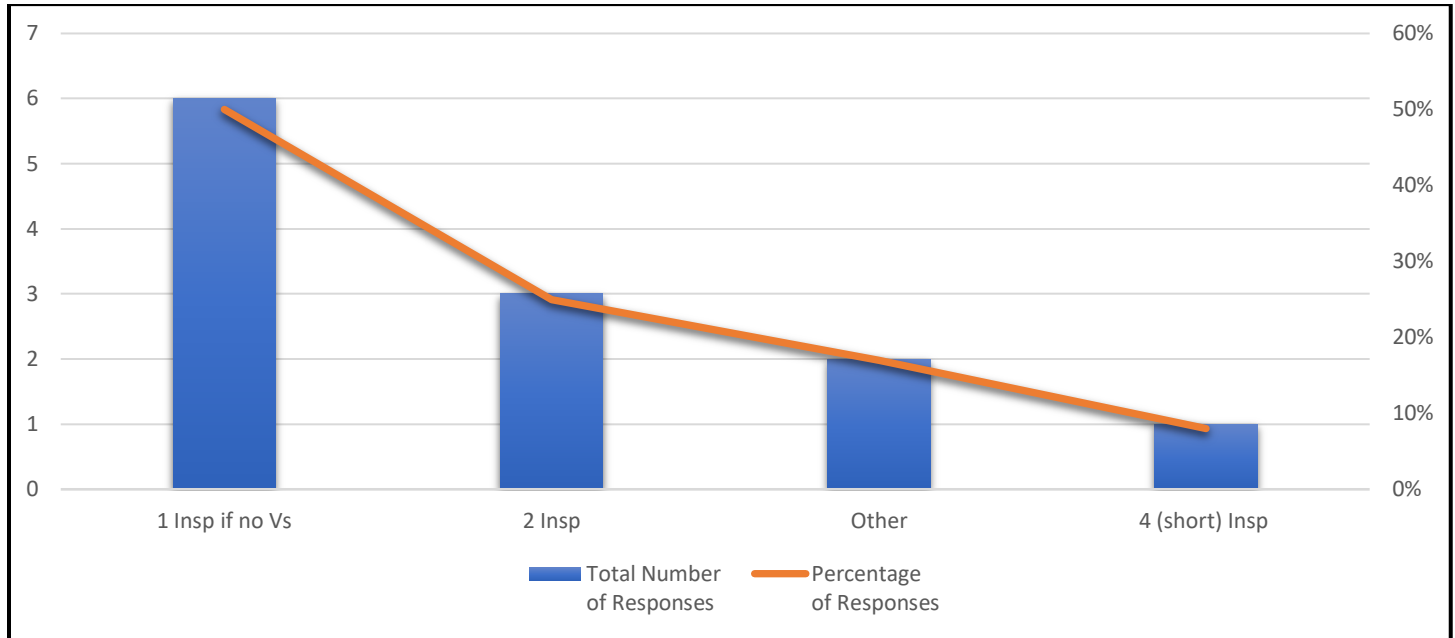
- No challenges existed – 67%
- Yes, challenges existed – 33%

Most respondents stated the biggest challenge is the length of inspections. Day care homes stated they do not have additional staff to assist or take over other responsibilities. One respondent stated inspections are distracting.

Question: In your opinion, how many inspections should be conducted per year? Why?

12 responses were received from 12 respondents. The responses included the following:

- 1 inspection if no violations
- 2 inspections
- Short quarterly inspections
- Other



“Other” responses included 2 inspections for established homes and 3 for new homes. One respondent thought 1 or 2 inspections was sufficient.

Not all respondents answered “why”. One respondent stated two (2) inspections a year are overwhelming. Respondents stated they preferred two (2) inspections because it “keeps good habits” while others stated it allows time to correct violations. Short quarterly inspections were suggested because one day isn’t a sufficient amount of time to complete the process.

Question: What do you think are barriers to achieving or maintaining full compliance?

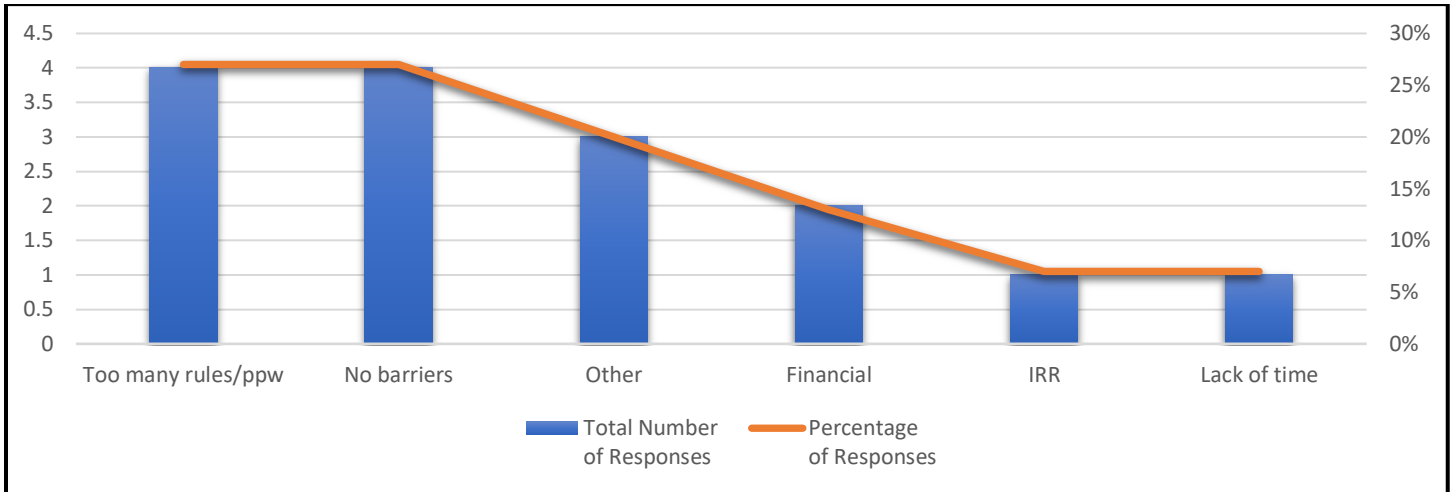
15 responses were received from 13 respondents. The responses included the following:

- Too many rules/paperwork
- No barriers
- Financial barriers
- Counselor inter-rater reliability (IRR)
- Lack of time
- Other



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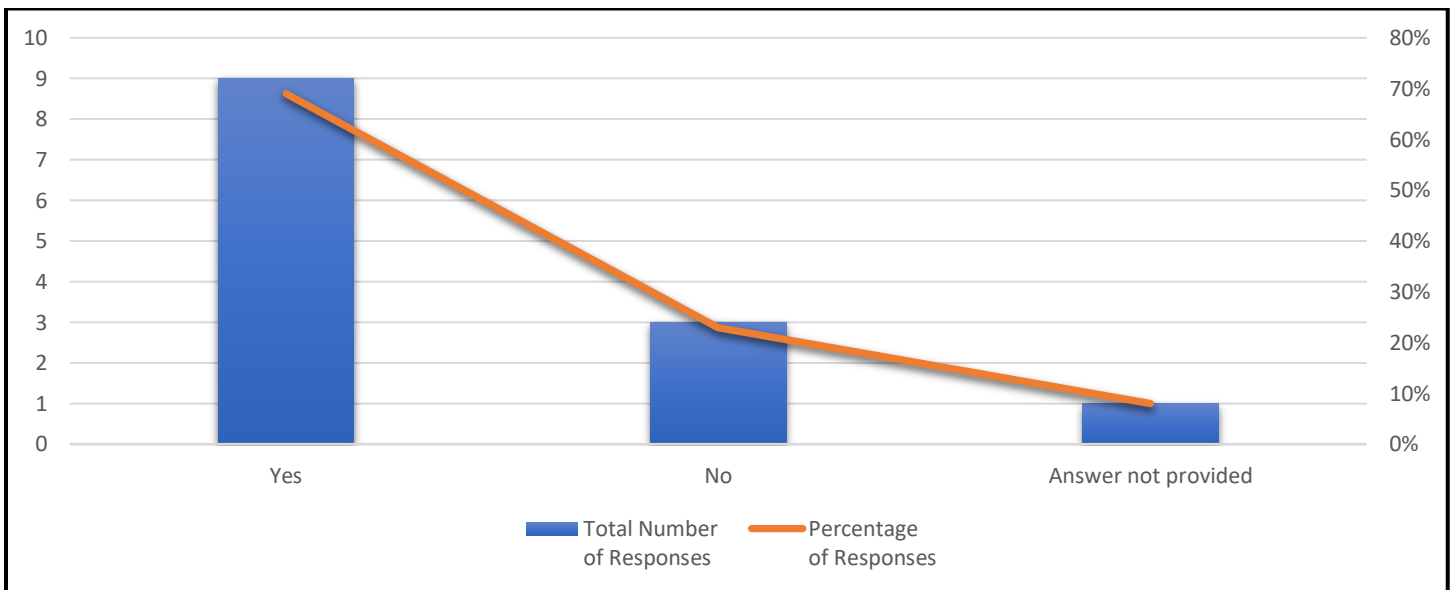


“Other” responses included ignorance related to correcting issues, inability to control weather (mulch related violations) and the regulations do not take into consideration that day care homes are not child care centers.

Question: Do you feel you receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

13 responses were received from 13 respondents. The responses included the following:

- Yes, the Department provides enough technical assistance
- No, the Department does not provide enough technical assistance
- Direct answer not provided





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The majority of respondents said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:

- Provide a simplified checklist for homes to utilize
- Provide timely answers to questions
- Provide more support and outreach to homes during COVID-19.

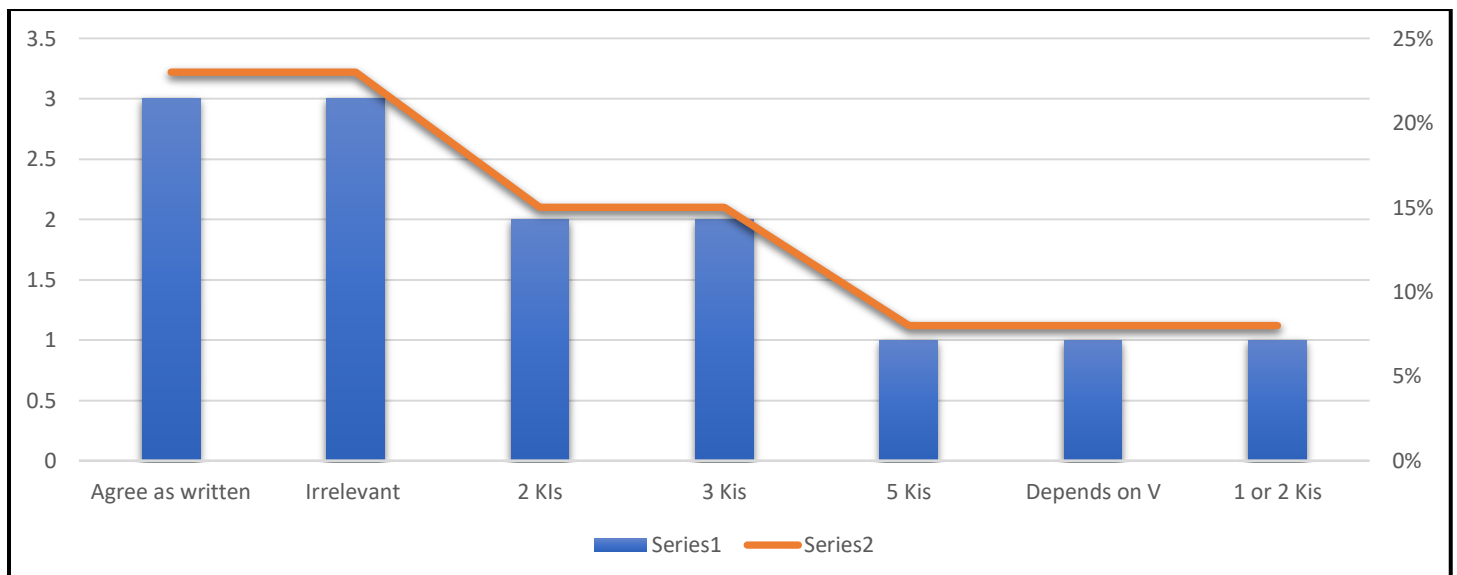
Respondents stated counselor consistency is important and the turnover rates effect consistency.

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Similar to the child care center response, many respondents stated they agreed with the above practice but thought the policy should be more lenient with respect to the number of KI violations. Based on the feedback received, further education on differential monitoring may be beneficial. Several respondents struggled with the concept that key indicators predict overall compliance.

13 responses were provided by 13 respondents. The responses include the following:

- Agree with practice as written
- Irrelevant answer
- Two (2) KI violations before full inspection triggered
- Three (3) KI violations before full inspection triggered
- Five (5) KI violations before full inspection triggered
- Depends on what the violation is
- One (1) or two (2) KI violations before full inspection triggered





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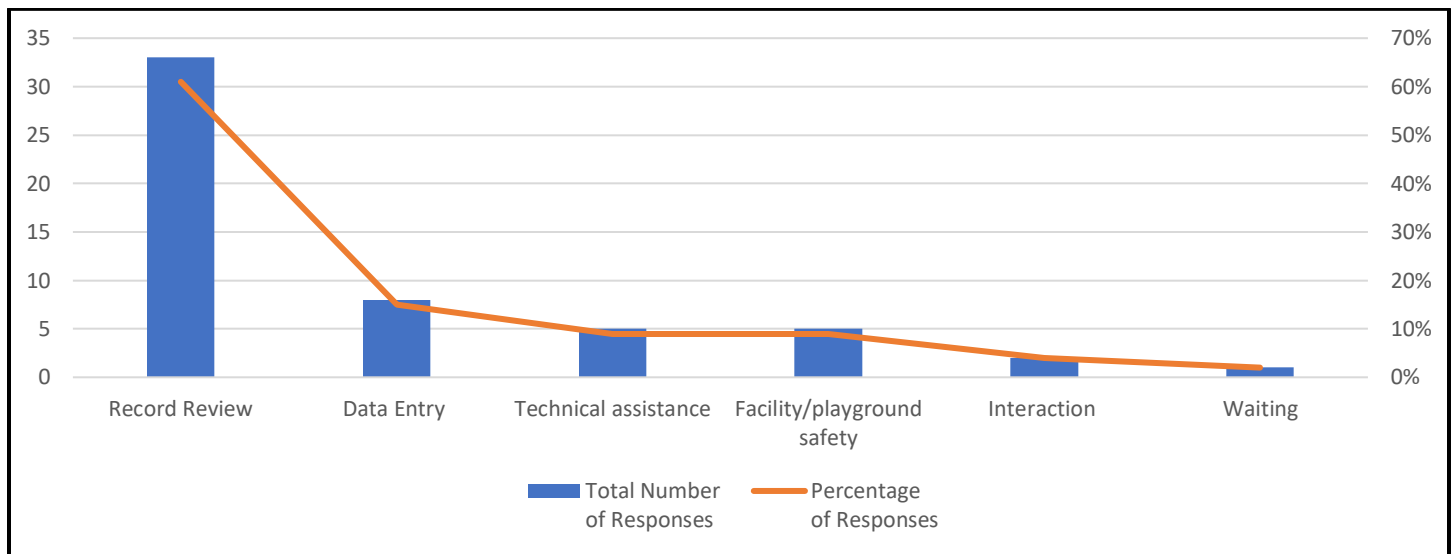
Department Staff

74 total attendees participated in the two sessions. Not all attendees provided feedback. The following questions were posed to participants and the received feedback documented below.

Question: When you inspect a child care facility/day care home – What do you find yourself spending the most time doing?

54 responses were received from 40 respondents. The responses included the following:

- Record review
- Data entry/Document findings
- Provide technical assistance
- Facility/Playground Safety
- Interaction with children/staff
- Waiting for records/paperwork



Question: When you are inspecting a facility/home – Are there other areas where you would prefer to spend more time?

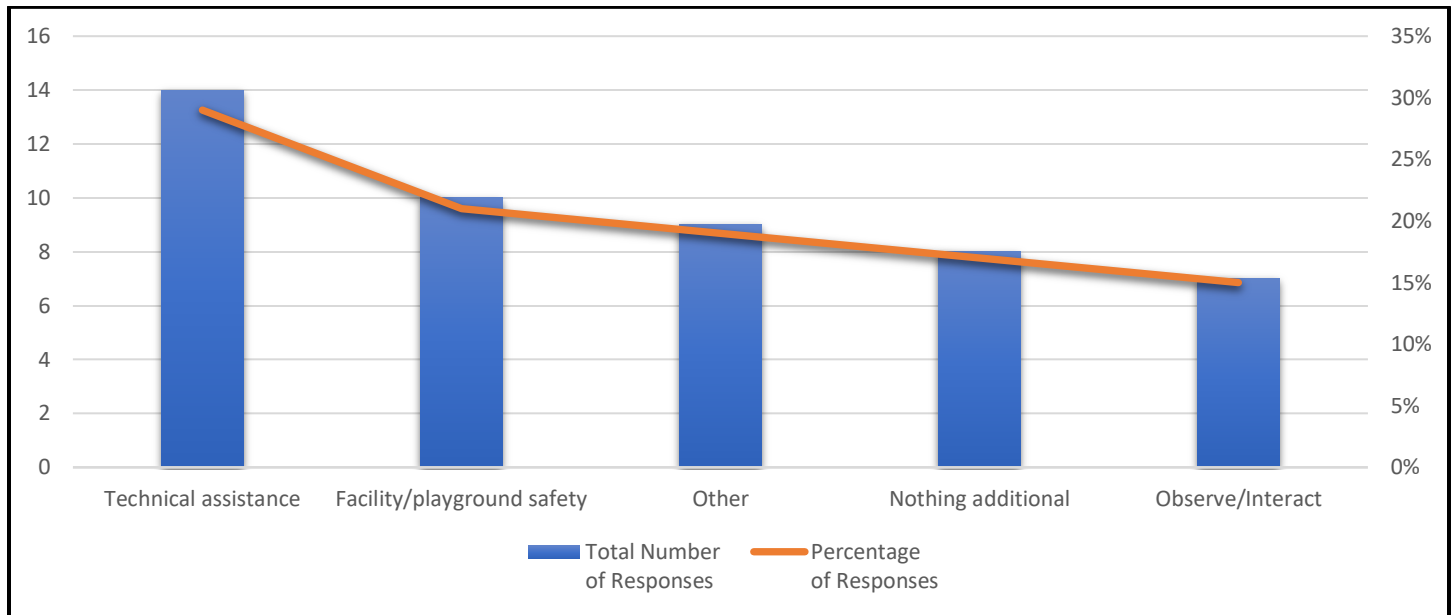
48 responses were received from 39 respondents. The responses included the following:

- Provide technical assistance
- Facility/playground safety
- Does not wish to spend more time elsewhere
- Observe staff and child interactions/Interact with staff and children
- Other



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“Other” responses included supervision requirements, attendance and check in policy review, transportation requirements, food prep, diapering, learning about the business model and purpose of the facility, record review in the office, pool safety, and spending equal amounts of time on all requirements. Each answer accounted for approximately 2% of responses.

Question: What regulations do you feel are the “most serious” and should be measured during every inspection?

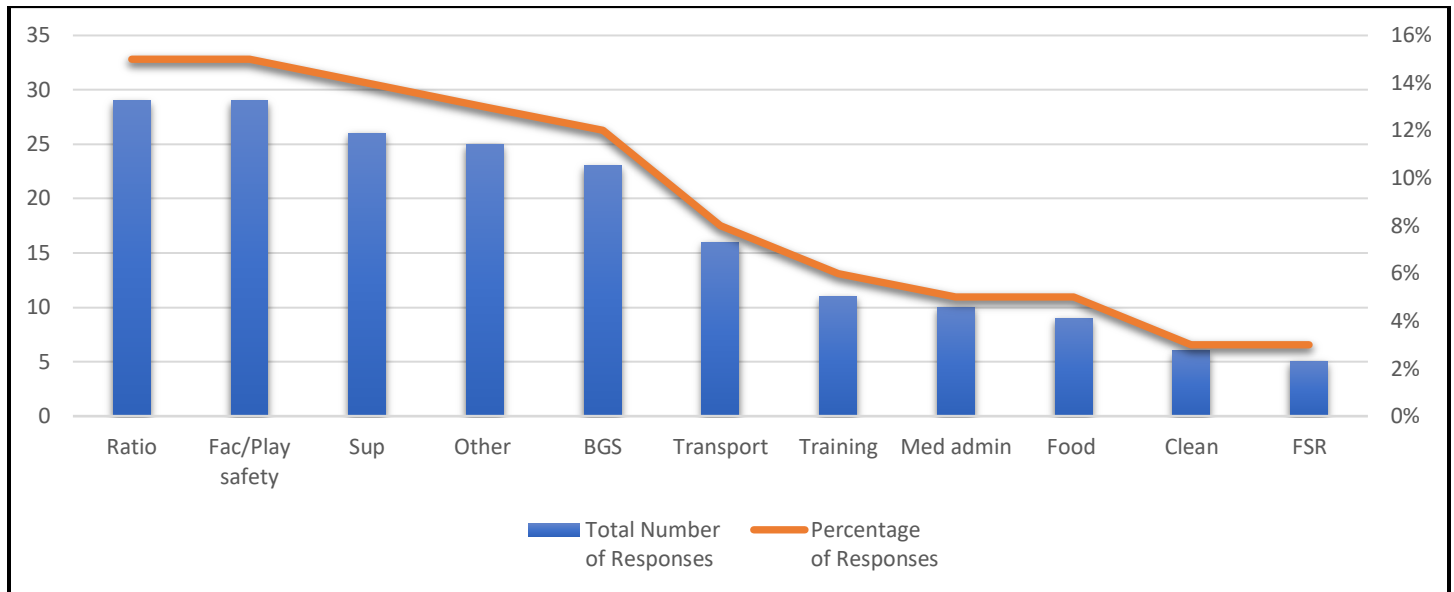
189 responses were received from 44 respondents. The responses included the following:

- Ratios
- Facility/playground safety
- Supervision
- Background Screenings (BGS)
- Transportation requirements
- Staff training/files
- Medication administration
- Food prep/storage
- Cleanliness
- Fire safety requirements
- Other



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“Other” responses included infant safety, immunizations, attendance, water safety, staff/child interaction, discipline, fall zones, fencing, capacity, and allergies. One respondent stated all regulations are serious.

