



JOINT STATEMENT



Coordinated Efficiencies in Monitoring and Oversight of Early Care and Education Programs

U.S. Department of Health & Human Services and U.S. Department of Agriculture

Purpose

The purpose of this policy statement is to set a new vision for monitoring and oversight policy and practice within states that (a) improves the efficiency and cost-effectiveness of oversight with regard to early care and education programs; (b) creates a culture of health and safety that better supports the healthy development of children; and (c) enables states to be successful in meeting the goals of the Child Care and Development Block Grant (CCDBG) Act of 2014, ([P.L. 113-186](#)), which includes monitoring many more child care providers.

This joint HHS and USDA policy statement aims to:

- Encourage states to align monitoring policies and procedures across funding streams where appropriate rather than monitoring exclusively by funding stream;
- Recommend efficiencies that could be achieved through coordination, collaboration, cross-training, differential monitoring, data sharing, and greater use of technology;
- Shift the current focus of monitoring from one of “compliance only” to “continuous quality improvement”;
- Increase access to the Child and Adult Care Food Program (CACFP) to promote nutritious meals and snacks for children in early care and education settings;
- Recommend a universal set of core health and safety standards that apply across programs to support the alignment of monitoring policies and procedures;
- Share examples of best practices and resources to support states in creating a culture of safe, healthy and developmentally appropriate early childhood settings; and
- Ensure that results of monitoring visits are used to target technical assistance and other supports to ensure changes in behavior and improve overall quality of service.

Target Audience

- State Advisory Councils on Early Childhood Education and Care
- State/Tribal/Territory Child Care Administrators, Licensing Agencies, Subsidy Agencies, and Departments of Health
- State/Tribal/Territory CACFP Administrators
- State Head Start Collaboration Offices

Overview

Promoting the safety and healthy development of children in early care and education settings is the overarching goal of monitoring. However, today’s monitoring policies are often disconnected efforts based on the individual funding streams or program type that can lead to duplication and conflict. The various funding streams, including the Child Care and Development Fund (CCDF), CACFP, and Head Start have different legislative requirements, but all have the same overarching goals – to ensure that our

nation's most disadvantaged children have access to what they need to promote their optimal development.

Although the goals of each funding stream may be shared, there is often little sharing of monitoring requirements, schedules, data and findings across programs. As a result, trends can go undetected and technical assistance efforts are not targeted to the areas of greatest need. In addition, while some early care and education (ECE) programs receive numerous monitoring visits every year (one or more for each funding stream), other programs receive few or none.

Monitoring has long been a challenge within states, in part, because of the many factors that affect monitoring such as funding related to staffing, monitor and provider training and support, enforcement, and provider and parent communication. With the passage of the CCDBG Act of 2014, new basic health and safety requirements, training requirements and monitoring apply to more ECE programs. Until reauthorization, states were not required to inspect child care centers annually and family child care homes were monitored even less frequently. In addition, many states exempted certain categories of care from licensing and monitoring requirements despite the fact that they were receiving CCDF and other public support. Under the new CCDBG Act, states are required to conduct annual inspections of all licensed programs and unlicensed providers (except relatives) that care for children receiving CCDF subsidy.¹

The Act also requires an inspection to be conducted before a license is granted, contains new minimum training requirements for the inspector workforce, and requires the ratio of licensing inspectors to child care programs be maintained in a manner that promotes timely and effective inspections.² If current monitoring systems involving the various state and federal programs were better coordinated and, where appropriate, better integrated, more programs could be reached with existing resources and any new investments could be used more efficiently.

This provides states with an unprecedented opportunity to review their overall approach to monitoring and implement a new vision. Through use of technology, data sharing and aligned monitoring, we believe states can serve more ECE programs and improve the quality of these programs at the same time. It is the purpose of this policy statement to recommend that states use this opportunity to re-think their monitoring policies and practices to create a more effective monitoring system across programs that would improve program quality, allow for more efficient use of resources, operate in a more effective manner, and better serve children and families.