Question: Aside from your answers in Question 3, are there other regulations you think should be measured at each inspection? What are they and Why?

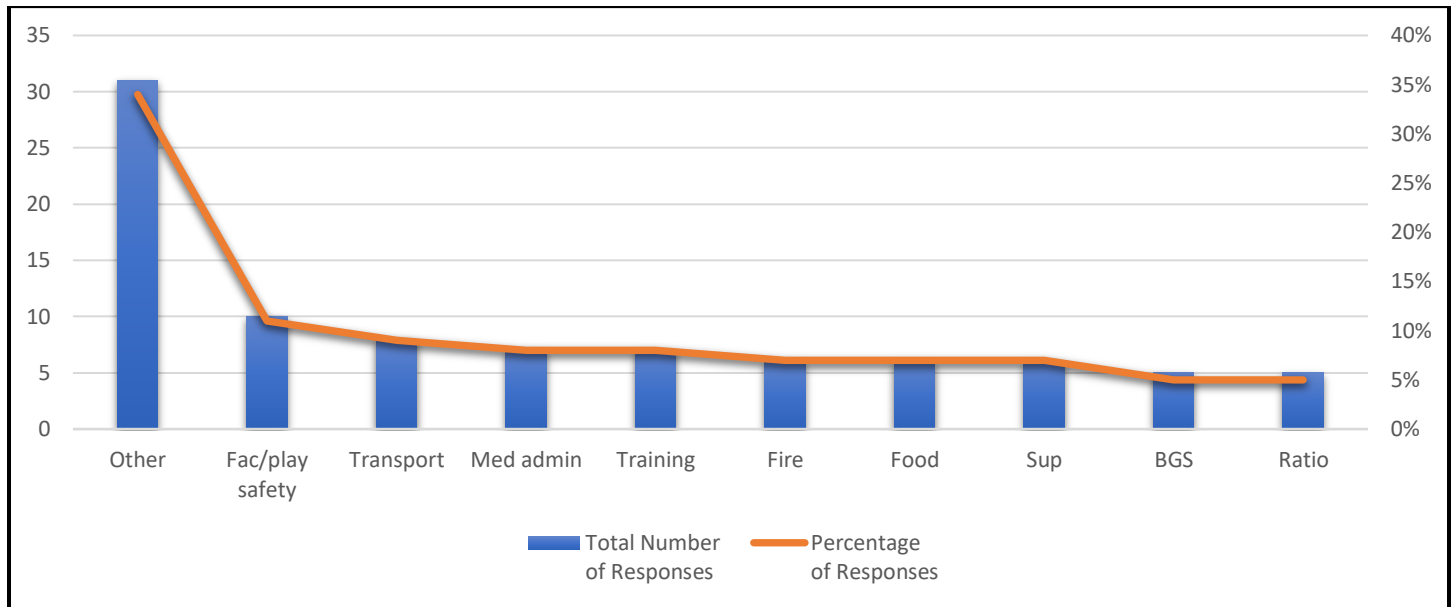
91 responses were received from 41 respondents. Answers for this question varied significantly. The responses included the following:

- Facility/playground safety
- Transportation requirements
- Medication administration
- Staff training/files
- Fire safety
- Food prep/storage
- Supervision
- Background Screening (BGS)
- Ratios
- Other



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Other responses included curriculum review, attendance, discipline policy review, group size, allergies, communicable disease policy review, capacity, water/pool safety, handwashing, diapering, overall cleanliness, accident/incident reporting, daily schedules, fall zones, fencing, infant safety, and staff interaction. One respondent stated all regulations should be monitored at every inspection. Two respondents had no additional input. Each answer accounted for approximately 3% or less of responses.

Question: Child Care Centers are subject to 3 inspections per year. Family Day Care Homes are subject to 2 inspections per year. What are your thoughts on the frequency of inspections? Are there challenges that present with 2 or 3 inspections per year? If so, what are they?

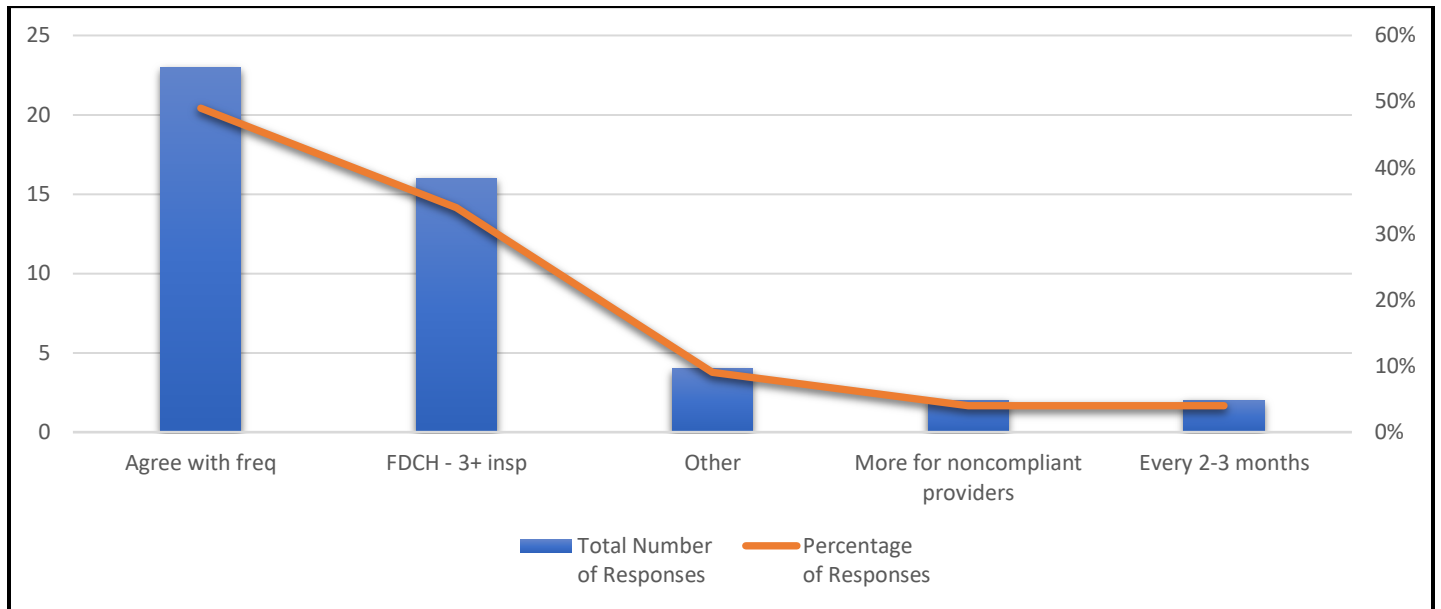
47 responses were received from 47 respondents. The responses included the following:

- Agree with current frequency
- Family Day Care Homes should receive 3 or more inspections
- More inspections than current practice provides for noncompliant providers
- Centers and homes should receive inspections every 2 to 3 months
- Other



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“Other” responses included inspections for child care centers, 4 inspections for centers and 3 for day care homes, and 1 inspection for homes, and more than 3. One respondent is a newer staff person and did not have an opinion on the frequency of inspections. Each response accounted for 2% of responses.

When asked if challenges present with 2 and/or 3 inspections per year, respondents stated:

- Yes, challenges exist – 43%
- No challenges – 57%

The challenges described by staff members include:

- Department staff turnover/large caseloads
- Spanish speaking centers/homes
- Lack of technology among homes/centers
- COVID-19
- The number of requirements to measure during inspection
- Timing of inspections (summer) and deadlines to get inspections completed
- Noncompliant providers require additional inspections
- Some providers require extensive technical assistance

Based on the feedback, the biggest challenge is related to staff turnover and large caseloads.



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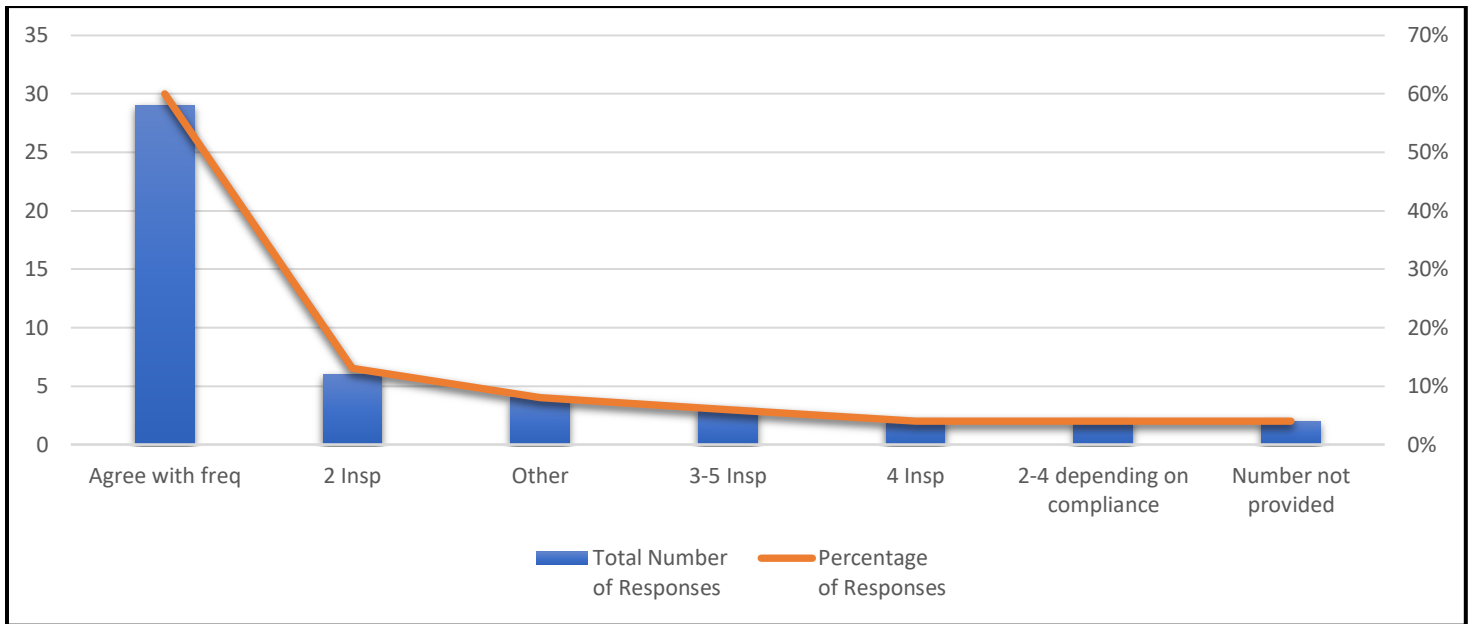
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Question: In your opinion, how many inspections should be conducted per year at a child care facility? At a day care home?

48 responses were received by 48 respondents. The responses included the following:

Child care facilities

- Agree with frequency of inspections (3)
- 2 inspections per year
- 3 to 5 inspections per year
- 4 inspections per year (quarterly)
- 2 to 4 inspections per year depending on compliance level
- No specific number provided but felt inspections should be based on compliance history
- Other



“Other” responses included utilizing a tiered system based on violation class, utilizing a tiered system based on violation classes, 6 inspections per year, and reducing frequency of inspections for complaint providers. One respondent is a new staff member who did not have an opinion.

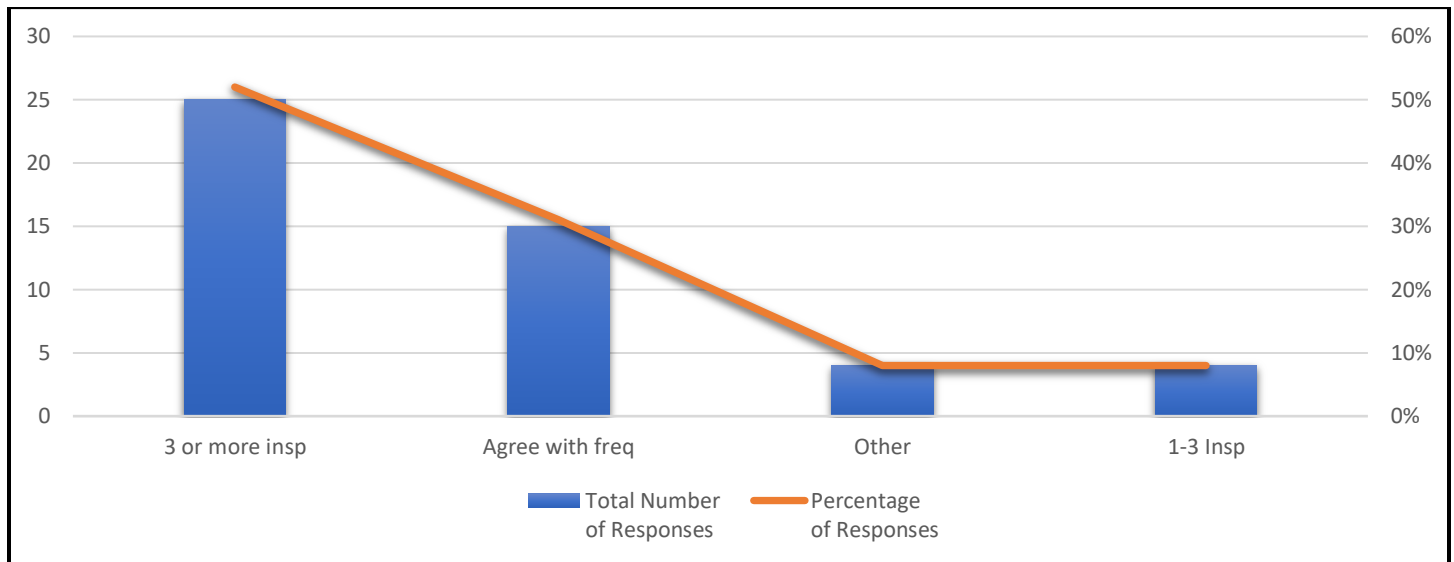


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Day care homes

- 3 or more inspections per year
- Agree with frequency of inspections (2)
- 1 to 3 inspections depending on compliance level
- Other



“Other” responses included utilizing a tiered system based on violation class, reducing frequency of inspections for complaint providers, and inspecting day care homes once per year. One respondent is a new staff member who did not have an opinion.

Question: What, if any, barriers exist that prevent child care facilities or day care homes from achieving or maintaining full compliance?

81 responses were received from 50 respondents. The responses included the following:

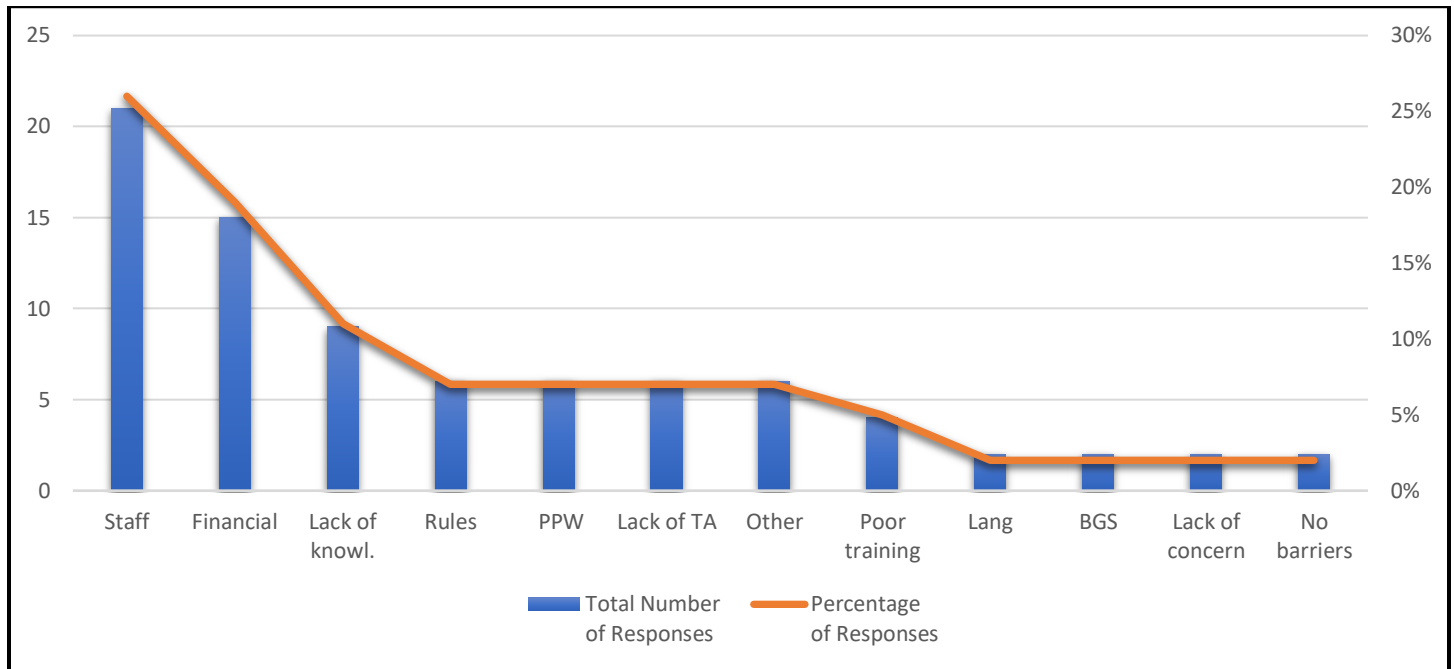
- Staffing issues
- Financial barriers
- Lack of knowledge/understanding of regulations
- Too many requirements and changes in requirements (Rules)
- Too much paperwork/timelines to keep track of (PPW)
- Lack of support/technical assistance from the Department
- Poor training
- Language barriers
- Background screening process
- Lack of concern/failure to seek information
- No barriers



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- Other



“Other” responses included lack of resources, relying on parents for document submission, lack of experience, too much responsibility, child enrollment, and providers’ perception of the Department as the enemy. Each accounted for approximately 1% of responses.

Question: Do you think child care facilities and day care homes receive enough support/technical assistance from the Department? If not, what do you think the Department should do to ensure enough support is provided?

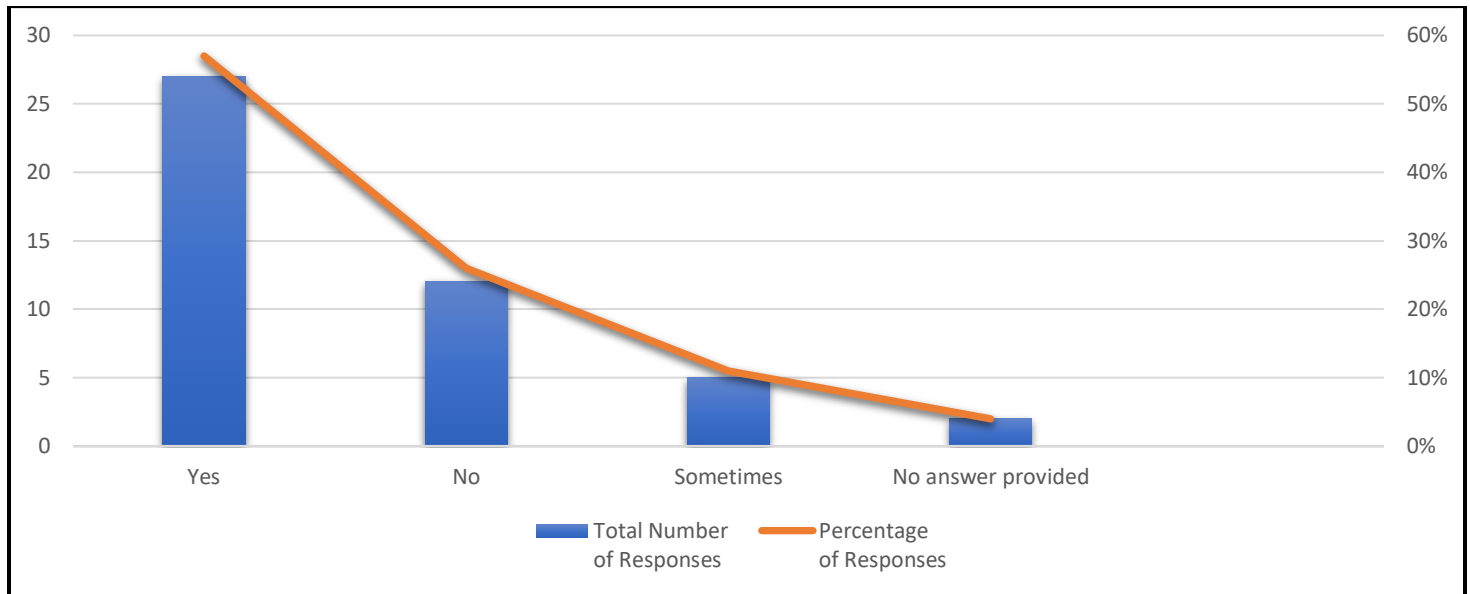
46 responses were received from 46 respondents. The responses included the following:

- Yes, Department provides enough technical assistance
- No, Department does not provide enough technical assistance
- Sometimes the Department provides enough technical assistance
- No direct answer provided



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The majority of respondents said the Department provided sufficient support and technical assistance. Respondents that said the Department does not provide enough technical assistance, and even those that said they do, offered suggestions for improvement in this area. The following suggestions were provided:

- Offer more training opportunities for Department staff and the provider community
- Hold monthly/quarterly meetings to answer questions, share ideas, provide guidance and best practices
- Hire additional staff/reduce caseload size to allow more time for the provision of technical assistance
- Create a centralized hotline for provider questions
- Allow providers to submit documentation before the onsite inspection
- Return phone calls/emails timely
- Email alerts for changes, updates, and reminders
- Ensure inter-rater reliability

Question: Some states require a full inspection (all regs measured) be conducted if a provider is not compliant with a key indicator rule. What are your thoughts on such a policy? How many KI violations should be identified before a full inspection is triggered?

Based on the feedback, most respondents agreed with the practice. Some respondents felt more leniency was needed. Some respondents did not like the practice and stated full inspections should be conducted at every inspection.

43 responses were received from 43 participants. The feedback is as follows:

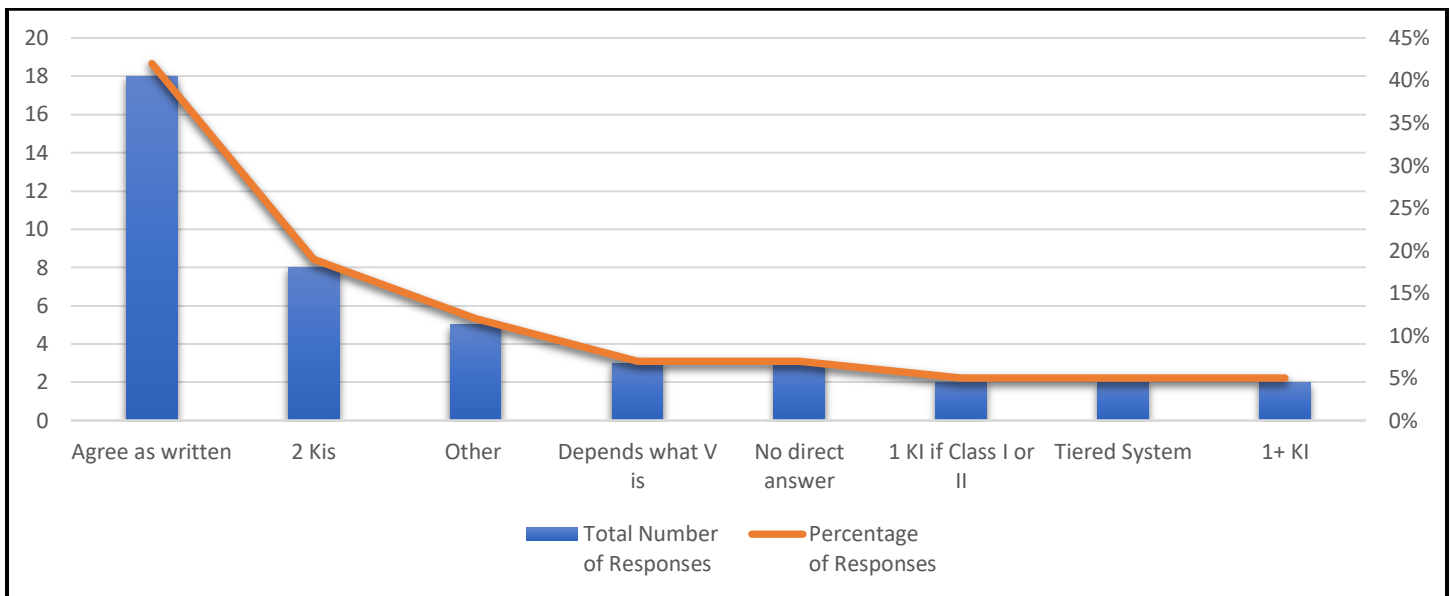
- Agree with practice as written
- Two (2) KI violations should trigger full inspection
- Depends on what the violation is



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- No direct answer provided
- One (1) KI should trigger full inspection if it is a Class I or II violation
- Tiered System preferred (Class I -1 KI, Class 2- 2 KI, etc.)
- More than 1 KI violation should trigger full inspection
- Other



“Other” responses included conducting a full inspection every time, providing technical assistance if a key indicator violation was identified. One respondent stated the abbreviated inspection process works fine and another stated the first Class II violation identified should trigger a full inspection.

Areas of Consistency

While the Department and child care centers/day care homes hold different responsibilities and perspectives as it relates to child care settings, similarities exist with respect to the importance of regulatory compliance and viewpoints about inspection practices.

All three session types agreed that the majority of the counselor’s time is spent on staff and child record review. The amount of time it takes to review records may not decrease however; it is possible to spend less time onsite with record reviews by allowing electronic submission of documents prior to the inspection. This practice would allow more time to measure compliance with other standards and provide technical assistance to those in need. The centers, homes, and Department staff prefer to spend more time measuring compliance with child safety regulations such as facility and playground safety and chemical storage. Furthermore, all three groups agreed more time could be spent on ratio compliance measurement.



Florida Department of Children and Families Office of Child Care

Quantitative and Qualitative Statistical Analysis of the Stakeholder Feedback Sessions
April 5, 2021

When each group was asked what they thought was the “most serious” regulations (the regulations which, if violated, pose the greatest risk to children), all three groups stated child safety requirements, including facility/playground safety, chemical storage, and ratios. Background screenings and supervision requirements were common responses between the centers and Department staff. The comparison of the three groups demonstrates that although each group has different roles with respect to regulated child care settings, each group strongly believes in protecting the safety of children in care.

With regard to current inspection practices, the majority of all three groups agree with the current frequency of inspections. One less inspection per year at each license type was the second most popular answer within the regulated settings group while increasing the frequency of inspections at day care homes was high on the list for licensing counselors. All three groups agreed staffing (either within the Department or the regulated settings) was a challenge. This specifically related to staff turnover and ability to hire quality staff due to financial barriers or lack of quality applicants.

When asked what barriers exist to achieving compliance, all three groups declared staffing issues. Other consistent barriers included lack of financial means and the number of regulations with which to comply. Both child care centers and day care homes mentioned inter-rater reliability as a barrier.

Both regulated settings and the licensing counselors stated that an increased focus on technical assistance would be valuable. When each group was asked if the Department provided sufficient support/technical assistance, the majority of responses within each group indicated satisfaction with the Department’s service in this area but also provided additional suggestions for improvement. Many suggestions included offering more training opportunities and hosting small groups or meetings for the settings to share information, pose questions, and receive guidance or advice related to best practices.

Conclusion

Overall, regulated settings and licensing counselors agree that a full inspection should be triggered upon key indicator violations. The majority of feedback from each group suggested they agreed with the practice as described in the PowerPoint presentation however, many did not agree that one (1) key indicator violation should trigger a full inspection. Many expressed a desire for leniency. As mentioned earlier in this report, participant feedback indicated that additional training may be needed regarding key indicators and their relationship with overall compliance.



Florida Department of Children and Families Office of Child Care

Data Analysis Plan, Implementation, and Child Care Center, Family Child Care Home, and Group Child Care Home Licensing Key Indicator Predictor Rule Results

April 15, 2021

Introduction

The purpose of this report is to provide the overall plan, implementation, and the results from the data analysis in developing the Florida Department of Children and Families, Office of Child Care's (Florida) differential monitoring/licensing key indicator system.

This report outlines the analysis plan, the limitations of the data distribution, the key parameters, and the results of the analyses which will demonstrate those regulations that were the key predictor rules for each of the service types: child care centers, family child care homes, and group child care homes.

It will draw heavily from the methodology that presently exists and is being promulgated by the National Association for Regulatory Administration. When this plan is implemented as will be demonstrated in this report, it will produce the predictive licensing key indicators for child care centers, group child care homes, and family child care homes as delineated by Florida's rules and regulations.

Let's begin with the three Florida data sets: child care centers, family child care homes and group child care homes. Fortunately, Florida could provide population distributions rather than the need to select samples. With child care centers there were 5179 data points; 1027 data points with family child care homes; and 300 data points with group child care homes. These data points or observations represented comprehensive reviews of all regulations/rules of the respective facilities.

The Florida data are similar to other jurisdictions when it comes to the distribution of data in that it is very skewed. What this means is that the majority of facilities are in full (100%) regulatory compliance which is generally the case when it comes to analyzing licensing data. As has been stated in other publications, this is both a good thing and a not-so-good thing.

It is good because we want our facilities to be in substantial regulatory compliance with the health and safety regulations. That is expected and is in reality what occurs.

The not-so-good is the fact that skewed data distributions are difficult to use in statistical analyses. It is very difficult to distinguish between high performers and mediocre performers in such a data distribution. Parametric statistics cannot be used and reliance on non-parametric statistics is warranted as well as data dichotomization. This is also needed because the data are measured at the nominal measurement scale (either in compliance or out of compliance with the specific rule) which limits the level of statistical analyses.

But there are certain strengths as well, for example, regulatory compliance distributions are very effective in distinguishing between high performers and poor performers. There are not many poor performers, but when they do occur, they do vary a good deal from the top performers. This provides an effective means for distinguishing between these two groups via a statistical methodology that will generate predictive licensing key indicators. And that is the essence of this report, how one goes about a data analysis plan for generating predictive licensing key indicators.

Methodology

Once the data are received, a standard statistical protocol is followed in order to maintain the efficacy, reliability and validity of the NARA predictive licensing key indicator methodology. It is based upon the original instrument based program monitoring and key indicator methodology developed by Fiene in the early 1980's. It has been refined and enhanced over the past 40 years to make it more accurate. All these refinements and enhancements were applied to the Florida data (Please refer to the data analysis plan in the appendix for details).

The first step is the structure of the data base. The facility/providers are listed along the vertical axis while their specific regulatory compliance data are listed along the horizontal axis for each discrete rule/regulation. A coding scheme is followed similar to the following: a "0" is entered for each rule/regulation where there is compliance with the specific rule. A "1" is entered for each rule where there is non-compliance or violation of the specific rule. If either the rule is not observed or is not applicable, then a "space" is entered. The reason for this coding is the formatting necessary for the statistical analyses software to be used. Usually SPSS (Statistical Package for the Social Sciences) is used but any statistical package can be used as long as the software has the ability to generate correlation coefficients and Crosstab analyses.

Basic descriptive statistics are utilized in order to obtain the key parameters of the data distribution. Measures of central tendency are determined for the mean and median. Dispersion measures are also generated, in particular, the skewness and kurtosis of the distribution. A frequency is generated to determine the levels of full (100% compliance), substantial compliance, medium compliance and low compliance with the overall rules. These descriptive statistics assist in determining the thresholds for a high group and a low group when it comes to overall regulatory compliance. Generally, a 25%/50%/25% model is followed but this can vary dependent upon the number of facilities as well as the data distribution skewness. Essentially the top 25% becomes the high group of regulatory compliance while the low 25% becomes the low group of regulatory compliance. The middle 50% is not used in the analyses. The reason for doing this is to dichotomize the data and to increase the discriminatory variance in the data distribution. Generally, data dichotomization is not recommended but in the case of licensing data it is because of the level of skewness. If the data distribution were more normally distributed it would not be employed. An example of a normally distributed data distribution is the Environmental Rating Scales.

The source of the data are from checklists or instruments that are used by licensing staff when they are on site inspecting a specific program. This may be done via paper or electronically. The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes, and 332 rules applied to group child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated.

In determining the groups, certain important parameters should be employed. For the high group, only those programs where there was only full (100%) regulatory/rule compliance should be included. The reason for doing this is to eliminate false negatives in the data analysis. If full regulatory compliance is combined with substantial compliance it increases the chance for false negatives occurring which is undesirable. In fact, the substantial compliant programs are the programs that are not used in these analyses. Substantial compliance is a very important level of measurement when it comes to overall regulatory compliance but not so with defining predictive rules. The other key group is the low group which constitutes those programs having difficulty with overall regulatory compliance and clearly demonstrate a high level of non-compliance or violations of rules/regulations.

Once the high and low groups are determined, it is then possible to construct a 2 x 2 matrix (for details regarding this matrix please refer to the data analysis plan attached as an appendix) utilizing this classification along side each rule/regulation in determining if that respective rule is in or out of compliance. The 2 x 2 matrix has the following format: High or Low Groups x In or Out of Compliance for each Rule. When the data are entered into this 2 x 2 matrix, the Fiene Coefficient (FC) can be produced with the following algorithm/formula:

$$FC = ((High/In)(Low/Out)) - ((High/Out)(Low/In)) / \sqrt{Total\ Regulatory\ Compliance}$$

where High = High Regulatory Compliance Group

In = The Specific Rule Is In Regulatory Compliance/Not a Violation

Low = Low Regulatory Compliance Group

Out = The Specific Rule Is Out of Regulatory Compliance/Violation

sqrt = square root

Generally licensing key indicator rules or predictive rules have a moderate level of non-compliance. They are not always out of compliance nor are they always in compliance. What distinguishes these predictive indicator rules is that they are good at distinguishing between high vs low compliance in programs. They are also usually, but not always, your most risk aversive rules. Again they fall somewhere in between.

In looking at the Florida data, here are some basic descriptive data that help to define the data set. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. And lastly, for group child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. The three data distributions are skewed as you can see from the high percentages of fully compliant programs.

Results

This section of the report will provide the results from using the licensing key indicator predictor methodology for child care centers, family child care homes and group child care homes. The results are presented in the following tables for each service type. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates a stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base and not by strength of relationship. And finally a brief content statement to give better context to the standard/rule. See Tables 1-3 below:

Table 1: Child Care Centers (n = 5179 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content
3.1	.53*	Staff child ratios
12.2	.49	An area of the facility was observed to not be in good repair.
12.18	.46	The facility did not have electrical outlet covers.
28.2	.41	Bottles brought from home were not labeled with child's name.
32.3	.41	The play equipment was not maintained in a safe condition.
32.7	.42	The ground cover under the was not maintained.
33.3	.42	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.
33.9	.47	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.
41.1	.41	Immunizations certification not present.
41.2	.55	Immunizations certification was inadequate.
42.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
43.6	.41	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
44.4	.58	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
45.1	.40	A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for all employees.
45.2	.45	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.

** All the results are statistically significant at a $p < .0001$ level.*

Table 2: Family Child Care Homes (n = 1027 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
5.6	.35*	The substitute worked over 40 hours per months on average over a six-month period in a single family day care home.
6.7	.32	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
7.5	.36	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.
13.6	.44	The home had electrical outlet covers that were not in place.
14.1	.36	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.
14.9	.35	The outdoor play area that required fencing was not safe.
14.17	.30	The ground cover or other protective surface was not maintained.
19.3	.32	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.
27.1	.39	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.
31.1	.54	Immunization certification not present.
31.2	.61	Immunization certification was inadequate.
32.1	.54	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
33.1	.36	No enrollment information was on file for the child(ren) and/ or available for licensing to review.
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.
33.5	.50	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
33.6	.43	Daily attendance was not maintained to account for all children in care.

* All the results are statistically significant at a $p < .0001$ level.

Table 3: Group Child Care Homes (n = 300 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
1.1	.58*	Staff child ratios.
7.2	.36	Required background screening was missing.
7.6	.36	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.
7.9	.36	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
14.2	.36	Indoor play areas not in good repair.
15.1	.41	Outdoor play areas were not free from litter, nails, glass, and other hazards.
17.15	.36	A minimum distance of 18 inches was not maintained around each individual napping space.
32.1	.45	Immunization certification not present.
32.2	.61	Immunization certification was inadequate.
33.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
34.5	.45	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
34.6	.45	Daily attendance was not maintained to account for all children in care.

** All the results are statistically significant at a $p < .0001$ level.*

The reader will notice that there is a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations.

APPENDIX
Data Analysis Plan:
Technical Detail Updates to the Fiene Key Indicator Methodology

Technical Detail Updates to the Fiene Key Indicator Methodology

The Key Indicator Methodology has recently been highlighted in a very significant Federal Office of Child Care publication series on Contemporary Licensing Highlights. In that Brief the Key Indicator Methodology is described as part of a differential monitoring approach along with the risk assessment methodology. Because of the potential increased interest in the Key Indicator Methodology, a brief update regarding the technical details of the methodology is warranted. For those readers who are interested in the historical development of Key Indicators I would suggest they download the resources available at the end of the paper.

This brief paper provides the technical and statistical updates for the key indicator methodology based upon the latest research in the field related to licensing and quality rating & improvement systems (QRIS). The examples will be drawn from the licensing research but all the reader needs to do is substitute “rule” for “standard” and the methodology holds for QRIS.

Before proceeding with the technical updates, let me review the purpose and conceptual underpinning of the Key Indicator Methodology. Key Indicators generated from the methodology are not the rules that have the highest levels of non-compliance nor are they the rules that place children most at risk of mortality or morbidity. Key Indicators are generally somewhere in the middle of the pack when it comes to non-compliance and risk assessment. The other important conceptual difference between Key Indicators and risk assessment is that only Key Indicators statistically predict or are predictor rules of overall compliance with all the rules for a particular service type. Risk assessment rules do not predict anything other than a group of experts has rated these rules as high risk for children’s mortality/morbidity if not complied with.

Something that both Key Indicators and risk assessment have in common is through their use one will save time in their monitoring reviews because you will be looking at substantially fewer rules. But it is only with Key Indicators that you can statistically predict additional compliance or non-compliance; this is not the case with risk assessment in which one is only looking at those rules which are a state’s high risk rules. And this is where differential monitoring comes into play by determining which programs are entitled to either Key Indicators and/or risk assessment for more abbreviated monitoring reviews rather than full licensing reviews (the interested reader

should see the *Contemporary Licensing Series on Differential Monitoring, Risk Assessment and Key Indicators* published by the Office of Child Care.

Technical and Statistical Framework

One of the first steps in the Key Indicator Methodology is to sort the licensing data into high and low groups, generally the highest and lowest licensing compliance with all the rules can be used for this sorting. Frequency data will be obtained on those programs in the top level (usually top 20-25%) and the bottom level (usually the bottom 20-25%). The middle levels are not used for the purposes of these analyses. These two groups (top level & the bottom level) are then compared to how each program scored on each child care rule (see Figure 1). In some cases, especially where there is very high compliance with the rules and the data are extremely skewed, it may be necessary to use all those programs that are in full (100%) compliance with all the rules as the high group. The next step is to look at each rule and determine if it is in compliance or out of compliance with the rule. This result is cross-referenced with the High Group and the Low Group as depicted in Figure 1.

Figure 1	<i>Providers In Compliance on Rule</i>	<i>Programs Out Of Compliance on Rule</i>	<i>Row Total</i>
<i>Highest level (top 20-25%)</i>	<i>A</i>	<i>B</i>	<i>Y</i>
<i>Lowest level (bottom 20-25%)</i>	<i>C</i>	<i>D</i>	<i>Z</i>
<i>Column Total</i>	<i>W</i>	<i>X</i>	<i>Grand Total</i>

Once the data are sorted in the above matrix, the following formula (Figure 2) is used to determine if the rule is a key indicator or not by calculating its respective Key Indicator coefficient. Please refer back to Figure 1 for the actual placement within the cells. The legend (Figure 3) below the formula shows how the cells are defined.

Figure 2 – Formula for Fiene Key Indicator Coefficient

$$\phi = (A)(D) - (B)(C) \div \sqrt{(W)(X)(Y)(Z)}$$

Figure 3 – Legend for the Cells within the Fiene Key Indicator Coefficient

A = High Group + Programs in Compliance on Specific Rule.
B = High Group + Programs out of Compliance on Specific Rule.
C = Low Group + Programs in Compliance on Specific Rule.
D = Low Group + Programs out of Compliance on Specific Rule.

W = Total Number of Programs in Compliance on Specific Rule.
X = Total Number of Programs out of Compliance on Specific Rule.
Y = Total Number of Programs in High Group.
Z = Total Number of Programs in Low Group.

Once the data are run through the formula in Figure 2, the following chart (Figure 4) can be used to make the final determination of including or not including the rule as a key indicator. Based upon the chart in Figure 4, it is best to have a Key Indicator Coefficient approaching +1.00 however that is rarely attained with licensing data but has occurred in more normally distributed data.

Continuing with the chart in Figure 4, if the Key Indicator Coefficient is between +.25 and -.25, this indicates that the indicator rule is unpredictable in being able to predict overall compliance with the full set of rules. Either a false positive in which the indicator appears too often in the low group as being in compliance, or a false negative in which the indicator appears too often in the high group as being out of compliance. This can occur with Key Indicator Coefficients above +.25 but it becomes unlikely as we approach +1.00 although there is always the possibility that other rules could be found out of compliance. Another solution is to increase the number of key indicator rules to be reviewed but this will cut down on the efficiency which is desirable and the purpose of the key indicators.

The last possible outcome with the Key Indicator Coefficient is if it is between -.26 and -1.00, this indicates that the indicator is a terrible predictor because it is doing just the opposite of the decision we want to make. The indicator rule would predominantly be in compliance with the low group rather than the high group so it would be statistically predicting overall non-compliance. This is obviously something we do not want to occur.

Figure 5 gives the results and decisions for a QRIS system. The thresholds in a QRIS system are increased dramatically because QRIS standard data are less skewed than licensing data and a

more stringent criterion needs to be applied in order to include particular standards as Key Indicators.

Figure 4 – Thresholds for the Fiene Key Indicators for Licensing Rules

<u>Key Indicator Range</u>	<u>Characteristic of Indicator</u>	<u>Decision</u>
(+1.00) – (+.26)	Good Predictor	Include
(+.25) – (-.25)	Unpredictable	Do not Include
(-.26) – (-1.00)	Terrible Predictor	Do not Include

Figure 5 – Thresholds for the Fiene Key Indicators for QRIS Standards

<u>Key Indicator Range</u>	<u>Characteristic of Indicator</u>	<u>Decision</u>
(+1.00) – (+.76)	Good Predictor	Include
(+.75) – (-.25)	Unpredictable	Do not Include
(-.26) – (-1.00)	Terrible Predictor	Do not Include

RESOURCES AND NOTES

For those readers who are interested in finding out more about the Key Indicator Methodology and the more recent technical updates as applied in this paper in actual state examples, please see the following publication:

Fiene (2014). *ECPQIM4©: Early Childhood Program Quality Indicator Model4*, Middletown: PA; Research Institute for Key Indicators LLC (RIKI). (<http://drfiene.wordpress.com/riki-reports-dmlma-ecpqim4/>)

In this book of readings/presentations are examples and information about differential monitoring, risk assessment, key indicators, validation, measurement, statistical dichotomization of data, and regulatory paradigms. This publication delineates the research projects, studies, presentations, & reports completed during 2013-14 in which these updates are drawn from.