Section I – Background

Throughout the United States, more than 266,000 child care programs (centers and homes) are licensed³ with a capacity for 9.8 million children.⁴ More than 177,000 programs (centers and homes) participate in CACFP with an average daily attendance of 4.1 million children.⁵ About 57,685 license-exempt providers currently serve children whose care is paid for through a CCDF subsidy and will now be required to have at least an annual inspection.

Funding to states through CCDF and CACFP represent the two largest federal funding streams that require monitoring visits to early care and education settings. Depending on the ECE program and services provided, other types of monitoring visits may also occur. These include State Quality Rating and Improvement Systems (QRIS), State-funded preschool, national accreditation, fire safety, sanitation, health, Early Head Start or Head Start, and potentially reviews related to children with special needs. Table 1 shows early care and education programs subject to monitoring throughout the states.

Although the content and frequency of monitoring visits required by the funding sources may vary based on legislative requirements, they have similar goals and basic programmatic requirements such as staff qualifications, background clearances, enrollment eligibility, attendance requirements, and certain health and safety requirements. It is within these common areas where there may be opportunities for greater efficiency.

Table 1. Child Care and Related Programs Subject to Onsite Monitoring Visits

Licensed Child Care	Number of Licensed Programs	Child Capacity
Total Licensed Programs:⁶	266,017	9,853,135
Child Care Centers	110,309	8,362,036
Family Child Care Homes	129,862	1,151,432
Group Child Care Homes	25,846	339,667
Quality Rating and Improvement Systems (QRIS) Participating Programs⁷	87,077	QRIS systems in 38 states
NAEYC Accredited Programs⁸	7,136	50 states
NAFCC Accredited Programs⁹	1,400	50 states
Unlicensed Care	Number of Programs	
Unlicensed non-relative family child care home providers caring for children receiving CCDF subsidies¹⁰	50,330	
License-Exempt child care centers caring for children receiving CCDF subsidies¹¹	7,355	
Non-relative caregivers receiving CCDF subsidies to care for children in the child's home¹²	27,739	
Child and Adult Care Food Program	Licensed/Approved Participating Programs	Average Daily Attendance
Total Programs¹³	177,825	4,057,714
Number of Centers	63,976	3,280,046
Number of Homes	113,849	777,668
Other Related Early Care and Education Programs	Enrollment	Location
State funded preschool¹⁴	1,383,450	57 programs in 42 states and DC
Head Start¹⁵	944,581	2,932 programs
Head Start		1,613 programs
Early Head Start (EHS)		1,061 programs
Migrant and Seasonal Head Start		37 programs
Migrant and Seasonal EHS		15 programs
American Indian/Alaska Native (AIAN) Head Start		148 programs
AIAN Early Head Start		58 programs

Over the last several decades, effective monitoring policies and practices have been an elusive goal. There are a combination of factors that have challenged states: the largest source of federal child care funding, the Child Care and Development Block Grant, had no requirement for inspections, states faced with budget challenges underfunded or cut funds for monitoring, and state policies were not strong as

agencies sought to draft policy without sufficient resources to undertake monitoring in a more effective manner. One trend is clear. Past reports of poor monitoring practices have not necessarily led to improvements. For example, a 2009 report in Connecticut, [“Ensuring Health and Safety in Connecticut’s Early Care and Education Programs,”](#) an analysis of the Department of Public Health Child Care Licensing Specialists’ reports of unannounced inspections was a comprehensive study reviewing 676 child day centers (41% of the state’s supply) and 746 homes (28% of the supply). Among the violations that the report identified in child care centers:

- 48% of the centers had playground hazards,
- 41% administered medicine without a written order,
- 38% had indoor safety hazards,
- 28% had toxic chemicals accessible to children,
- 23% had fire code violations,
- 19% had bathroom sanitation issues,
- 12% didn’t have CPR certified staff, and
- 11% had high chairs without safety straps.

Despite the findings of this report and the potential harm for children attending these programs, a similar report was issued in 2014 by the HHS Office of Inspector General (OIG) that showed many of the same violations occurring in child care centers and family child care homes in Connecticut.