Addendum to Florida Key Indicator Report

The purpose of this report is an addendum to the original Key Indicator Report submitted to Department of Children, Youth, and Families to re-run the key indicator methodology on only SR facilities. The exact parameters used in the original study were utilized in these analyses.

Because the sample sizes changed, they were all reduced, the results are somewhat different but not significantly so with centers where the sample size overall remained large enough. There is a great deal of overlap between running the key indicator methodology with all the child care facilities and now with only the SR child care facilities. With the homes there was a bit more movement because the sample sizes were reduced significantly.

In looking at the data, here are some basic descriptive data that have changed in moving from analyzing data on all the facilities to just the SR facilities. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For the SR child care centers, 37% of the programs were in full compliance with a range of 0 – 40 violations.

For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. For SR family child care homes, 61% of the homes were in full compliance with a range of 0 – 16 violations.

And lastly, for group child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. For SR group child care homes, 56% of the homes were in full compliance with a range of 0 – 11 violations.

In summary, the SR facilities do have a lower range of violations, for example: child care centers went from 0 – 51 to a range of 0 – 40; family child care homes went from 0 – 21 to 0 – 16; large family child care homes did not change but had the same range 0 – 11.

The number of center observations changed from 5179 to 3070. The number of family child care homes changed from 1027 to 392. And the number of large family child care homes changed from 300 to 180.

Results

This section of the report provides the results from using the licensing key indicator predictor methodology for SR child care centers, SR family child care homes and SR group child care homes. The results are presented in the following tables for each service type as in the original report. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates a stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base and not by strength of relationship. And finally a brief content statement to give better context to the standard/rule. See Tables 1-3 below:

Table 1: Child Care Centers (n = 3070 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content
3.1	.52*	Staff child ratios
12.2	.49	An area of the facility was observed to not be in good repair.
12.18	.46	The facility did not have electrical outlet covers.
28.2	.41	Bottles brought from home were not labeled with child's name.
32.3	.41	The play equipment was not maintained in a safe condition.
32.7	.43	The ground cover under the was not maintained.
33.3	.41	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.
33.9	.46	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.
41.1	.40	Immunizations certification not present.
41.2	.51	Immunizations certification was inadequate.
42.1	---	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
43.6	.41	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
44.4	.54	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
45.1	---	A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for all employees.
45.2	---	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.

** All the results are statistically significant at a $p < .0001$ level.*

Table 2: Family Child Care Homes (n = 392 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
5.6	---	The substitute worked over 40 hours per months on average over a six-month period in a single family day care home.
6.7	---	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
7.5	.34	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.
13.6	.40	The home had electrical outlet covers that were not in place.
14.1	.40	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.
14.9	.30	The outdoor play area that required fencing was not safe.
14.17	---	The ground cover or other protective surface was not maintained.
19.3	---	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.
27.1	.40	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.
31.1	.58	Immunization certification not present.
31.2	.60	Immunization certification was inadequate.
32.1	.58	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
33.1	.34	No enrollment information was on file for the child(ren) and/ or available for licensing to review.
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.
33.5	.56	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
33.6	.43	Daily attendance was not maintained to account for all children in care.

** All the results are statistically significant at a $p < .0001$ level.*

Additional rules added as key indicators:

1.1	.30	Staff child ratios
10.3	.30	Potentially harmful items such as BB guns, pellet guns, knives and/or sharp tools were not in a locked area or were accessible to children in care.
14.15	.30	There was no documentation, maintained for 12 months that routine inspections were conducted at least monthly of all supports, above and below the ground, all connectors, and moving parts.
21.16	.30	Bottles and/or sippy cups were not labeled with the child's first and last name.
32.2	.30	The Student Health Examination was not acceptable.

Table 3: Group Child Care Homes (n = 180 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
1.1	.51*	Staff child ratios.
7.2	---	Required background screening was missing.
7.6	---	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.
7.9	---	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
14.2	---	Indoor play areas not in good repair.
15.1	---	Outdoor play areas were not free from litter, nails, glass, and other hazards.
17.15	---	A minimum distance of 18 inches was not maintained around each individual napping space.
32.1	.47	Immunization certification not present.
32.2	.60	Immunization certification was inadequate.
33.1	.47	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
34.5	.51	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
34.6	.47	Daily attendance was not maintained to account for all children in care.

* All the results are statistically significant at a $p < .0001$ level.

There were changes in each service type with the smallest differences with SR child care centers and the greatest changes in the SR family and group child care homes. The reason for this is the change in the sample sizes. The centers sample changed but there was such a large number of data points these data stayed fairly stable. However, with the homes, the sample sizes were reduced significantly and this resulted in greater changes being detected.



Florida Department of Children and Families Office of Child Care

Policy and Procedures for Differential Monitoring System Use

May 18, 2021

I. Purpose

The purpose of this document is to establish policy and procedures for the application and administration of the Florida Department of Children and Families, Office of Child Care's ("Department" or "OCC") Differential Monitoring System (hereafter "Key Indicator System" or "KIS") in accordance with NARA's May 6, 2021 *Differential Monitoring Licensing Methodology Summary Report*.

II. Legal Authority

Title XXIX § 402.3115, Florida Statutes - Elimination of duplicative and unnecessary inspections; abbreviated inspections.

"The Department of Children and Families and local governmental agencies that license child care facilities shall develop and implement a plan to eliminate duplicative and unnecessary inspections of child care facilities. In addition, the department and the local governmental agencies shall develop and implement an abbreviated inspection plan for child care facilities that have had no Class 1 or Class 2 deficiencies, as defined by rule, for at least 2 consecutive years. The abbreviated inspection must include those elements identified by the department and the local governmental agencies as being key indicators of whether the child care facility continues to provide quality care and programming."

III. Operational Modifications

Rules Measured During Abbreviated Inspections

Abbreviated inspections require measurement of approximately 76% of the rules subjected to licensed facilities". Replacing the current abbreviated inspection methodology with a KIS will provide greater assurance that children in care are protected from harm and significantly reduces the number of rules currently measured during abbreviated inspections. The table below shows the number and percent of rules that will be measured using the KIS methodology.

Facility Type	Total Rules	KIS Method Rules	Percent of Total
Child Care Facilities	537	46	9%
Large Family Child Care Homes	439	45	10%
Family Day Care Homes	409	44	11%

Please see Section VII below for rules to be measured during KIS inspections.

Inspection Checklists

OCC’s Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured based on same. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

1. Changing the current abbreviated inspection rules to match the KIS rules, and
2. Changing system functionality to select five random rules in addition to the KIS and Supplemental Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.

IV. Eligibility for Indicator Inspections

In order to be eligible for a KIS inspection, a child care facility (“facility”) must meet all of the following criteria:

1. The facility must be licensed for a period of no less than two consecutive years.
2. The facility must have received at least two full on-site renewal inspections in the most recent two years.
3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years.
4. The provider is not currently under investigation by Child Protective Services.

A facility that does not meet all of the above criteria may not receive a KIS inspection. Standard inspection procedures shall be followed in accordance with the OCC policy. Per the Desk Reference Guide, Renewal Inspections may not be Abbreviated Inspections.

V. Procedures for Conducting Indicator Inspections

Prior to Conducting the Inspection

1. The Licensing Counselor will determine if the facility is eligible for an Indicator Inspection based on the criteria in Section IV above.

- a. The facility may not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.

Prior to Conducting the Inspection

1. Upon arrival at the regulated setting, the counselor will:
 - a. Perform all standard activities for arrival based on applicable OCC policy for the type of regulated setting, e.g., “Greet licensee and show ID,” “Note time of arrival,” etc.
 - b. Conduct a brief walk through of the setting to identify any immediate health and safety risks or “plain-view” rule violations. This is not limited to KIS rules.
 - i. If an immediate health and safety risk is identified, the counselor will take appropriate action in accordance with OCC policy.
 - ii. If one or more “plain view” violations of a Class 1 or Class 2 level are identified, the provider will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
2. If following the walk through at Section V-1-b above the facility is eligible for an Indicator Inspection, the counselor will:
 - a. Briefly describe OCC’s KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
3. During the course of the inspection, the counselor will measure compliance with all of the following:
 - a. The Key Indicator System Rules;
 - b. The Supplemental Rules; and
 - c. The five randomly-selected rules referenced in Section III-2 above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations are identified at (a)-(c) OR if any Class 1 or Class 2 violations are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with OCC policy.

VI. Rules Measured During KIS Inspections

Child Care Facilities

Rule	Type	Brief Content
3.1	Key Indicator	Insufficient Staff
4.1	Supplemental Rule	Inadequate Supervision
4.18	Supplemental Rule	Unscreened Individual Alone With Children
5.4	Supplemental Rule	Transportation Log Missing Information
8.4	Supplemental Rule	Non-Operable Seat Belts/ Restraints
9.2	Supplemental Rule	Activities Plan Not Followed
11.1	Supplemental Rule	Parents Not Provided Written Policy
12.1	Supplemental Rule	Facility Not Clean
12.2	Key Indicator	Facility Not In Good Repair
12.18	Key Indicator	No/Missing Electrical Outlet Covers
13.2	Supplemental Rule	Unsafe Storage Of Dangerous Material
15.1	Supplemental Rule	Licensed Capacity Exceeded
17.5	Supplemental Rule	Fence/Wall Not Minimum 4 Feet

Rule	Type	Brief Content
20.6	Supplemental Rule	Strangulation/Suffocation Hazard
23.7	Supplemental Rule	Fire Drill Missing Elements
25.4	Supplemental Rule	Spoiled, Contaminated, Unsafe Food Being Served
27.1	Supplemental Rule	No Caterer License
28.2	Key Indicator	Bottles/Sippy Cups Not Labeled
29.2	Supplemental Rule	Staff- No Hand Washing
30.6	Supplemental Rule	Diaper Change Surface Not Impermeable
32.3	Key Indicator	Play Equipment Not Safe/Sanitary
32.7	Key Indicator	Fall Zone Surface Not Maintained
33.3	Key Indicator	Introduction Course Not Begun Within 90 Days
33.9	Key Indicator	No Documentation- Safe Sleep/ Fire Extinguisher Training
34.4	Supplemental Rule	No Credentialed Director
36.3	Supplemental Rule	No One Trained Available For Field Trip
37.2	Supplemental Rule	No One Trained Available For Field Trip
40.15	Supplemental Rule	Medication Not Locked/Stored

Rule	Type	Brief Content
40.18	Supplemental Rule	No Documentation of Training
41.1	Key Indicator	No Immunization Record
41.2	Key Indicator	Immunization Record Incomplete
42.1	Key Indicator	No Student Health Examination
43.2	Supplemental Rule	Incomplete Enrollment Information
43.6	Key Indicator	Parent's Acknowledgment - Influenza Guide
44.4	Key Indicator	Child Abuse Reporting Form Missing
45.1	Key Indicator	No CF-FSP Form 5131 on File
45.2	Supplemental Rule	Missing Level 2 Screen Documentation
45.7	Key Indicator	Background Screening More Than 5 Years/90 Day Break
45.11	Supplemental Rule	Level 2 Documentation Incomplete
46.7	Supplemental Rule	No Attendance Roster
47.5	Supplemental Rule	Licensing Authority Denied Access
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies

Rule	Type	Brief Content
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

Large Family Child Care Homes

Rule	Type	Brief Content
1.1	Key Indicator	Allowable Number Of Children Exceeded
2.2	Supplemental Rule	Parents Not Provided Written Policy
3.1	Supplemental Rule	No Valid Driver License/First Aid and CPR Certification
4.3	Supplemental Rule	Activities Plan Not Followed
5.4	Supplemental Rule	License Not Posted Conspicuously
6.3	Supplemental Rule	Substitute Exceeds 40 Hours Per Month
7.2	Key Indicator	Missing Level 2 Screen Documentation
7.6	Key Indicator	Attestation Of Good Moral Character Not Completed
7.9	Key Indicator	Child Abuse Reporting Form Missing

Rule	Type	Brief Content
8.7	Supplemental Rule	No Person With Valid/Current CPR/First Aid
9.8	Supplemental Rule	Supervision Inadequate
11.1	Supplemental Rule	Cleaning Supply Accessible
11.3	Supplemental Rule	Knives/Sharp Tools Accessible
13.1	Supplemental Rule	Unsafe Storage of Firearms/Weapons
14.2	Key Indicator	Indoor Play Area Not in Good Repair
14.9	Supplemental Rule	No/Missing Electrical Outlet Covers
15.1	Key Indicator	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
15.9	Supplemental Rule	Fencing Not Safe/Adequate
15.15	Supplemental Rule	Monthly Inspection Documentation Not Maintained
15.17	Supplemental Rule	Fall Zone Surface Not Maintained
16.1	Supplemental Rule	Pool-Fence/Barrier Not 4 Feet High
16.7	Supplemental Rule	Water Hazard/Swimming Pool Accessible
17.15	Key Indicator	18 Inch Separation Not Met
20.3	Supplemental Rule	No Operable/Current Cert. Fire Extinguisher

Rule	Type	Brief Content
22.1	Supplemental Rule	Staff-No Hand Washing After Toileting/Diapering
22.16	Supplemental Rule	Bottles/Sippy Cups Not Labeled
24.1	Supplemental Rule	Diaper Change Surface Not Impermeable
28.1	Supplemental Rule	No Fire Drill
30.9	Supplemental Rule	Medication Not Locked/Stored
30.11	Supplemental Rule	No Documentation of Training
32.1	Key Indicator	No Immunization Record
32.2	Key Indicator	Immunization Record Unacceptable
33.1	Key Indicator	No Student Health Examination
33.2	Supplemental Rule	Student Health Examination Unacceptable
34.1	Supplemental Rule	No Enrollment Information
34.4	Supplemental Rule	Missing Statement-Selecting A FDCH Provider
34.5	Key Indicator	Parent's Acknowledgement - Influenza Guide
34.6	Key Indicator	No Daily Attendance Records
35.1	Supplemental Rule	Licensing Authority Denied Access

Rule	Type	Brief Content
36.3	Supplemental Rule	Inappropriate Interaction with Child
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

Family Day Care Homes

Rule	Type	Brief Content
1.1	Supplemental Rule	Allowable Number Of Children Exceeded
2.2	Supplemental Rule	Parents Not Provided Written Policy
3.1	Supplemental Rule	No Valid Driver License/First Aid and CPR Certification
4.4	Supplemental Rule	License Not Posted Conspicuously
5.6	Key Indicator	Substitute Exceeds 40 Hours Per Month
6.1	Supplemental Rule	Missing Level 2 Screen Documentation

Rule	Type	Brief Content
6.5	Supplemental Rule	Attestation Of Good Moral Character Not Completed
6.7	Key Indicator	Child Abuse Reporting Form Missing
7.5	Key Indicator	No Person With Valid/Current CPR/First Aid
8.8	Supplemental Rule	Supervision Inadequate
10.1	Key Indicator	Cleaning Supply Accessible
10.3	Supplemental Rule	Knives/Sharp Tools Accessible
12.1	Supplemental Rule	Unsafe Storage of Firearms/Weapons
13.2	Supplemental Rule	Indoor Play Area Not in Good Repair
13.6	Key Indicator	No/Missing Electrical Outlet Covers
14.1	Key Indicator	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
14.9	Key Indicator	Fencing Not Safe/Adequate
14.15	Supplemental Rule	Monthly Inspection Documentation Not Maintained
14.17	Key Indicator	Fall Zone Surface Not Maintained
15.1	Supplemental Rule	Pool-Fence/Barrier Not 4 Feet High
15.7	Supplemental Rule	Water Hazard/Swimming Pool Accessible

Rule	Type	Brief Content
16.14	Supplemental Rule	18 Inch Separation Not Met
19.3	Key Indicator	No Operable/Current Cert. Fire Extinguisher
21.1	Supplemental Rule	Staff-No Hand Washing After Toileting/Diapering
21.16	Supplemental Rule	Bottles/Sippy Cups Not Labeled
23.1	Supplemental Rule	Diaper Change Surface Not Impermeable
27.1	Key Indicator	No Fire Drill
29.9	Supplemental Rule	Medication Not Locked/Stored
29.11	Supplemental Rule	No Documentation of Training
31.1	Key Indicator	No Immunization Record
31.2	Key Indicator	Immunization Record Unacceptable
32.1	Key Indicator	No Student Health Examination
32.2	Supplemental Rule	Student Health Examination Unacceptable
33.1	Key Indicator	No Enrollment Information
33.4	Key Indicator	Missing Statement-Selecting A FDCH Provider
33.5	Key Indicator	Parent's Acknowledgement - Influenza Guide

Rule	Type	Brief Content
33.6	Key Indicator	No Daily Attendance Records
34.1	Supplemental Rule	Licensing Authority Denied Access
35.3	Supplemental Rule	Inappropriate Interaction with Child
Random 1	Random Selection	Varies
Random 2	Random Selection	Varies
Random 3	Random Selection	Varies
Random 4	Random Selection	Varies
Random 5	Random Selection	Varies

VII. OCC Discretion

These policies and procedures shall not be construed to reduce, limit, or restrict the Department's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind OCC in any other action and shall not be construed as evidence of OCC practice, policy or interpretation with respect to any dispute or issue not addressed herein.



Florida Department of Children and Families Office of Child Care

Differential Monitoring Licensing Methodology Inspection Checklist – Instructions for Use

May 25, 2021

Introductory Note (Not Part of Instructions)

OCC's Licensing Counselors document inspection findings using an electronic licensing system via handheld devices; hard-copy checklists are not used to document or track inspection findings. The licensing system is designed such that counselors select the inspection type which in turn automatically identify the rules to be measured. This includes abbreviated inspections.

The following modifications must be made to the electronic licensing system to accommodate replacing the current abbreviated inspection methodology with a KIS:

- 1. Changing the current abbreviated inspection rules to match the KIS rules, and*
- 2. Changing system functionality to select five (5) random rules in addition to the KIS and Supplemental Rules that will be measured during abbreviated inspections. Random rule selection must be unique to each inspection.*

This document illustrates how a hard-copy checklist would be used if they were applied, and is meant to guide OCC's information technology professionals with a system modification "roadmap" as appropriate.

Instructions for Using the Differential Monitoring Licensing Methodology Inspection Checklist

Part 1: Inspection Information

This section of the checklist is used to capture general information about the inspection in accordance with OCC's *Policy and Procedures for Differential Monitoring System Use*.

Facility Name – The counselor records the name of the facility that is being inspected.

Start Time / End Time – The counselor documents when they arrived onsite and when they departed.

Facility Representatives Present – The counselor documents who is representing the facility during the inspection, e.g., the facility director.

Inspection Type Discussed – Documents that the counselor notified the facility representative that an abbreviated inspection is being conducted.

Overview of Abbreviated Inspection Process Provided – Documents that the counselor briefly described OCC's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted, and that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings.

Provider given opportunity to ask questions about inspection or process – Documents that counselor provided the opportunity for the facility representative to ask questions about the KIS / abbreviated inspection process.

Notes – There are several sections that include a space to record notes. This allows the licensing counselor to document anything they believe to be relevant or significant in addition to the yes/no questions. It is not necessary to include notes if none are deemed to be required; in such cases, the counselor will write “None” in the “Notes” section.

Part 2: Checklist Use

Each checklist includes eight (8) fields:

- Type
- Rule
- Short Description
- C
- NC
- NA
- NM
- Comments

No data will be entered in the “Type” field as these are prepopulated to designate the category into which the rule falls:

- KI = Key Indicator
- SR = Supplemental Rule
- RS = Random Selection

No data will be entered in the “Rule” and “Short Description” fields when the Type is KI or SR. However, the rule and the short description will need to be entered the Type is RS, since the randomly-selected rules differ for each inspection¹.

Field Meanings

The meanings and instructions for the “C,” “NC,” “NA,” and “NM” fields. Only one box will be checked for each rule, e.g., if “C” is checked, then none of the other boxes may be checked.

C – “Compliant” – The facility is in compliance with the rule.

NC – “Non-Compliant” – The facility is not compliant with the rule. A description of the violation is documented in the “Comment” field.

NA – “Not Applicable” – Compliance was not measured because the facility is not subject to the rule. For example, a facility that does not use a caterer is not subject to 29.2. A description of why the rule is not applicable must be entered in the “Comment” field.

NM – “Not Monitored” – A description of why the rule was not measured must be entered in the “Comment” field.

¹ Again, since OCC uses an electronic system, the system will generate the random rules without counselor input.



**Florida Department of Children and Families
Office of Child Care**

**Differential Monitoring Licensing Methodology Inspection Checklist
May 25, 2021**

Inspection Information

Facility Name:	
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Start Time:		End Time:	
Facility Representatives Present:			
Inspection Type Discussed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
Overview of Differential Monitoring Process Provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
Provider given opportunity to ask questions about inspection or process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
General Entrance Conference Notes:			

Child Care Facilities

Type	Rule	Short Description	C	NC	NA	NM	Comments
KI	3.1	Storage of harmful items accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	4.1	Facility served more children than licensed for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	4.18	Fence not 4 feet in height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	5.4	Items in crib where an infant is napping/sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	8.4	Fire drill did not include []	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	9.2	Unsafe food served at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	11.1	Caterer's license/permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	12.1	Bottles brought from home were not labeled with child's name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	12.18	Child care personnel did not wash their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	12.2	Diaper area surface was not impermeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	13.2	The play equipment was not maintained in a safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	15.1	The ground cover under the was not maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Short Description	C	NC	NA	NM	Comments
SR	17.5	Storage of harmful items accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	20.6	Facility served more children than licensed for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	23.7	Fence not 4 feet in height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	25.4	Items in crib where an infant is napping/sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	27.1	Fire drill did not include []	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	28.2	Unsafe food served at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	29.2	Caterer's license/permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	30.6	Bottles brought from home were not labeled with child's name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	32.3	Child care personnel did not wash their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	32.7	Diaper area surface was not impermeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.3	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.9	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	34.4	Credentialed director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Short Description	C	NC	NA	NM	Comments
SR	36.3	Inadequate number of personnel with CPR certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	37.2	Inadequate number of personnel with 1 st aid training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	40.15	Medication storage accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	40.18	Education on the administration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	41.1	Immunizations certification not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	41.2	Immunizations certification was inadequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	42.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	43.2	Completed enrollment form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	43.6	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	44.4	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	45.1	A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for all employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	45.11	Level2 incomplete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Short Description	C	NC	NA	NM	Comments
KI	45.2	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	45.7	Background screening was not completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	46.7	Daily attendance roster with the group of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	47.5	Failed to grant licensing access to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Large Family Child Care Homes

Type	Rule	Brief Content	C	NC	NA	NM	Comments
KI	1.1	Staff child ratios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	2.2	Discipline policy provided in writing to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	3.1	Transportation log did not include...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	4.3	Plan of scheduled activities not followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	5.4	Licensed posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	6.3	Substitute worked more than 40 hours per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	7.2	Required background screening was missing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	7.6	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	7.9	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	8.7	CPR/First aid certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	9.8	Inadequate supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	11.1	Toxic/hazardous material accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	11.3	Potential harmful items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	13.1	Firearm/weapons not stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	14.2	Indoor play areas not in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	14.9	Electric outlet covers missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	15.1	Outdoor play areas were not free from litter, nails, glass, and other hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	15.15	Retention of routine equipment inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	15.17	Ground cover on outdoor area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	15.9	Inadequate fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	16.1	Barrier or pool alarm for swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	16.7	Access to water hazard/swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	17.15	A minimum distance of 18 inches was not maintained around each individual napping space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	20.3	Operable fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	22.1	Child care personnel did not wash their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	22.16	Bottles/sippy cups not labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	24.1	Diapering surface not impermeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	28.1	Monthly fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	30.11	Education for proper administration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	30.9	Medication storage accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	32.1	Immunization certification not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	32.2	Immunization certification was inadequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	33.2	Health examination not acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	34.1	Enrollment information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	34.4	Selecting a FDCH provider brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	34.5	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	34.6	Daily attendance was not maintained to account for all children in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	35.1	Failed to grant access to licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	36.3	Inappropriate interaction with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS	Random 1	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS	Random 2	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS	Random 3	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS	Random 4	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS	Random 5	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Family Day Care Homes

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	1.1	Capacity/Ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	2.2	Discipline policy provided in writing to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	3.1	Transportation log did not include...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	4.4	Licensed not posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	5.6	The substitute worked over 40 hours per months on average over a six-month period in a single family day care home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	6.1	Background screening missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	6.5	AGMC was not completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	6.7	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	7.5	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	8.8	Inadequate supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	10.1	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	10.3	Potential harmful items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	12.1	Firearm/weapons not stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	13.2	Indoor not in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	13.6	The home had electrical outlet covers that were not in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	14.1	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	14.15	Retention of routine equipment inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	14.17	The ground cover or other protective surface was not maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	14.9	The outdoor play area that required fencing was not safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	15.1	Barrier or pool alarm for swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	15.7	Access to water hazard/swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	16.14	18 inches around nap space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	19.3	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	21.1	Child care personnel did not wash their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	21.16	Bottles/sippy cups not labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	23.1	Diapering surface not impermeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	27.1	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	29.11	Education for proper administration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	29.9	Medication storage accessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
KI	31.1	Immunization certification not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	31.2	Immunization certification was inadequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	32.1	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	32.2	Health examination not acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.1	No enrollment information was on file for the child(ren) and/ or available for licensing to review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.4	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.5	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KI	33.6	Daily attendance was not maintained to account for all children in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SR	34.1	Failed to grant access to licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type	Rule	Brief Content	C	NC	NA	NM	Comments
SR	35.3	Inappropriate interaction with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS		Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS		Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS		Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS		Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RS		Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Florida Department of Children and Families

Office of Child Care

ABBREVIATED INSPECTIONS

Protecting Children – Improving Quality – Reducing Waste

A Florida law passed in 1996 allows for child care facilities that comply with licensing rules to have abbreviated (shortened) inspections. Abbreviated inspections measure compliance with *some* rules, but not *every* rule.

Research conducted over the past 25 years has identified new and better ways to conduct abbreviated inspections that offer greater protections for children and reduce government waste. Florida has improved its abbreviated inspection process by adopting these new methods.

What are the old methods?

In the past, the rules to be measured during abbreviated inspections were chosen based on licensing experience and the identification of critical standards.

The method kept kids safe, but did not guarantee compliance with every rule and required most rules to be measured.

Even during shortened inspections, many rules were measured, which did not allow licensing staff to help facilities improve quality of care or maximize government resources.

What are the NEW methods?

The new system uses scientific methodology and stakeholder input to determine what rules will be measured during abbreviated inspections.

The rules that will be measured now statistically prove that facilities are in full compliance with all rules, and that the rules measured are those that pose the greatest risk of harm to children.

The number of rules measured **decreased by 90%**, but the Key Indicator rules measured are **more likely to protect children**. Children are safer, quality is improved, and government is more efficient.

Can Every Facility get an Abbreviated Inspection?

No. In accordance with Florida law, a facility can only get an abbreviated inspection when it:

- Has been licensed for a period of no less than 2 consecutive years.
- Has not been cited for any class 1 or class 2 violations within the last two 2 years.
- Has received at least 2 full on-site renewal inspections in the most recent 2 years.
- Is not under investigation by Child Protective Services.

These criteria not only ensure compliance with the law, but also help keep kids safe.

For more information about Florida's abbreviated inspection process, please visit www.myflfamilies.com/childcare

Florida's new abbreviated inspection system was developed in conjunction with the National Association for Regulatory Administration (NARA), the only organization in the United States and Canada devoted to best practices in licensing and regulatory administration, and has over 40 years' experience with abbreviated inspection development. For more information about NARA, please visit www.naralicensing.org.



Florida's Differential Monitoring Licensing Methodology Training Plan

Purpose

This document provides information related to Florida's Differential Monitoring Licensing Methodology training opportunities for Department staff and stakeholders.

Training Information

The National Association for Regulatory Administration (NARA) and Florida's Office of Child Care will host five (5) training sessions. Two (2) sessions will be held for stakeholders and three (3) sessions will be held for Department staff. Training sessions will be conducted as follows:

- **June 3, 2021**
 - Stakeholders: 1pm - 2:30pm
- **June 4, 2021**
 - Department Staff: 9am - 10:30am
 - Department Staff: 1pm - 2:30pm
- **June 7, 2021**
 - Stakeholders: 9am -10:30am
- **June 10, 2021**
 - Department Staff: 1pm - 2:30pm

Training Session Structure

Each training session will include:

- A brief review of differential monitoring
- The creation of Florida's differential monitoring licensing methodology
- A review of the standards measured during abbreviated inspections
- Eligibility criteria for abbreviated inspections
- Procedures for conducting abbreviated inspections.

Florida Department of Children and Families' Differential Monitoring Methodology



Training Session
June 3, 2021

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 licensing rules.
- Incorporates **Targeted Measurement Tools**

Targeted Measurement Tools

Increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs.

Key Indicator Systems (KIS) – identify subset of regulations through statistical analysis that predict overall compliance.

Risk Assessment (Supplemental Rules) – identify rules that place children at greater risk of harm if violations occur.



Safeguards

- Eligibility Criteria
- Inspection Expansion
- Identify regulations that are always measured, even if not KI



How was the Differential Monitoring Methodology created?

1. Identified the Key Indicator standards that predict overall compliance
2. Determined standards to be measured during an abbreviated inspection
3. Established eligibility criteria



Standards to be measured during an abbreviated inspection

- The Key Indicator Standards
- Supplemental Standards (any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care)
- Randomly-selected standards that are selected prior to each inspection

Key Indicator Standards – Child Care Facilities

Rule	Brief Content
3.1	Insufficient Staff
12.2	Facility Not In Good Repair
12.18	No/Missing Electrical Outlet Covers
28.2	Bottles/Sippy Cups Not Labeled
32.3	Play Equipment Not Safe/Sanitary
32.7	Fall Zone Surface Not Maintained
33.3	Introduction Course Not Begun Within 90 Days
33.9	No Documentation- Safe Sleep/ Fire Extinguisher Training
41.1	No Immunization Record
41.2	Immunization Record Incomplete
42.1	No Student Health Examination
43.6	Parent's Acknowledgment - Influenza Guide
44.4	Child Abuse Reporting Form Missing
45.1	No CF-FSP Form 5131 on File
45.7	Background Screening More Than 5 Years/90 Day Break

Key Indicator Standards – Family Child Care Homes

Rule	Brief Content
5.6	Substitute Exceeds 40 Hours Per Month
6.7	Child Abuse Reporting Form Missing
7.5	No Person With Valid/Current CPR/First Aid
10.1	Cleaning Supply Accessible
13.6	No/Missing Electrical Outlet Covers
14.1	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
14.9	Fencing Not Safe/Adequate
14.17	Fall Zone Surface Not Maintained
19.3	No Operable/Current Cert. Fire Extinguisher
27.1	No Fire Drill
31.1	No Immunization Record
31.2	Immunization Record Unacceptable
32.1	No Student Health Examination
33.1	No Enrollment Information
33.4	Missing Statement-Selecting A FDCH Provider
33.5	Parent's Acknowledgement - Influenza Guide
33.6	No Daily Attendance Records

Key Indicator Standards – Large Family Child Care Homes

Rule	Brief Content
1.1	Allowable Number Of Children Exceeded
7.2	Missing Level 2 Screen Documentation
7.6	Attestation Of Good Moral Character Not Completed
7.9	Child Abuse Reporting Form Missing
14.2	Indoor Play Area Not in Good Repair
15.1	Outdoor Play Area Unclean/Litter/Nails/Glass/Etc.
17.15	18 Inch Separation Not Met
32.1	No Immunization Record
32.2	Immunization Record Unacceptable
33.1	No Student Health Examination
34.5	Parent's Acknowledgement - Influenza Guide
34.6	No Daily Attendance Records

Supplemental Standards – Child Care Facilities

Rule	Brief Content
4.1	Inadequate Supervision
4.18	Unscreened Individual Alone With Children
5.4	Transportation Log Missing Information
8.4	Non-Operable Seat Belts/ Restraints
9.2	Activities Plan Not Followed
11.1	Parents Not Provided Written Policy
12.1	Facility Not Clean
13.2	Unsafe Storage Of Dangerous Material
15.1	Licensed Capacity Exceeded
17.5	Fence/Wall Not Minimum 4 Feet
20.6	Strangulation/Suffocation Hazard
23.7	Fire Drill Missing Elements
25.4	Spoiled, Contaminated, Unsafe Food Being Served

Rule	Brief Content
27.1	No Caterer License
29.2	Staff- No Hand Washing
30.6	Diaper Change Surface Not Impermeable
34.4	No Credentialed Director
36.3	No One Trained Available For Field Trip
37.2	No One Trained Available For Field Trip
40.15	Medication Not Locked/Stored
40.18	No Documentation of Training
43.2	Incomplete Enrollment Information
45.2	Missing Level 2 Screen Documentation
45.11	Level 2 Documentation Incomplete
46.7	No Attendance Roster
47.5	Licensing Authority Denied Access

Supplemental Standards – Family Child Care Homes

Rule	Brief Content
1.1	Allowable Number Of Children Exceeded
2.2	Parents Not Provided Written Policy
3.1	No Valid Driver License/First Aid and CPR Certification
4.4	License Not Posted Conspicuously
6.1	Missing Level 2 Screen Documentation
6.5	Attestation Of Good Moral Character Not Completed
8.8	Supervision Inadequate
10.3	Knives/Sharp Tools Accessible
12.1	Unsafe Storage of Firearms/Weapons
13.2	Indoor Play Area Not in Good Repair
14.15	Monthly Inspection Documentation Not Maintained
15.1	Pool-Fence/Barrier Not 4 Feet High
15.7	Water Hazard/Swimming Pool Accessible

Rule	Brief Content
16.14	18 Inch Separation Not Met
21.1	Staff-No Hand Washing After Toileting/Diapering
21.16	Bottles/Sippy Cups Not Labeled
23.1	Diaper Change Surface Not Impermeable
29.9	Medication Not Locked/Stored
29.11	No Documentation of Training
32.2	Student Health Examination Unacceptable
34.1	Licensing Authority Denied Access
35.3	Inappropriate Interaction with Child

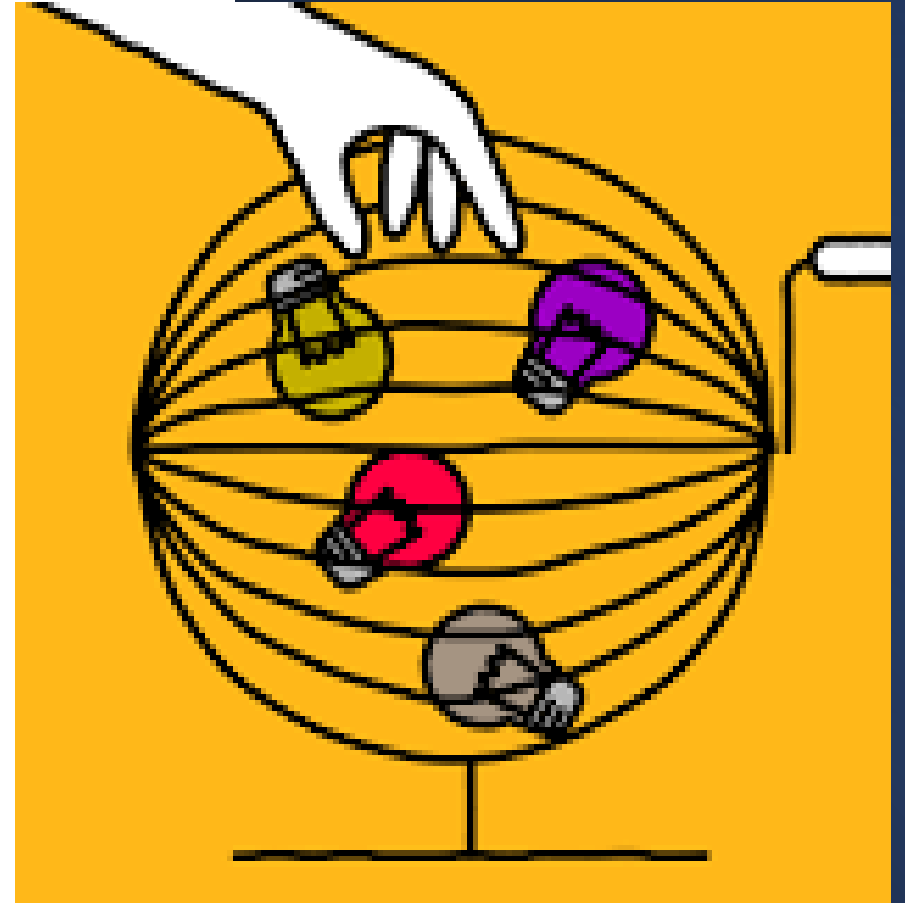
Supplemental Standards – Large Family Child Care Homes

Rule	Brief Content
2.2	Parents Not Provided Written Policy
3.1	No Valid Driver License/First Aid and CPR Certification
4.3	Activities Plan Not Followed
5.4	License Not Posted Conspicuously
6.3	Substitute Exceeds 40 Hours Per Month
8.7	No Person With Valid/Current CPR/First Aid
9.8	Supervision Inadequate
11.1	Cleaning Supply Accessible
11.3	Knives/Sharp Tools Accessible
13.1	Unsafe Storage of Firearms/Weapons
14.9	No/Missing Electrical Outlet Covers
15.9	Fencing Not Safe/Adequate
15.15	Monthly Inspection Documentation Not Maintained

Rule	Brief Content
15.17	Fall Zone Surface Not Maintained
16.1	Pool-Fence/Barrier Not 4 Feet High
16.7	Water Hazard/Swimming Pool Accessible
20.3	No Operable/Current Cert. Fire Extinguisher
22.1	Staff-No Hand Washing After Toileting/Diapering
22.16	Bottles/Sippy Cups Not Labeled
24.1	Diaper Change Surface Not Impermeable
28.1	No Fire Drill
30.9	Medication Not Locked/Stored
30.11	No Documentation of Training
33.2	Student Health Examination Unacceptable
34.1	No Enrollment Information
34.4	Missing Statement-Selecting A FDCH Provider
35.1	Licensing Authority Denied Access
36.3	Inappropriate Interaction with Child

Randomly-Selected Standards

CARES will randomly select 5 standards/rules to be measured prior to inspection



Eligibility for Abbreviated Inspections

1. The facility must be licensed for a period of no less than two (2) consecutive years, or, if the facility is a licensed exempt Gold Seal Quality Care program, must have Gold Seal Quality Care designation for a period of no less than two (2) consecutive years
2. The facility must have received at least two full on-site renewal inspections in the most recent two years
3. The facility must not have been cited for any class 1 or class 2 violations, as defined by rule, within the last two consecutive years
4. The provider is not currently under investigation by Child Protective Services



Procedures for Conducting Abbreviated Inspections

Prior to Inspection

Determine if the facility is eligible for an abbreviated inspection

Note: The facility may not be notified in advance that an abbreviated inspection will be conducted



▼ Facility Details

Program Type: Child Care Facility
 License Type: Licensed
 License Subtype: Birth to SA
 Sub Types: Head Start
 Capacity: 120
 Square Footage: 20 Sq. Ft./Child - s402.305(6)(a), F.S.

▼ Dates

Origination Date: 12/1/2001
 Approval Date: 10/29/2020
 Expiration Date: 10/31/2021

Inspections

Progressive Enforcement

*Rescinding an inspection will result in the removal of any admin actions associated with that inspection.



Violations With
 Admin Action School Readiness

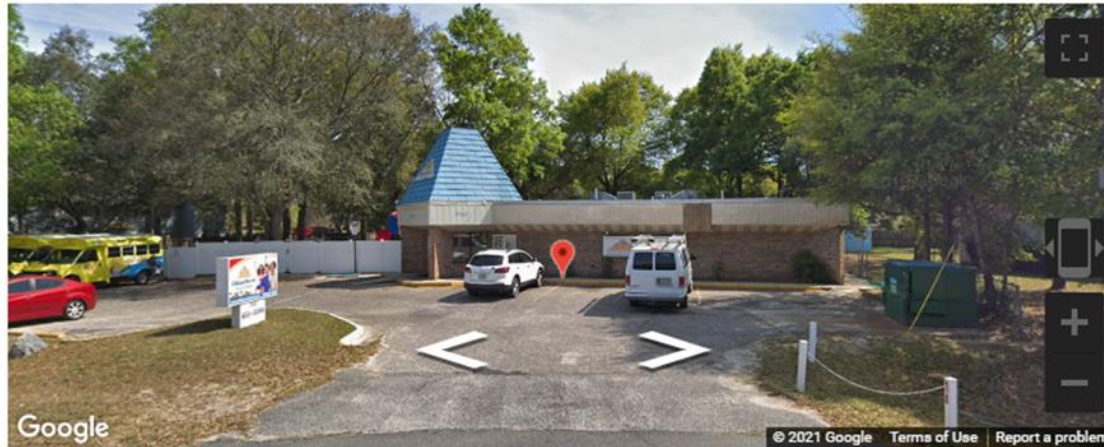
Period
 Within 2 Years Since Origination

Violation	Class Level	Most Recent Date	Occurrence	Admin Action
▶ Child Abuse Reporting Form Missing [SR & DCF]	Class 3	02/17/2020	1	
▶ Incomplete Record of Medication Dispensed	Class 3	06/18/2019	1	

* For display only. Violations prior to 5/28/2019 have been excluded from progressive enforcement calculations.

Overview **Provider** Person Inspections

Licensed Child Care Facility | Inspected by Cheryl Garner | 7525 W Fairfield Dr, Pensacola FL, 32506 | Escambia County |



Status

Operational
Regular/Annual

Expires: 10/31/2021

Violations in 2 years

Class 1: 0
 Class 2: 0
 Class 3: 2

Inspections

Routine #1	Routine #2	Renewal
Jan 16 2021	May 18 2021	Sep 16 2021
Mar 2 2021	Jul 2 2021	Oct 31 2021

Services



VPK Program



Accreditation



Expired: 05/10/2014

School Readiness



Expires: 06/30/2021

Head Start Program



Procedures for Conducting Abbreviated Inspections

Upon Arrival

Perform all standard activities for arrival based on applicable OCC policy

Conduct a brief walk through of the setting to identify any immediate health and safety risks or “plain-view” rule violations. This is not limited to KIS rules

If an immediate health and safety risk is identified, the counselor will take appropriate action in accordance with OCC policy

If one or more “plain view” violations are identified as a Class 1 or Class 2 violation, the provider will no longer be eligible for an abbreviated inspection and will be subject to a full inspection



Procedures for Conducting Abbreviated Inspections

If the facility is eligible

Briefly describe OCC's KIS, including the circumstances where an abbreviated inspection may cease and a full inspection will be conducted

Inform the facility that the facility is provisionally eligible for an abbreviated inspection, but that a full inspection may occur based on inspection findings

Proceed with the abbreviated inspection



Procedures for Conducting Abbreviated Inspections

Abbreviated Inspection

Measure compliance with:

- KI standards
- Supplemental Standards
- Randomly-selected rules

If no violations – facility is considered to be in full compliance. Inspection ends

If any of the above standards OR any “plain view” violations identified are a Class 1 or 2 violation, **inspection ceases** and a full inspection will be conducted



Questions





Florida Department of Children and Families
Office of Child Care
Training Status Report
June 10, 2021

Introduction

Florida Office of Child Care contracted with NARA to provide training sessions related to the creation of Florida's Differential Monitoring Methodology and inspection tools.

Purpose

This document provides information on the training sessions conducted by NARA in conjunction with Florida Office of Child Care (OCC) for OCC's licensing staff members and stakeholders.