Office of HHS Inspector General Reports on State Monitoring of Child Care Programs

Between 2013 and 2016, the OIG issued reports from nine states and Puerto Rico. The OIG found that 96% of providers that they inspected had numerous potentially hazardous conditions that failed to comply with state licensing requirements. The providers served subsidy children and had a history of compliance violations (i.e., they were not random). Nevertheless, despite having hazardous conditions that could potentially place children at-risk, these programs were (a) licensed and (b) serving CCDF subsidy children.

Weakness in state monitoring and enforcement of licensed child care programs is not new. In 1992, the Government Accountability Office (GAO) issued a report, *“Child Care: States Face Difficulties Enforcing Standards and Promoting Quality.”*¹⁶ In 1993 and 1994, HHS’ Inspector General issued reports related to inspections/safety compliance in North Carolina¹⁷ and Nevada¹⁸ that found many violations similar to those the OIG has found during the past 3 years. Violations involved: fire code safety, unsanitary conditions, playground hazards, incomplete employee records, incomplete children’s records, and toxic chemicals accessible to children.¹⁹ The Nevada report noted inconsistencies among county monitoring and recommended that *“the state provide more specific and definitive guidelines to the jurisdictions to ensure uniformity and consistency.”*²⁰

A nationwide 1994 OIG report about state child care monitoring across multiple states found similar weaknesses in state monitoring.²¹ For example, among 169 programs that were reviewed, the OIG found multiple types of violations including: fire code violations (94), toxic chemicals (84), playground hazards (134), unsanitary conditions (394), missing or erroneous employee records, including a lack of background checks (236), missing or erroneous children’s records (191), and other facility hazards (499).²²

The 2013-2016 series of OIG reports involving licensed child care centers and family child care homes in Arizona,^{23,24} Connecticut,^{25,26} Florida,^{27,28} Louisiana,^{29,30} Maine,^{31,32} Michigan,^{33,34} Minnesota,^{35,36} Pennsylvania,^{37,38} Puerto Rico³⁹ and South Carolina,^{40,41} shows that there are systemic weaknesses in

monitoring practices that include the same types of violations first identified 20 years ago. Therefore, it is not just about the number of inspections that are conducted but it is also about the effectiveness of how monitoring is conducted – including follow up steps taken after an initial visit where violations are found.

Stakeholder Listening Sessions

In 2016, the U.S. Departments of Health and Human Services and Agriculture held eight joint listening sessions with key stakeholders to better understand challenges with the current early care and education monitoring efforts.⁴² Included were child care center directors, family child care home providers, grantees operating Head Start, Migrant and Tribal grantees, child care resource & referral agencies, state agencies and sponsoring organizations administering CACFP, state licensing officials and representatives from national associations reflecting various ECE sectors. Nearly 100 people provided input on their experiences with the current monitoring system across the country.

In general, some center directors and FCC providers report between 8 to 14 different types of monitoring visits to the same site annually while others reported no monitoring visits or infrequent monitoring with sometimes several years lapsing without a monitoring review.

Stakeholder Feedback

The following is a brief summary (in no particular order) of what we learned during the listening sessions:

- Regulations should be more user-friendly, written in plain language, easy to understand, and supplemented by interpretive guidelines.
- Inspectors should be supportive, fostering a culture of mutual respect.
- Monitoring should be more seamless across ECE programs with a shared core purpose (e.g., providers recommended using a common set of health and safety requirements across programs to reduce confusion).
- Inspectors should have sufficient training so that inspections are conducted in a more uniform/consistent manner and by staff knowledgeable about differing requirements between centers and homes.
- Common forms should be developed where possible to avoid conflicting requirements (e.g., conflicting requirements between CACFP and child care licensing or subsidy such as approved attendance sheets or allowable foods. States could review their nutrition requirements to determine areas of conflict with CACFP and use CACFP allowable foods as a base to reduce conflicts).
- Monitoring should be coordinated with duplication reduced (or eliminated).
- Monitoring checklists should be posted on the internet so that providers understand what is expected and are not surprised during an onsite visit.
- Data and documents/previous inspections should be shared among agencies where appropriate.
- Communication among agencies or among departments within agencies should be improved.