Background

Five (5) training sessions were held in total. Two (2) sessions were held for OCC's stakeholders (child care facilities, family child care homes, and large family child care homes) and three (3) sessions were held for OCC's licensing staff. All sessions were conducted in June 2021. Sessions were conducted using remote technology through the Office of Child Care's GoToWebinar platform. Attendance reports for each session were generated from the platform and provided to NARA. An informational PowerPoint presentation on Florida's Differential Monitoring Methodology was provided during all sessions. The presentation focused on the following:

- A brief review of differential monitoring
- The creation of Florida's Differential Monitoring Methodology
- A review of the standards measured during an abbreviated inspection
- Eligibility criteria for participation in an abbreviated inspection
- Procedures for conducting abbreviated inspections
- A review of the licensing checklist and instruction manual (Staff only)

Session Results

Five (5) training sessions were conducted as follows:

- **June 3, 2021**
 - Stakeholders: 1pm - 2:30pm
- **June 4, 2021**
 - Department Staff: 9am - 10:30am
 - Department Staff: 12:30pm - 2:00pm
- **June 7, 2021**
 - Stakeholders: 9am -10:30am
- **June 10, 2021**
 - Department Staff: 1pm - 2:30pm

70 participants attended the stakeholder training sessions. 116 participants attended the staff training sessions. Feedback from both training session groups was minimal. Questions were operational in nature and answered by the Office of Child Care.



Introduction

National Association for Regulatory Administration (NARA) has developed a differential monitoring Key Indicator System (KIS) for the Florida Department of Children of Families, Office of Child Care (OCC).

This report presents NARA's recommended OCC Differential Monitoring Licensing Methodology, summarizes the data collection and statistical analysis methods used, statistical analysis findings, implementation suggestions, potential impact on staff resources, and comparison of recommended Differential Monitoring Licensing Methodology to other states' Differential Monitoring Licensing Methodologies.

I. Recommended OCC Differential Monitoring Licensing Methodology

NARA recommends that OCC adopt the following methodology for its differential monitoring system:

1. Identify the Key Indicator Standards that statistically predict overall compliance with all standards for Child Care Centers, Family Child Care Homes, and Large Family Child Care Homes (hereafter "licensed settings").
2. Determine the standards that will be measured during Key Indicator Inspections to include:
 - The Key Indicator Standards;
 - Supplemental Standards, which generally include any standard not identified as a Key Indicator that poses the greatest risk of harm to children in care; and
 - Randomly-selected standards that are selected prior to each inspection, which may be contingent upon OCC's ability to modify its electronic licensing system to select standard.

The total number of standards to be measured should not exceed 20% of the total standards for each type of licensed setting.

3. Establish Eligibility Criteria to determine which licensed settings are eligible for a Key Indicator Inspection.
4. Modify the current abbreviated inspection¹ procedures such that all abbreviated inspections are Key Indicator Inspections and allow Renewal Inspections to be abbreviated inspections.

¹ As part of the 1996 WAGES Act, the Florida Legislature directed the Department and local licensing agencies to develop and implement an abbreviated inspection plan for child care facilities that have had no Class I or Class II deficiencies, as defined by rule, for at least two consecutive years. The Department and the local licensing agencies identified those elements of the inspection that were key indicators of whether the child care facility continued to provide quality care and programming. These items are included on the abbreviated inspection report in the Licensing Application. All elements that are not key indicators are pre-populated with the "not monitored" designation and will not appear in the written report document or on the Child Care Program's website.

An abbreviated inspection is an on-site unannounced routine visit, during which compliance with only those items on the abbreviated inspection checklist is verified. An abbreviated inspection is the "right" of the provider and should be conducted if a facility has no Class I or Class II violations within the past two years. If, during the abbreviated inspection, an item not on the abbreviated checklist is found to be out of compliance, a full routine inspection must be conducted. While an abbreviated inspection may be conducted instead of a routine inspection, the renewal inspection may not be an abbreviated inspection.

5. Create policy and procedure documents based on the Department approved Differential Monitoring Licensing Methodology that include, at a minimum, how licensing staff will conduct themselves during such inspections.

II. Data Collection, Analysis Methods, and Findings

This section presents the overall plan, implementation, and the results from the data analysis in developing the OCC monitoring/licensing key indicator system and outlines the analysis plan, the limitations of the data distribution, the key parameters, and the results of the analyses which will demonstrate those regulations that were the key predictor rules for each of the service types: child care centers, family child care homes, and large family child care homes.

It will draw heavily from the methodology that presently exists and is being promulgated by the National Association for Regulatory Administration. When this plan is implemented as will be demonstrated in this report, it will produce the predictive licensing key indicators for child care centers, large family child care homes, and family child care homes as delineated by Florida's rules and regulations.

Let us begin with the three Florida data sets: child care centers, family child care homes and large family child care homes. Fortunately, Florida could provide population distributions rather than the need to select samples. With child care centers there were 5179 observations; 1027 observations with family child care homes; and 300 observations with large family child care homes. These observations or data points represented comprehensive reviews of all regulations/rules of the respective facilities.

The Florida data are similar to other jurisdictions when it comes to the distribution of data in that it is very skewed. What this means is that the majority of facilities are in full (100%) regulatory compliance which is generally the case when it comes to analyzing licensing data. As has been stated in other publications, this is both a good thing and a not-so-good thing.

It is good because we want our facilities to be in substantial regulatory compliance with the health and safety regulations. That is expected and is in reality what occurs.

The not-so-good is the fact that skewed data distributions are difficult to use in statistical analyses. It is very difficult to distinguish between high performers and mediocre performers in such a data distribution. Parametric statistics cannot be used and reliance on non-parametric statistics is warranted as well as data dichotomization. This is also needed because the data are measured at the nominal measurement scale (either in compliance or out of compliance with the specific rule) which limits the level of statistical analyses.

But there are certain strengths as well, for example, regulatory compliance distributions are very effective in distinguishing between high performers and poor performers. There are not many poor performers, but when they do occur, they do vary a good deal from the top performers. This provides an effective means for distinguishing between these two groups via a statistical methodology that will generate predictive licensing key indicators. And that is the essence of this report, how one goes about a data analysis plan for generating predictive licensing key indicators.

Methodology

Once the data are received, a standard statistical protocol is followed in order to maintain the efficacy, reliability, and validity of the NARA predictive licensing key indicator methodology. It is based upon the original instrument-based program monitoring and key indicator methodology developed by Fiene in the early 1980's. It has been refined and enhanced over the past 40 years to make it more accurate. All these refinements and enhancements were applied to the Florida data.

The first step is the structure of the data base. The facility/providers are listed along the vertical axis while their specific regulatory compliance data are listed along the horizontal axis for each discrete rule/regulation. A

coding scheme is followed similar to the following: a "0" is entered for each rule/regulation where there is compliance with the specific rule. A "1" is entered for each rule where there is non-compliance or violation of the specific rule. If either the rule is not observed or is not applicable, then a "space" is entered. The reason for this coding is the formatting necessary for the statistical analyses software to be used. Usually SPSS (Statistical Package for the Social Sciences) is used but any statistical package can be used as long as the software has the ability to generate correlation coefficients and Crosstab analyses.

Basic descriptive statistics are utilized in order to obtain the key parameters of the data distribution. Measures of central tendency are determined for the mean and median. Dispersion measures are also generated, in particular, the skewness and kurtosis of the distribution. A frequency is generated to determine the levels of full (100% compliance), substantial compliance, medium compliance and low compliance with the overall rules. These descriptive statistics assist in determining the thresholds for a high group and a low group when it comes to overall regulatory compliance. Generally, a 25%/50%/25% model is followed but this can vary dependent upon the number of facilities as well as the data distribution skewness. Essentially the top 25% becomes the high group of regulatory compliance while the low 25% becomes the low group of regulatory compliance. The middle 50% is not used in the analyses. The reason for doing this is to dichotomize the data and to increase the discriminatory variance in the data distribution. Generally, data dichotomization is not recommended but in the case of licensing data it is because of the level of skewness. If the data distribution were more normally distributed it would not be employed. An example of a normally distributed data distribution is the Environmental Rating Scales.

The source of the data is from checklists or instruments that are used by licensing staff when they are on site inspecting a specific program. This may be done via paper or electronically. The key is that all the rules are reviewed in the inspection so that the results represent a full or comprehensive review of the jurisdictions licensing regulations. In Florida's case, there were 430 rules applied to child care centers, 302 rules applied to family child care homes, and 332 rules applied to large family child care homes. It is important that all components of a rule or regulation are measured which means that all sub-parts of the rules are tabulated.

In determining the groups, certain important parameters should be employed. For the high group, only those programs where there was only full (100%) regulatory/rule compliance should be included. The reason for doing this is to eliminate false negatives in the data analysis. If full regulatory compliance is combined with substantial compliance, it increases the chance for false negatives occurring which is undesirable. In fact, the substantial compliant programs are the programs that are not used in these analyses. Substantial compliance is a very important level of measurement when it comes to overall regulatory compliance but not so with defining predictive rules. The other key group is the low group which constitutes those programs having difficulty with overall regulatory compliance and clearly demonstrate a high level of non-compliance or violations of rules/regulations.

Once the high and low groups are determined, it is then possible to construct a 2 x 2 matrix (for details regarding this matrix please refer to the data analysis plan attached as an appendix) utilizing this classification alongside each rule/regulation in determining if that respective rule is in or out of compliance. The 2 x 2 matrix has the following format: High or Low Groups x In or Out of Compliance for each Rule. When the data are entered into this 2 x 2 matrix, the Fiene Coefficient (FC) can be produced with the following algorithm/formula:

$$FC = ((High/In)(Low/Out)) - ((High/Out)(Low/In)) / \sqrt{Total\ Regulatory\ Compliance}$$

where High = High Regulatory Compliance Group

In = The Specific Rule Is In Regulatory Compliance/Not a Violation

Low = Low Regulatory Compliance Group

Out = The Specific Rule Is Out of Regulatory Compliance/Violation

sqrt = square root

Generally licensing key indicator rules or predictive rules have a moderate level of non-compliance. They are not always out of compliance nor are they always in compliance. What distinguishes these predictive indicator rules is that they are good at distinguishing between high vs low compliance in programs. They are also usually but not always your most risk aversive rules. Again, they fall somewhere in between.

In looking at the Florida data, here are some basic descriptive data that help to define the data set. For child care centers, 40% of the programs were in full compliance with a range of 0 - 51 violations. For family child care homes, 63% of the homes were in full compliance with a range of 0 - 21 violations. And lastly, for large family child care homes, 61% of the homes were in full compliance with a range of 0 - 11 violations. The three data distributions are skewed as you can see from the high percentages of fully compliant programs.

Results

This section of the report provides the results from using the licensing key indicator predictor methodology for child care centers, family child care homes and large family child care homes. The results are presented in the following tables for each service type. Each table provides the standard number/rule designation as identified in the database. The Fiene Coefficient is the predictor coefficient where a higher coefficient indicates are stronger relationship between the respective rule and overall regulatory compliance with all the rules. The predictive key indicator rules are listed as they appeared in the data base, not by strength of relationship, and a brief content statement to give better context to the standard/rule. See Tables 1-3 below.

Table 1: Child Care Centers (n = 5179 facilities)

Standard #/Rule	Fiene Coefficient	Brief Content
3.1	.53*	Staff child ratios
12.2	.49	An area of the facility was observed to not be in good repair.
12.18	.46	The facility did not have electrical outlet covers.
28.2	.41	Bottles brought from home were not labeled with child's name.
32.3	.41	The play equipment was not maintained in a safe condition.
32.7	.42	The ground cover under the was not maintained.
33.3	.42	The facility did not have documentation to show child care personnel had begun the introductory training within 90 days of employment.
33.9	.47	The facility did not have documented proof that all child care personnel were trained and knowledgeable within 30 days of date of hire.
41.1	.41	Immunizations certification not present.
41.2	.55	Immunizations certification was inadequate.
42.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
43.6	.41	The facility did not maintain documentation that the parent or legal guardian of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
44.4	.58	The personnel/volunteer record did not include a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
45.1	.40	A complete CF-FSP Form 5131, Background Screening ad Personnel File Requirements, was not on file for all employees.
45.2	.45	Documentation of Level 2 Clearinghouse screening clearance was missing for child care personnel.

** All the results are statistically significant at a $p < .0001$ level.*

Table 2: Family Child Care Homes (n = 1027 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
5.6	.35*	The substitute worked over 40 hours per months on average over a six-month period in a single family day care home.
6.7	.32	The operator, substitute and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
7.5	.36	The home did not have at least one person providing care to children with a valid and current certification in pediatric CPR procedures and/or first aid training.
10.1	.30	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.
13.6	.44	The home had electrical outlet covers that were not in place.
14.1	.36	Outdoor play areas in the home were not free from litter, nails, glass, and other hazards.
14.9	.35	The outdoor play area that required fencing was not safe.
14.17	.30	The ground cover or other protective surface was not maintained.
19.3	.32	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.
27.1	.39	During the licensure year, the operator failed to conduct monthly fire drills utilizing the approved fire alarm system or smoke detector at various dates and times when children are in care.
31.1	.54	Immunization certification not present.
31.2	.61	Immunization certification was inadequate.
32.1	.54	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
33.1	.36	No enrollment information was on file for the child(ren) and/ or available for licensing to review.
33.4	.30	There was not a signed statement from the custodial parents/guardians verifying they had received the "Selecting a Family Day Care Home Provider" brochure.
33.5	.50	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
33.6	.43	Daily attendance was not maintained to account for all children in care.

** All the results are statistically significant at a $p < .0001$ level.*

Table 3: Large Family Child Care Homes (n = 300 homes)

Standard #/Rule	Fiene Coefficient	Brief Content
1.1	.58*	Staff child ratios.
7.2	.36	Required background screening was missing.
7.6	.36	The Child Care Attestation of Good Moral Character was not completed at the time of initial screening or upon change in employers.
7.9	.36	The operator, employee, substitute, and/or volunteer did not have a CF-FSP 5337 Child Abuse and Neglect Reporting Requirements form signed annually.
14.2	.36	Indoor play areas not in good repair.
15.1	.41	Outdoor play areas were not free from litter, nails, glass, and other hazards.
17.15	.36	A minimum distance of 18 inches was not maintained around each individual napping space.
32.1	.45	Immunization certification not present.

32.2	.61	Immunization certification was inadequate.
33.1	.45	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment.
34.5	.45	The home did not maintain documentation that the parent(s) or legal guardian(s) of each child were provided information detailing the causes, symptoms, and transmission of the influenza virus.
34.6	.45	Daily attendance was not maintained to account for all children in care.

** All the results are statistically significant at a $p < .0001$ level.*

The reader will notice that there is a great deal of consistency in the licensing key indicator predictor rules across the three service types, for example when it comes to immunizations, outdoor playgrounds, health exams, and background screenings. This is not unusual when the service rules are similar across types of services. In fact, over the years there has been a great deal of consistency in that the key indicator predictor rules in individual jurisdictions do not change a great deal and they are similar from one jurisdiction to the next. Florida's results are very consistent with the results from jurisdictions with similar rules/regulations.

Stakeholder Data Collection and Results

Florida's Office of Child Care requested their stakeholders (child care centers, day care homes, and Department staff) be informed of the differential monitoring methodology project and afforded the opportunity to provide information related to current and future inspection practices. To accomplish this request, NARA, in conjunction with OCC staff, hosted two (2) sessions for each stakeholder type totaling six (6) sessions overall. All sessions were conducted using remote technology through the Office of Child Care's GoToWebinar platform. An informational PowerPoint presentation on differential monitoring, with a focus on Key Indicator Systems, was provided during all sessions. Attendees were asked to provide feedback on a variety of questions related to current and future inspection practices using the GoToWebinar's question toolbar. A data report was generated from the platform after each session and provided to NARA for analysis. The topics most relevant to the development of the differential licensing methodology are summarized in this report.

Stakeholders were questioned about what counselors spent the most time doing during an inspection. The overwhelming response from all groups was record review. Furthermore, when asked where additional time should be spent, the centers, homes, and Department staff specified they would like to spend more time on the provision of technical assistance. Implementation of a differential monitoring methodology will allow licensing counselors to spend less time on record review and more time on the provision of technical assistance and compliance measurement with other rules, such as those deemed "most serious" by stakeholders.

Stakeholders were asked to provide specific regulations that they considered the "most serious" that should be measured during every inspection. For purposes of this report, "most serious" refers to those regulations that if violated pose the greatest risk of harm to children. The three stakeholder groups agreed that child safety requirements, including facility/playground safety, chemical storage, and ratios should be measured at every inspection. Background screenings and supervision requirements were common responses between the centers and Department staff. It is recommended the above regulatory areas be considered by OCC when determining the supplemental standards discussed in section one of this report.

Another question posed to the stakeholders related to technical assistance provided by the Department to child care centers and day care homes. The majority of both regulated settings and licensing counselors indicated satisfaction with this area but agreed an increased focus on technical assistance would be valuable.

Implementing a differential monitoring methodology will allow OCC to provide additional technical assistance to those providers who are not in complete regulatory compliance, one of the primary benefits of such a system.

Lastly, each stakeholder group was asked to give their opinion regarding a transition from an abbreviated inspection to a full inspection should a violation with a key indicator standard be identified. Feedback from all stakeholder groups indicate the majority of participants agree with the above practice. Stakeholder support will be instrumental in the fluid implementation of a differential monitoring methodology.

III. Implementation Suggestions

The depth and frequency of inspections will be based upon regulatory compliance history. Those programs that have a history of high regulatory compliance are the best candidates for abbreviated inspections. Programs that have a history of high regulatory non-compliance will need to have full comprehensive inspections. They would not be good candidates for the key indicator approach. However, even for those programs that are eligible because of their regulatory compliance history, these programs still need to meet specific eligibility criteria, such as: enrollment hasn't changed by more than 10%, the director has not changed, staff turnover is below 50%, and there are no outstanding complaints.

When it comes to the frequency of inspections, based upon research that has been done, reducing the number of inspections is not in the best interests of the provider nor the state of Florida. When it comes to differential monitoring, the type of inspection, abbreviated or comprehensive is the focal point and not how often they should be done. If anything, actually having more inspections may be warranted if a program is struggling to meet regulatory rules. Fewer inspections are not the way to alter the program monitoring system.

Identifying providers who need Technical Assistance (TA)

Providers who have any violations and are not in full 100% compliance with regulatory rules will be good candidates for technical assistance. However, with that said, the 40% of child care centers, and the 60%+ of child care homes or large family child care homes could also be good candidates for technical assistance if areas of concern are identified by licensing staff even though regulatory non-compliance is not an issue.

A program monitoring system should be used as a means to target specific TA to providers. In the design and implementation of the *Early Childhood Program Quality Improvement and Indicator Model (ECPQI2M)* that is the sole purpose of this model. There is a direct link between the results of the model and who gets TA and who does not. Another caveat in providing the TA, hopefully Florida has used in the past and would focus its TA efforts in a problem-solving approach via coaching or mentoring. Coaching and mentoring programs have been identified as particularly effective in targeting TA to those who need it the most. There are examples of coaching being done on site as well as virtually. Florida should explore the best types of approaches for their facilities and providers.

An alternate implementation strategy will be introduced later in this report in how the licensing key indicator tool can be used as a screener for all programs.

Identifying low compliance service areas

Based upon the results of this study, child care centers had a higher non-compliance level than family child care homes or large family child care homes. Sixty percent of centers had violations while homes had less than 40% regulatory non-compliance. One has to be careful in taking these group trends and applying them to individual programs, but as a general rule statistically centers had more violations of the regulatory rules. Generally, this is a consistent finding in other jurisdictions as well in which child care centers have more non-compliance with rules than homes. However, with that said, also keep in mind that child care centers generally

have more rules to comply with than homes, so there is a greater chance of being out of regulatory compliance.

Abbreviated reviews for high compliant providers

As stated earlier in this report, abbreviated inspections/reviews should only be used with programs with a history of high compliance and meeting all the eligibility criteria for use of the licensing indicator predictor rules. This will require a retrospective review of all providers to determine the best candidates. Because full compliance levels are so high in the various service types, the utilization of the eligibility criteria will be essential to determining the best candidates for abbreviated reviews. Do not assume because a program has full 100% regulatory compliance that they are high quality. Remember from the *Regulatory Compliance Theory of Diminishing Returns* (Fiene, 2019), full 100% compliance does not always predict high quality. Because the data are so severely skewed at the top range of scores (this happens in all state and provincial jurisdictions) and this is the case in Florida, there is the introduction of mediocrity into the fully compliant/substantial compliant programs.

Implementation suggestions: KIS as a screening tool

There are some implementation considerations when rolling out the licensing key indicator predictor approach. The state of Florida could think in terms of using the new tool as a screener tool and apply it to all programs. Generally, in just about all applications of using the methodology, two very important enhancements are made to the licensing key indicator predictor rules such as having specific risk assessment rules and a series of random rules that are added to the original set of predictor rules. This is important so that those rules that place children at greatest risk are always reviewed and the random rules prevent providers from "studying for the test" and only complying with the licensing key indicator predictor rules.

IV. Potential Impact on Staff Resources

The most significant impact that differential monitoring will have on staff resources is increased efficiency in operations. Licensing staff will spend less time focusing on standards that do not predict overall compliance and pose minimal risk of harm to children in care. This allows OCC to devote more resources to low-compliance licensed settings and fewer resources to high-compliance settings, which allows for greater opportunity to provide technical assistance and evaluate non-regulatory program quality.

The advantage that Florida has that practically no other state or province has is that they have been using the abbreviated inspection methodology in the past. As a result, licensing staff are familiar with the approach and how it is used. They have some experience in moving from an abbreviated inspection to a full comprehensive inspection when it is warranted because non-compliance is determined during the abbreviated inspection.

V. Comparison of Recommended Differential Monitoring Licensing Methodology to other States' Differential Monitoring Licensing Methodologies.

As part of this process, NARA compared OCC's proposed KIS methodology and design to that of other states that use differential monitoring. There is a brief overview utilizing the NARA Licensing Study and then two case studies are provided to show how Florida compares to these two case studies.

Full Inspections and Abbreviated Inspections

For purposes of this section, the following definitions are provided:

“Full Inspections” are inspections where all licensing rules are measured during the inspection.

“Abbreviated Inspections” are inspections where a subset of all licensing rules are measured during the inspection.

As of 2017 (the most recent year that aggregate data are available)(Source: **NARA Licensing Study**), 35 states in the United States are known to use some kind of abbreviated inspection method, including Florida.

Florida is one of the 35 states that use an abbreviated inspection method.

Determining Rules to be Measured During Abbreviated Inspections

In general, there are four ways that states identify which rules will be measured during an abbreviated inspection:

- Using statistical methodology such as a KIS that would predict overall compliance with the full set of rules to determine which rules would be measured during abbreviated inspections;
- Identifying rules to be measured during an abbreviated inspection based on a consensus of stakeholders about which rules are most critical to include in all inspections;
- Determining which rules pose the greatest risk of harm to children if they are violated, or
- Some combination of the above.

Of the 35 states that use an abbreviated inspection method, only 10 use statistical methodology either alone or in conjunction with one or more of the above methods to determine which rules will be measured during abbreviated inspections.

Florida currently measures rules that pose the greatest risk of harm during abbreviated inspections; it will be the 11th state to use statistical methodology upon implementation of their KIS.

Policies and Procedures

The development of policies and procedures are a critical element of any differential monitoring process. Of the 35 states that conduct abbreviated inspections, only 11 reported that there are no policies and procedures for differential monitoring.

The current version of OCC’s Desk Reference Guide includes the following guidance about completing abbreviated inspections:

As part of the 1996 WAGES Act, the Florida Legislature directed the Department and local licensing agencies to develop and implement an abbreviated inspection plan for child care facilities that have had no Class I or Class II deficiencies, as defined by rule, for at least two consecutive years². The Department and the local

² Note: Florida is unique in that the authorization to complete abbreviated inspections is codified in statute. NARA is not aware of any other states where this occurs. Moreover, the statute not only authorizes but directs licensing agencies to implement an abbreviated system. While it has long been established that the development of a KIS does not conflict with applicable licensing laws, the authority granted to OCC significantly strengthens its “right” to develop and implement a KIS.

licensing agencies identified those elements of the inspection that were key indicators of whether the child care facility continued to provide quality care and programming. These items are included on the abbreviated inspection report in the Licensing Application. All elements that are not key indicators are pre-populated with the “not monitored” designation and will not appear in the written report document or on the Child Care Program’s website.

An abbreviated inspection is an on-site unannounced routine visit, during which compliance with only those items on the abbreviated inspection checklist is verified. An abbreviated inspection is the “right” of the provider and should be conducted if a facility has no Class I or Class II violations within the past two years. If, during the abbreviated inspection, an item not on the abbreviated checklist is found to be out of compliance, a full routine inspection must be conducted. While an abbreviated inspection may be conducted instead of a routine inspection, the renewal inspection may not be an abbreviated inspection.

Florida’s KIS will enhance the existing guidance as indicator inspections frequently require greater specificity in the description of how they are conducted.

Case Study: Illinois Department of Children and Family Services (DCFS)

Illinois is one of the 10 states that use a KIS. In 2014 DCFS entered into a contract with NARA for the purpose of development of Key Indicators and Weighted Licensing Violations. A 2019 Day Care Licensing Annual Report to the General Assembly produced by DCFS provided information about the progress of their Key Indicator and Weighted Violation system. Excerpts from the report appear below:

- After a pilot period of four months in four offices throughout the state, the Key Indicator Project became operation statewide as of July 1, 2016.
- Along with an additional set of high-risk “non-negotiable” standards which must be reviewed at every visit (capacity, background clearances, pool safety, etc.) and two random standards which are changed at intervals, the key indicators create a differential monitoring system which allows Licensing Representatives to focus more time on challenging licensees and consultation.
- The second full year of using the Key Indicators to enhance annual unannounced monitoring provided fewer challenges for licensing representatives and supervisors alike. Eligibility for a key indicator monitoring remains between 45 and 50% of licensees. Supervisors agreed that the screening process for eligibility works well. The most common reason for being ineligible continues to be a newer provider with no previous renewal of their license.
- No region reports experiencing an increased number of complaints due to the abbreviated monitoring and none report increases in number or seriousness of violations at renewal after receiving key indicator annual monitoring.
- Comments from users and supervisors indicate that overall, it reduces the time in the facility, especially in homes. The amount of reduction, however, varies between staff and facility type. Some report as much as 30–90-minute reductions in visit time, some report more or less, and some report no reduction especially if the visit must “flip” and the licensing representative must then conduct a more comprehensive “full” annual monitoring visit. Overall, centers report the most significant reductions, averaging between 45 to 60 minutes.

This report clearly shows that KIS are safe and effective, even after 5 years of use.

Case Study: Saskatchewan Ministry of Education Early Learning and Child Care Program (ELCCP)

In 2019, NARA developed a KIS for the ELCCP. This included the development of policies and procedures for KIS use. An excerpt from the procedures appears below as an example of generally accepted practices in KIS policy and procedure development.

Saskatchewan Eligibility for Indicator Inspections

In order to be eligible for an Indicator Inspection, a facility must meet all of the following criteria:

1. The facility must be operating and licensed for a period of no less than two (2) consecutive years.
2. The facility must have received at least one Full Inspection following the Initial Inspection.
3. For child care centers, the same Director must have been employed at the facility for a period of no less than two (2) consecutive years.
4. If the facility has relocated to a new location, it must have been in operation for a period of no less than one (1) year in the new location.
5. A family child care home that converts to a group family child care home must have been in operation for a period of no less than (1) year under the new license category.
6. The facility may not have been subject to sanctions within the past two (2) years.
7. The facility may not have been cited for violating any of the applicable Key Indicators within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).
8. The facility may not have been cited for violating any of the Weighted Risk rules within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).
9. The facility is not currently under investigation by the Early Learning and Child Care Program (ELCCP) or any other oversight agency (Child and Family Services, RCMP, or Police).

Saskatchewan Procedures for Conducting Indicator Inspections

1. Determine if the facility is eligible for an Indicator Inspection based on the criteria in the above Section.
 - a. The facility will not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.
2. Prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules. The additional rules are to be selected randomly using a consistent selection process; consultants shall not select rules based on personal preference, ease of compliance measurement, or similar standard.
3. Upon arrival at the regulated setting, the consultant will:
 - a. Perform all standard activities for arrival based on the type of regulated setting.

- b. Conduct a brief walkthrough of the setting to identify any immediate health and safety risk or blatant rule violations.
 - i. If an immediate health and safety risk is identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
 - ii. If one or more blatant rule violations are identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
4. If following the walkthrough at Section 3-b above, the facility is eligible for an Indicator Inspection, the consultant will:
 - a. Briefly describe the ELCCP's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
5. During the course of the inspection, the consultant will measure compliance with all of the following:
 - a. The KI rules;
 - b. The Weighted-Risk rules; and
 - c. The three (3) rules identified above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations of the above rules are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with ELCCP policy.

Saskatchewan Ongoing Activities

1. No facility may receive more than two (2) consecutive Indicator Inspections.
2. KIs will be recalculated at least every five (5) years.
3. Weighted-Risk rules will be recalculated as needed.
4. If there are amendments to the regulations and if they are deemed to be significant (KIS or Weighted-Risk Rules are eliminated or altered) by the ELCCP, recalculation of KIS and Weighted-Risk rules may occur.

Saskatchewan ELCCP Discretion

1. ELCCP is under no obligation to conduct an Indicator Inspection even if the facility meets all of the eligibility criteria above.
2. Indicator Inspections are a privilege, not an entitlement; the decision not to complete an Indicator Inspection even if the facility meets all of the eligibility criteria above is not subject to appeal.

3. These policies and procedures shall not be construed to reduce, limit or restrict ELCCP's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind ELCCP in any other action and shall not be construed as evidence of ELCCP practice, policy or interpretation with respect to any dispute or issue not addressed herein.

Key Indicator System Work Tools

Some KIS include the development and use of work tools for use during an indicator inspection. These tools have historically been paper documents used while present in the licensed setting. The use of paper work tools has decreased as many licensing agencies have transitioned to electronic licensing systems that provide for findings to be entered on laptop or handheld device. Some agencies still elect to use paper work tools as a supplement to their electronic systems, usually because it can be impractical to use the device in family or large family child care homes.

OCC may elect to develop paper work tools to supplement its electronic system or as a backup method if the device becomes inoperable during the inspection. Even if paper work tools are not used, their development can be used as a guide to modify OCC's current electronic infrastructure for abbreviated inspection.

Case Study: The Pennsylvania Department of Human Services Office of Child Development and Early Learning

Although Pennsylvania does not currently use a KIS for licensing inspection, they do have work tools for onsite use. A sample of how Pennsylvania's work tool could be modified for a KIS appears on the following page.

In the sample below on the next page the following highlighting is used:

The regulations that are not highlighted in any color would not be measured during an indicator inspection.

The regulations highlighted in red are high-risk rules and would be measured during an indicator inspection.

The regulations highlighted in yellow are the Key Indicators and would be measured during an indicator inspection.

Facility Name:	PCID:
Certification Representative:	Inspection Date:

Key: / = Compliant O = Non-compliant, notes if applicable N/A = Not Applicable EX = Exemption on file UA = Unable to assess

Interview

/ or O	Code	Description	Notes
	§ 3270.24	Departmental access, as applicable	

- Introduce self and show ID
- Inform Legal Entity (LE /Director) of the reason for inspection
- Verify ID for Director/Responsible Staff Person

/ or O	Code	Description	Notes
	§ 3270.17	Program’s services to children with special needs (a) reasonable accommodation (b) specialized services provided as specified in IEP, IFSP or behavioral plan (c) staff persons and parents aware of community resources	
	§ 3270.19	Child abuse reporting	
	§ 3270.20	Reporting injury, death or fire	
	§ 3270.26	Compliance with nondiscrimination statutes	
	§ 3270.117	Release of children	
	§ 3270.122	Admission interview	
	§ 3270.22	Communication with parents	
	§ 3270.23	Parent access and participation	
	§ 3270.136	Reporting diseases	
	§ 3270.137	Children with symptoms of disease	
	§ 3270.138	Discrimination based on illness	
	§ 3270.153	Facility persons with symptoms of disease	
	§ 3270.154	Facility persons with skin disorders	
	§ 3270.155	Discrimination based on illness	
	§ 3270.183	Confidentiality of records (Child)	
	§ 3270.184	Release of information	
	§ 3270.185	Record retention	
	§ 3270.193	Confidentiality of records (Adult)	

	High-Risk Rule
	Key Indicator

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VALIDATION OF QUALITY RATING AND IMPROVEMENT SYSTEMS FOR EARLY CARE AND EDUCATION AND SCHOOL-AGE CARE



Research-to-Policy, Research-to-Practice Brief OPRE2012-29
April 2012



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Validation of Quality Rating and Improvement Systems for Early Care and Education and School-age Care

Quality Rating and Improvement Systems (QRIS) for early care and education and school age care programs are designed to collect information about quality and to use that information to produce program-level ratings, which are the foundation of a QRIS. The ratings are intended to make program quality transparent for parents and other stakeholders and to encourage the selection of higher-quality programs. The ratings also provide benchmarks that can support efforts to help programs improve their quality. **Validation of a QRIS is a multi-step process that assesses the degree to which design decisions about program quality standards and measurement strategies are resulting in accurate and meaningful ratings.** Validation of a QRIS provides designers, administrators and stakeholders with crucial data about how well the architecture of the system is functioning. A carefully designed plan for ongoing validation creates a climate that supports continuous quality improvement at both the program and system level.

To date, QRIS validation efforts have been limited. One reason may be that validation is a complex endeavor that involves a range of activities. In addition, there has been little guidance available that clarifies the purpose of QRIS validation or identifies the activities that comprise validation. At the same time, there is growing pressure to validate these systems as stakeholders seek evidence that QRIS are functioning as intended. The federal government has elevated QRIS validation by including it as a central component of the 2011 Race to the Top Early Learning Challenge and requiring state applicants to develop QRIS validation plans as part of their submissions.

The purpose of this Brief is to help QRIS stakeholders better understand validation and to outline a set of complementary validation activities. The Brief defines validation, describes different types of validation studies, and provides guidance on developing a validation plan, including tools to determine the appropriate scope and timing of validation activities. It also lists references and resources for those who wish to learn more. This Brief is aimed at readers in positions to authorize, finance, design, and refine QRISs and other quality improvement efforts, including state child care administrators, early education policy and program specialists, legislators, and other potential funders.



QRIS Validation and Its Role in Continuous System Improvement

*Validation is a multi-step process that assesses the degree to which design decisions about QRIS program quality standards and measurement strategies are resulting in accurate and meaningful program ratings.*¹

Validation is particularly important for QRISs because these systems at their core rely on ratings of program quality. They are built on the assumption that the quality of early childhood and school-age programs can be reliably measured and that differences in quality across these programs can be identified through the use of a set of quality indicators. Validity data can support conclusions about whether such quality indicators measure quality well and whether the strategies used to combine measures and develop ratings are working as intended (Cizek, 2007).² Valid ratings are critical to QRISs because parents and other stakeholders use these ratings to select the highest-quality care that they can afford. The overall quality rating also carries increasingly high stakes for programs. Indeed, the theory underlying QRISs intentionally creates those stakes to motivate both provider and parent behaviors in support of increased quality (e.g., Zellman et al., 2008; Zellman et al., 2011). In addition to attracting more children, programs that score well may receive higher subsidies for subsidy-eligible children, and may qualify for grants, incentives, and tax credits.

Why QRIS validation is important. A QRIS is a primary strategy states employ to improve early childhood education and school-age care (ECE-SAC) program quality. Because ratings are a central element of a QRIS, it is important to collect data to establish that these ratings are accurate and meaningful indicators of quality. Validation studies can lend credibility to a QRIS, identify needed changes, and support continuous improvement of a QRIS.

Validity is not determined by a single study; instead, validation should be viewed as a continuous process with multiple goals: refining the ratings, improving system functioning, and increasing the credibility and value of rating outcomes and of the QRIS system as a whole. A carefully designed validation plan will promote the accumulation of evidence over time that will provide a sound theoretical and empirical basis for the QRIS (AERA, APA, & NCME, 1999; Kane, 2001). Ongoing validation activities that are carried out in tandem with QRIS monitoring activities (that aim to examine ongoing implementation of the QRIS) and evaluation activities (that examine the outcomes of QRIS) can help a QRIS improve its measures and effectiveness throughout its development and implementation (see Lugo-Gil et al., 2011 and Zellman et al., 2011 for guidance on developing a comprehensive QRIS evaluation).

¹ The definition of validation has changed over time. Rather than identifying separate types of validity (construct, predictive, face, concurrent and content), the current notion is that construct validity includes all evidence for validity, including content and criterion evidence, reliability, and the wide range of methods associated with theory testing (Messick, 1975, 1980; Tenopyr, 1977; Guion, 1977; Embretson, 1983; Anastasi, 1986). As a consequence, we do not differentiate types of validity in this brief.

² Reliability represents the ability of a measure to assess its target behaviors or characteristics consistently. In the case of QRISs, reliability refers to the extent to which independent raters produce similar ratings on individual QRIS elements and on the summary rating (inter-rater reliability) as well as the degree to which raters are consistent over time in their ratings (intra-rater reliability). Such consistency is a prerequisite for validity of any measure.

QRIS validation activities may produce three important benefits. First, validation evidence can promote increased support for the system among parents, ECE-SAC providers and other key stakeholders. Ratings that match the experiences of parents and providers can build trust in the ratings and increase the overall credibility of the system. Second, a system that is measuring quality accurately is better able to target limited quality improvement supports to those programs and program elements most in need of improvement. Third, validation evidence can be used to improve the efficiency of the rating process. If a QRIS is expending resources to measure a component of quality that is not making a unique contribution to a summary quality rating or that is not measuring quality accurately, it can be removed or revised. For example, measures that vary little if at all across providers whose quality varies substantially in other ways make little or no contribution to quality ratings. Measures of family engagement that include parent ratings are particularly prone to this problem, as parents who have chosen to use and continue to rely on a given provider are highly likely to see the care as good and to rate it according to their views (Zellman and Perlman, 2006; McGrath, 2007; Keyes, 2002; Kontos et al., 1987; Shimoni, 1992). If all or almost all programs receive high ratings on the family engagement measure, then that component of the rating may not be working to distinguish between lower-quality and higher-quality programs. It may be considered important to collect measures of family engagement to ensure that providers continue to focus on it. But knowing that a given measure is not contributing to an overall program quality rating may motivate program developers to consider another way to measure the concept, which might both increase the value of the measure and reduce measurement costs. Indeed, understanding the relationships among rating elements through validation studies can save substantial time and effort.

Despite the importance of validation activities to strengthen QRIS, support for these activities may be impeded by limited resources and concern about the value of validation activities. In states with more mature QRISs, there may be reluctance among stakeholders to assess an established system. In newer systems, policymakers may question the need for validation given the arguments recently offered in support of establishing the system. Validation plans can address each of these concerns by providing evidence to help the system run more efficiently and to establish a climate of continuous improvement. A validation plan will clarify that the system is open to change, intent on improvement, and dedicated to increasing the odds of reaching its goals.

Designing and Implementing Validation Efforts

A comprehensive validation plan includes multiple studies that rely on different sources of information and ask different but related questions. These can be understood and organized around four complementary and interrelated approaches to validation. In this section we provide details of the four approaches. Summaries of these details are provided in two tables. Table 1 presents an overview of the four approaches including the purpose of each approach, the activities that might be undertaken, the questions that are asked and the limitations of each approach. Table 2 presents the data needed, data sources, and analysis methods for selected studies within each approach.³

³ The four basic approaches described in the table are very similar to and compatible with those used in the QRIS Evaluation Toolkit (Lugo-Gil et al., 2011).

When reviewing the tables and the remainder of the Brief, it is helpful to be familiar with how three key QRIS terms – component, standard and indicator – are defined. The term quality **component** refers to the broad quality categories used in QRIS (such as staff qualifications, family engagement, and the learning environment). A quality **standard** is defined as a specific feature of quality such as specialized curriculum and assessment training in the staff qualifications component; a set of quality standards comprise each quality component. Quality **indicators** are metrics that can be measured or verified for each of the quality standards. A given quality standard could have one or multiple quality indicators that represent it in a QRIS. For example, in the category of staff qualifications, a standard may be “Teaching staff have specialized training in curriculum and assessment.” An indicator related to this standard may be “At least 50% of teaching staff have completed the two-course statewide curriculum training session on curriculum and assessment.”

Table 1. Four Related Approaches to Validating a QRIS

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
<p>1. Examine the validity of key underlying concepts</p>	<p>Assess whether basic QRIS quality components and standards are the “right” ones by examining levels of empirical and expert support.</p>	<p>Do the quality components capture the key elements of quality?</p> <p>Is there sufficient empirical and expert support for including each standard?</p>	<p>Different QRISs may use different decision rules about what standards to include in the system.</p>
<p>2. Examine the measurement strategy and the psychometric properties of the measures used to assess quality</p>	<p>Examine whether the process used to document and verify each indicator is yielding accurate results.</p> <p>Examine properties of key quality measures, e.g., inter-rater reliability on observational measures, scoring of documentation, and inter-item correlations to determine if measures are psychometrically sound.</p> <p>Examine the relationships among the component measures to assess whether they are functioning as expected.</p> <p>Examine cut scores and combining rules to determine the most appropriate ways to combine measures of quality standards into summary ratings.</p>	<p>What is the reliability and accuracy of indicators assessed through program administrator self-report or by document review?</p> <p>What is the reliability and accuracy of indicators assessed through observation?</p> <p>Do quality measures perform as expected? (e.g., do subscales emerge as intended by the authors of the measures?)</p> <p>Do measures of similar standards relate more closely to each other than to other measures?</p> <p>Do measures relate to each other in ways consistent with theory?</p> <p>Do different cut scores produce better rating distributions (e.g., programs across all levels rather than programs at only one or two levels) or more meaningful distinctions among programs?</p>	<p>This validation activity is especially important given that some component measures were likely developed in low-stakes settings and have not been examined in the context of QRIS.¹</p>

Approach	Activities and Purpose	Typical Questions Approach Addresses	Issues and Limitations
<p>3. Assess the outputs of the rating process</p>	<p>Examine variation and patterns of program-level ratings within and across program types to ensure that the ratings are functioning as intended.</p> <p>Examine relationship of program-level ratings to other quality indicators to determine if ratings are assessing quality in expected ways.</p> <p>Examine alternate cut points and rules to determine how well the ratings distinguish different levels of quality.</p>	<p>Do programs with different program-level ratings differ in meaningful ways on alternative quality measures?</p> <p>Do rating distributions vary by program type, e.g., ratings of center-based programs compared to ratings of home-based programs? Are current cut scores and combining rules producing appropriate distributions across rating levels?</p>	<p>These validation activities depend on a reasonable level of confidence about the quality components, standards and indicators as well as the process used to designate ratings.</p>
<p>4. Examine how ratings are associated with children's outcomes.</p>	<p>Examine the relationship between program-level ratings and selected child outcomes to determine whether higher program ratings are associated with better child outcomes.</p>	<p>Do children who attend higher-rated programs have greater gains in skills than children who attend lower-quality programs?</p>	<p>Appropriate demographic and program level control variables must be included in analyses to account for selection factors.</p> <p>Studies could be done on child and program samples to save resources.</p> <p>Findings do not permit attribution of causality about QRIS participation but inferences can be made about how quality influences children's outcomes.</p>

Table 2. Data Needs, Data Sources and Analysis Methods for Selected Studies

Approach	Data needed	Data sources	Analysis methods
1. Examine the validity of key underlying concepts	Evidence about the relationship between key quality standards and desired outcomes. Expert opinions about proposed quality standards and indicators.	Empirical literature on how proposed components contribute to high quality care and improved child outcomes. Experts in early childhood education who can provide input on the quality standards and indicators.	Synthesis of available data relating to each component; Analysis of degree to which evidence meets criteria for relatedness; Consensus process; Decision rules that specify the value of components without an established evidence base. ⁱⁱ
2. Examine the measurement strategies and psychometric properties of the measures used to assess quality.	Rating data from participating programs. Data from additional quality measures.	Most such data are collected as part of program ratings. Additional quality measures may be collected to allow comparisons with measures being used in the QRIS.	Distribution of provider scores on a given component; Correlations among components; Correlations of selected components with other measures.
3. Assess the outputs of the rating process	Program-level ratings from participating programs. Raw scores from measures of quality that are included in the rating. Data from additional quality measures that are not included in the rating.	Most of the necessary data are collected as part of program ratings. Another measure of quality may be administered to allow comparisons with program ratings.	Examination of rating distributions by program type; Correlations of program ratings with other measures; Changes in rating distributions using different cut scores.
4. Relate ratings to expected child outcomes.	Program rating data from participating programs. Assessments of child functioning.	Program rating data are collected as part of program ratings. Trained, reliable independent assessors collect data from individual children (may be a designated sample). Teacher reports on individual children.	Estimate the relationship between program ratings and child outcomes. ⁱⁱⁱ

Approach 1: Examine the validity of key underlying concepts. This approach involves examination of the elements or concepts that are to be included in program ratings. It is an important validation activity because it provides the foundation for the quality components, standards and indicators that together will produce program-level ratings and that will be the focus of quality improvement activities. Together, the components included in ratings, (e.g., staff qualifications, learning environment, family engagement) define quality for the QRIS. This validation activity provides justification and support for the elements of the QRIS. If the examination includes stakeholders, the process can also promote buy-in for the QRIS.

This validation approach asks whether quality components, standards and indicators included in a QRIS are the “right” ones, and is similar to what is proposed in the Toolkit, under *Validating Quality Standards* (Lugo-Gil et al., 2011). Because this effort addresses the cornerstone concepts and measures of the QRIS, it ideally would be conducted prior to the implementation of the QRIS.

For QRISs, the key concept is quality of care. The quality of care in early childhood education and school-aged care (ECE-SAC) programs is a complex, multi-dimensional construct; this complexity is amplified in centers by the fact that programs are comprised of multiple classrooms staffed by multiple individuals. Quality can be operationalized using a number of specific quality components. However, most QRISs have adopted similar ones. The QRIS Compendium found that six quality components were included in the majority of the 26 QRIS that were examined (Tout et al., 2010). These categories include licensing compliance (26 QRISs), classroom environment (24 QRISs), staff qualifications (26 QRISs), family partnership (24 QRISs), administration and management (23 QRISs) and accreditation (21 QRISs). Three categories—curriculum (14 QRISs), ratios and group size (13 QRISs), and child assessment (11 QRISs)—are included in half or just under half of the QRISs assessed. However, while similarities exist in the general quality components included in QRISs, the way in which each of these components of quality is measured varies substantially.

One activity that can help to validate a QRIS’ underlying concepts involves assessing the degree to which the quality components in the QRIS rating include standards and indicators that have an empirical base linking them to key program, family and child outcomes. This assessment might include an examination of the degree to which each element as operationalized in the QRIS is viewed by experts as a valid measure of the component. A number of states (including Delaware, Rhode Island, Minnesota and Virginia) have used a systematic expert review process to help identify which quality components (and the standards and indicators that comprise each component) to include in their QRIS. Attention might also be paid to the views of programs and parents about the degree to which selected components reflect their priorities. For example, focus groups with parents were conducted in Minnesota to inform the development of the final rating tool used in the QRIS pilot (Minnesota Department of Education and Minnesota Department of Human Services, 2007)

Another activity which is part of this approach involves examining the research literature to determine the level of empirical support for each proposed component. This review would examine the research base on the proposed standards and indicators selected to represent program quality. The review would weigh the existing evidence and provide arguments for why a particular quality component should be included or excluded from the QRIS.

Purdue University’s scientific review of the quality standards contained in Paths to Quality, Indiana’s QRIS, demonstrates this approach. The overall goal of the review was to conduct an “external evaluation of the scientific validity” of the Paths to Quality standards (Elicker et al., 2007). The study included review of available evidence for the importance of each of the four quality components--Health and Safety, Learning Environment, Planned Curriculum, and National Accreditation-- and the relationship of the standards and indicators of each component to other measures of quality and to children’s development and well-being. The review used standards of evidence to classify each proposed indicator. For example, one or two well-designed studies that supported the indicator was classified as “some evidence;” “substantial evidence” required more than five such studies. For three-quarters of the indicators, researchers found “substantial evidence” that they supported children’s development.

Like many validation activities, such reviews ideally would be updated from time to time to determine if revisions to the QRIS would be advisable in light of new research findings. Such a review might utilize such tools as the *QRS Compendium* (Tout et al., 2010) or *Caring for Our Children* (AAP/APHA/NRC, 2011) as well as other recently published findings.

Approach 2: Examine the measurement strategies and the psychometric properties of the measures used to assess quality. A second type of validation effort focuses on the attributes of the individual measures in the QRIS as well as on the way in which the measures are combined to produce the summary rating of program quality. This approach is similar to what is discussed in the QRIS Evaluation Toolkit under *Validating the Construction of Quality Levels* (Lugo-Gil et al., 2011). This approach addresses how well the measures are working in the context of the QRIS. These efforts ask questions such as, “is there evidence that a given indicator measures what it purports to measure?” “If it claims to have a specific number of dimensions, do we find those dimensions in our data?” “Is there sufficient variance in scores on this indicator to justify its inclusion in the QRIS?” “Do scores on the indicator covary in expected ways with other measures of quality?”

Efforts to address these issues might involve an assessment of the distribution of participating provider scores on a given rating element. For example, in Zellman et al.’s (2008) evaluation of Colorado’s QRIS, initial work revealed that the measure of family engagement then in use produced very little variation across programs; all programs achieved the highest score possible on this measure. This meant that the QRIS was expending substantial resources to collect data on a measure that did not differentiate among programs. Another validation activity might involve an assessment of the relationship of a given indicator to other indicators of quality, both those included in the QRIS and others. In such studies, it is important to look at the degree of correlation found: ideally, measures would be moderately correlated so that each measure provides some non-redundant program quality information (see Zellman et al., 2008 for an example). Correlation patterns also should make sense. For example, two measures of interaction quality should be more closely related to each other than to a measure of ratios. If such studies reveal for example that the correlation between ratios and interaction processes is very high, this result might argue for eliminating one or the other indicator from the QRIS, as they may not be providing additional information (although some QRISs include certain elements to ensure that they are paid attention to, even if their psychometric properties are not ideal).

The research literature provides limited guidance concerning the most appropriate ways to combine measures of quality elements into summary ratings (Lugo-Gil et al., 2011; Tout et al., 2009; Zellman et al., 2008). Yet this process is crucial to producing meaningful program quality ratings, which are the key output of the rating process. States that are collecting and combining data could use these data to conduct studies that examine the effects of altering cut scores or combination rules, much as Karoly and Zellman (2012) have done in a “virtual pilot” for California’s QRIS, using data collected for another purpose, or as was done in studies in Minnesota (Tout et al., 2011) and Kentucky (Isner et al., 2012). These efforts will help QRIS designers and policy makers consider how well indicators are working, which indicators appear to be picking up variations in quality, and how closely different indicators relate to each other.

A number of other existing studies examine the properties of proposed QRIS indicators and can provide guidance to QRIS validation efforts (Scarr, Eisenberg, & Deater-Decker, 1994; Zellman & Perlman, 2008; Tout et al, 2011; McWayne & Melzi, 2011). Additionally, tools exist to help QRIS stakeholders review the options for QRIS measures and to support decision-making about the inclusion of new measures. For example, a Quality Measures Compendium is available and updated on a regular basis (Halle, Vick-Whittaker, & Anderson, 2010). If promising new measures are developed, it might be worthwhile to examine the performance of a new measure against the measure in current use.

Approach 3: Assess the outputs of the rating process. A third validation approach focuses on assessing the *outputs* of the rating system: the scores and levels that are assigned to providers who undergo a rating. Studies conducted under this approach examine the degree to which the quality levels in the QRIS are meaningfully distinct from each other. The results of these studies may indicate that measures, cut scores, or rules for combining measures need changing in order to distinguish quality levels effectively. Because these studies can result in proposals for significant changes to the composition of QRIS levels, it is helpful for these studies to occur prior to studies that examine associations between quality levels and children’s development.

Output studies may focus on individual indicator scores, such as how providers score on an environmental rating, as well as on the program-level score that is the final output of the rating process. Studies conducted as part of this approach ask questions like, “are providers that received four stars actually providing higher quality care than those that earned three stars?” Studies using this approach may also address questions about cut scores, e.g., “do different cut scores produce dramatically different program-level ratings, and if so, which cut scores produce distributions that most closely relate to other measures of quality?” These studies typically rely on a measure of quality not included in the QRIS to make this assessment, and examine whether assessments on both measures vary in predictable ways.

The University of Southern Maine is conducting a validation study of Maine’s QRIS to assess similarities and differences across program ratings; the study is also examining what if any differences exist between similar types of programs at different step levels (see Lahti et al., forthcoming, for further details on this study and several others.) For example, researchers in Maine administer the Environment Rating Scales (ERS; Harms & Clifford, 1989; Harms, Clifford & Cryer, 2005; Harms, Cryer & Clifford, 2006; Harms, Cryer & Clifford, 2007), which are not used to establish a rating in Maine’s QRIS, and examine whether there are statistically significant differences in ERS scores between programs at different rating levels. These findings help program designers determine if the quality levels determined by QRIS ratings relate in expected ways to an external measure of global quality.

As a second example of validation studies using this approach, Karoly and Zellman (2012) used data collected for another purpose to model some of the features of a newly-designed California QRIS. The data come from a 2007 survey of center-based providers that is representative of the state. Observations were conducted in 251 centers serving children birth to 5. The purpose of this “virtual pilot” study was to determine the likely distribution of programs across QRIS tiers using specified cut points, examine the association among quality components, and to identify “outlier” quality elements on which otherwise well-rated programs tend to score poorly. This information is very valuable at the design phase; data on “outlier” elements is particularly helpful in understanding what it will take for programs to improve their rating in a QRIS that uses a block design to designate ratings (in which all indicators at one level must be met before a rating at the next level is possible). By examining such things as the relationship between scores on the Classroom Assessment Scoring System (CLASS; Pianta, La Paro & Hamre, 2008) and the Early Childhood Environment Rating Scale - Revised (ECERS-R; Harms, Clifford & Cryer, 2005), and the relationship between staff education and training and other measures of quality, the work can help policymakers assess the value of different measures of quality, provide input into establishing cut scores, and suggest targets for technical assistance efforts.

Other states also have conducted validation studies that focus closely on differences in QRIS levels. For example, Pennsylvania has studied programs participating in the Keystone STARS QRIS (Fiene, Greenberg, Bergsten, Fegley, Carl, & Gibbons, 2002; Barnard, Smith, Fiene, & Swanson, 2006; OCDEL (Office of Child Development and Early Learning), 2010; Manlove, Benson, Strickland, & Fiene, 2011) to determine if their program ratings were indicative of quality differentials across program types and services. Similarly, recent work in Indiana (Elicker, Langill, Ruprecht, Lewsader & Anderson, 2011) found that ERS scores varied with program-level ratings, while research in Minnesota found significantly higher scores on the ERS and CLASS only between the highest level (4-star) of the QRIS and the other rating levels (2- and 3-stars) (Tout et al., 2011). These findings are being used by program developers to make needed adjustments to quality indicators, metrics and cut scores.

Approach 4: Relate ratings to children's development. A fourth approach to validation focuses on children's development. It is similar to the Toolkit's *Linkages between quality levels and desired outcomes*, although it focuses more narrowly on child outcomes. For QRISs, the logic model asserts that higher quality care will be associated with better child outcomes. Therefore, one important piece of validation evidence concerns whether children make greater developmental gains in programs with higher program-level ratings than in programs with lower ratings.

Studies using this approach do not attempt to identify causal linkages between *QRIS participation* and children's outcomes. Instead, they examine whether the QRIS ratings and quality components that comprise the ratings are related in expected ways to measures of children's development. Appropriate designs and controls could allow causal inferences to be made about how *quality* (as measured and rated by the QRIS) influences children's outcomes.

To date, few QRIS validation studies have incorporated children's outcomes as they are costly and difficult to conduct. As Elicker and Thornburg (2011) note, results from such studies are mixed, at least in part because of the challenges of conducting them. A primary challenge is the inability to control for all the factors that may vary between children whose families have selected different programs. Additional challenges include recruitment of programs and children across all quality levels; availability of appropriate outcome measures for children of diverse ages, abilities, cultures and linguistic backgrounds; and, lack of variation in the quality of participating QRIS programs.

In Missouri, children who participated in programs with higher quality ratings showed significantly greater gains on measures of social-emotional development compared to children in programs with lower ratings (Thornburg et al., 2009). These effects were even more pronounced for low-income children. However, in an evaluation of Colorado's QRIS, linkages between the ratings and children's outcomes were not found (Zellman et al., 2008). Recent reports from Indiana (Elicker, Langill, Ruprecht, Lewsader, & Anderson, 2011) and Minnesota (Tout et al., 2011) found no consistent relationships between program ratings and measures of child outcomes. A number of possible explanations were offered for the lack of expected linkages, including overall low levels of quality in participating QRIS programs (perhaps not meeting a threshold of quality necessary to detect linkages with child outcomes; see Zaslow et al., 2010 for further discussion of quality thresholds) and a lack of variation among participating programs and families. Yet, even with these limitations, program administrators in both Indiana and Minnesota have used the findings to recommend changes to the structure and content of the QRIS.

Developing a Validation Plan

Given the complexity of validation, it is advisable to develop a plan for system validation as early as possible in the QRIS design process. Ideally, the validation plan will be part of a larger evaluation plan designed to address a wider range of important questions the answers to which will guide refinement of the QRIS and its implementation. The plan should include the key questions that will be addressed and the methods to be used to address each one. One advantage of developing a plan early is that it may highlight opportunities to conduct a number of the proposed efforts as part of the implementation of the QRIS itself or as part of planned evaluation activities. A comprehensive approach to validating a QRIS ideally will include studies under each of the four approaches described above. Table 3 outlines issues in the timing of validation studies, discusses their relative cost, and suggests strategies for addressing validation questions if resources do not permit the implementation of validation studies.

Table 3. Considerations in Developing a Validation Plan

Approach	Timing and Duration	Cost considerations	Options to consider ^{IV}
1. Examine the validity of key underlying concepts	Ideally conducted prior to QRIS implementation. Study should be able to be completed within 3-6 months.	Relatively inexpensive. This work can be contracted to a local university, consultant or research firm.	Many states are using similar concepts and measures; their efforts will provide useful information. ^V
2. Examine the measurement strategies and psychometric properties of the measures used to assess quality	Must wait until ratings are implemented, although individual measures themselves might be available from other sources and could be examined earlier. ^{VI}	Depends on data quality and amount of analysis. Additional measures will increase costs, particularly if the measure is observational.	Can rely to some extent on existing research on each of the components. Consider using available data for a “virtual pilot.” ^{VII}
3. Assess the outputs of the rating process	Must wait until ratings are implemented. Once data are available, several studies could be conducted using the same data set.	Depends on data quality and amount of analysis. Additional measures will increase costs, particularly if the measure is observational.	This work is state system-dependent so is not readily borrowed, though lessons learned about structure and cut-points can be shared across QRISs.
4. Relate ratings to children’s development	Best to launch these studies when the QRIS rating process is stable and adequate numbers of programs have been rated.	Costs for the collection of child data are very high. Study could be done just with one cohort of children and two rounds of data collection (fall and spring) to assess developmental gains.	Requires significant funds, a powerful research design, and research expertise. Sampling children and programs will substantially reduce costs.

Summary and Conclusions

Validation is a complex, ongoing, iterative process. The objective of validation activities is to understand whether the rating process is able to distinguish among programs of different quality levels and whether program ratings are associated in meaningful ways to children's outcomes.

Validation activities help to determine whether key design decisions are working well in practice. States and localities that have implemented QRISs are expending substantial resources to train raters, fund ratings, support various forms of technical assistance, and provide a range of improvement incentives. All of these efforts assume that the ratings are accurate and the system is performing as intended. QRIS design decisions often rely heavily on the judgments of experts and on colleagues in other states, because there is limited empirical data on which to base them. For this reason, it is critical for states to set in place a process for assessing how well the design decisions underlying the system are working. Validation activities do this.

Ideally, validation is an ongoing process based on a carefully designed validation plan. The plan should include all four validation approaches, although resource constraints may limit these efforts, and may particularly limit studies that include child outcomes. A good validation plan, thoughtfully developed and implemented, can provide information critical to improving the system at many points in the process, and increase the odds of its ultimate success. Validation is unquestionably challenging, but no more so than the launch and operation of a QRIS or its evaluation. The networks and references in the next section can help states develop a deeper understanding of validation approaches and help them construct and implement validation plans that address stakeholder and system needs and produce timely and valuable information.

Resources and References

Resources

INQUIRE – Quality Initiatives Research and Evaluation Consortium

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/index.html

The purpose of INQUIRE is to support high quality, policy-relevant research and evaluation on Quality Rating and Improvement Systems and other quality initiatives by providing a learning community and resources to support researchers and evaluators. INQUIRE also provides input and information to state administrators and other policymakers and practitioners on evaluation strategies, new research, interpretation of research results, and implications of research for practice. Research briefs are available on topics related to QRIS evaluation issues and strategies.

CCEERC – Child Care and Early Education Resource Connections

<http://www.childcareresearch.org/> search under Quality Rating and Improvement Systems.

This site has many additional reports and resources, such as:

Quality Rating Systems: A Key Topic Resource List. New York: Child Care & Early Education Research Connections.

<http://www.researchconnections.org/files/childcare/keytopcis/QualityRatingSystems.pdf>

This resource list is an annotated bibliography of selected research focused on the design, implementation, and evaluation of Quality Rating Systems and Quality Rating and Improvement Systems in early childhood and after school settings.

The Child Care Quality Rating System (QRS) Assessment

Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G. & Boller, K. (2010). **The Child Care Quality Rating System (QRS) Assessment: Compendium of Quality Rating Systems and Evaluations, OPRE Report.** Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/compendium_qrs/qrs_compendium_final.pdf

Describing 26 Quality Rating Systems nationwide (19 statewide and 7 local or pilot), the Compendium presents comprehensive information through cross-QRS matrices and individual QRS profiles.

Lugo-Gil, J., Sattar, S., Boss, C., Boller, K. Tout, K., & Kirby, G. (2011). **The Quality Rating and Improvement System (QRIS) Evaluation Toolkit. OPRE Report #2011-31.** Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/qrisc_toolkit/qrisc_toolkit.pdf

The QRS Assessment Toolkit will provide guidance, recommendations and evaluation support on a range of topics including: development of a logic model and research questions, evaluation design and methods, and selection of measures.

QRIS National Learning Network

<http://qriscnetwork.org/>

The Network provides information, learning opportunities, and direct technical assistance to states that have a QRIS or that are interested in developing one. Its National Resource Library assists states in learning more about QRIS and their elements and in QRIS planning. The library contains, toolkits, handouts and published documents on a variety of searchable topic areas.

The Networks' State Resource Library contains detailed QRIS implementation information, including training guides, forms, and technical assistance materials that individual states have developed for their QRIS.

State QRIS Contacts who have agreed to serve as peer resources for one another are listed, as are Technical Assistance Providers.

Additional Resources

Lahti, M., Langill, C., Sabol, T., Starr, R., & Tout, K., (in progress). **Validating Standards in Child Care Quality Rating and Improvement Systems: Exploring Validation Activities in Four States, OPRE Report.** Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

This report will provide case studies of four states that have undertaken validation studies in their respective states. This report provides validation and evaluation approaches, identification of similar QRIS standards amongst the four states, description of cross case analysis QRIS validity issues and the results of the validation conceptual model from this brief examining the following: concepts of quality, measures used to assess quality, outputs or scores of the rating process, and if ratings are related to expected outcomes. It is the companion document to supplement this guide in which four states validation experiences are highlighted.

Halle, T., Vick Whittaker, J. E., & Anderson, R. (2010). ***Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition***. Washington, DC: Child Trends. Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/complete_compendium_full.pdf

The Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition was compiled by Child Trends for the Office of Planning, Research and Evaluation of the Administration for Children and Families, U.S. Department of Health and Human Services, to provide a consistent framework with which to review the existing measures of the quality of early care and education settings. The aim is to provide uniform information about quality measures. It is hoped that such information will be useful to researchers and practitioners, and help to inform the measurement of quality for policy-related purposes.

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Endnotes

ⁱ Validity is not attached to a measure, but to a measure used for a particular purpose in a particular context. This means that measures which may be valid for one use must be validated again for use in a different context (AERA, APA, & NCME, 1999). Measures developed in low-stakes contexts, e.g., for use in research or program self-assessments, must be validated again in high-stakes contexts because those being assessed may react in high-stakes contexts in ways that could undermine the meaningfulness of interpretations derived from those measures (AERA, APA, & NCME, 1999).

ⁱⁱ Some components such as parent involvement have been included in QRISs even when strong empirical support of the ability of measures to distinguish among programs of different quality was lacking because designers believed that if they were not, programs would ignore these components in favor of measured ones.

ⁱⁱⁱ Random assignment of children to programs with different quality ratings is not possible in QRIS. Alternative analytic approaches must be used that employ adequate controls for selection bias. See Zellman and Karoly (2012) for further discussion of this approach.

^{iv} This column recognizes that state budgets are limited and validation is rarely seen as the highest priority. Ideally, states might combine data and efforts to conduct some of these studies.

^v Ideally, states might combine data and efforts to conduct some of these studies.

^{vi} However, as noted above, measures collected in low-stakes and high-stakes settings cannot be assumed to be comparable.

^{vii} It may be possible to use existing data to test assumptions and measures. See, for example, Karoly and Zellman (2012), for a description of such work in California.