Perspective from a Provider Operating in Multiple States

“A big problem that we see across states is that licensors have different interpretations of rules. We understand human factors, but need some type of way to promote more uniformity. Some states’ fire department requirements are in conflict with licensing departments. Who do we follow? Last in the door...”

April 2016 ACF-USDA Listening Session

Monitoring conducted by CACFP and Head Start were viewed as overwhelmingly positive and supportive, while child care licensing inspections were not. What participants told us made the difference in CACFP and Head Start monitoring approaches was:

- Providers felt supported;
- Although the reviews were for compliance, the monitoring visits did not feel adversarial;
- They knew the expectations in advance and they understood the requirements; and
- Providers felt valued and the reviewers offered strategies to promote quality.

State licensing administrators discussed challenges that occur when various programs are overseen by different agencies and departments within state government. They described efforts to integrate departments or divisions to better align monitoring and administration while maintaining the important purposes and focus of the underlying programs. Some states have aligned program standards and have cross-walked monitoring needs and strategies. Some states are increasing the use of technology to increase efficiency, better target technical assistance/support, and identify trends or challenges to be addressed. Some states have revamped their qualifications in hiring and training inspectors. More detail on state innovative practices is described under the best practices sections of this policy statement.

Our stakeholder calls also revealed a frustration beyond challenges related to alignment. For example, licensing agencies are often understaffed which causes a backlog as well as stress among monitors. While licensing administrators agreed that there could be opportunities for greater coordination and efficiency, they also said that they need support from within their administration and state legislature to place a greater priority on monitoring and oversight.

State administrators of the CACFP program stressed the need to improve communication and coordination among monitoring agencies. In discussion with CACFP agencies,⁴³ three issues arose that require attention and closer coordination between agencies.

- **Responding to Reports of Imminent Danger.** While there may be written protocols within states with regard to cases where one agency contacts another to report a potential case of imminent harm for a child, CACFP agencies report that follow up by some licensing offices (or other appropriate agencies) can be delayed by a week or longer. This delayed response places children at risk and suggests that clear protocols are needed – not just on paper, but also in practice, for all responses to reports of imminent harm.
- **Protection of Children during Investigations.** CACFP agencies report that in some cases when CACFP participation is suspended for imminent threat to children, the children still attend the program (although the food program has been suspended). State licensing agencies should review such cases and determine appropriate next steps (e.g., whether parents should be notified, whether the program should be reviewed for appropriate enforcement actions, etc.).
- **Inspection Delays and Backlog.** CACFP agencies report delays in fire, safety, and health inspections that are needed for CACFP at-risk afterschool programs to operate (i.e., public or private nonprofit organizations eligible to offer afterschool meals and snacks). Inspection backlogs inhibit access to healthy meals and snacks for children. In one state, delays are reported of up to 2 years for a non-school site to obtain the required inspections they need.

Section II – Federal and State Monitoring Models

HHS has released several reports recommending efficiencies for monitoring policy and practice across early care and education programs. In 2015, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in partnership with the Administration for Children and Families (ACF) published, [*“Innovation in Monitoring in Early Care and Education: Options for States”*](#)⁴⁴ and the Administration for Children and Families published, [*“Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education”*](#).⁴⁵ In 2016, the Office of Planning, Research and Evaluation (OPRE) in coordination with ACF published, [*“Coordinated Monitoring Systems for Early Care and Education”*](#).⁴⁶ These reports offer recommendations for more efficient monitoring systems.

In addition, the National Center on Early Childhood Quality Assurance (NCECQA) has published numerous policy briefs and provides technical assistance on best practices and research to assist states in developing more effective monitoring systems.⁴⁷

For ECE, there are four primary federal funding streams that have statutory monitoring requirements. These include Head Start, CCDF, the Military Child Care Program, and CACFP. All share one goal – to improve the quality of ECE programs under their jurisdiction. While CCDF monitoring is described below, for a description of each of the other programs, see Appendix I.

Prior to the CCDBG Act of 2014, states were given broader latitude in assuring that health and safety requirements and enforcement mechanisms were in place to protect children. Under prior law, 4% of funding was required to be spent on activities related to improving the quality of care but activities related to quality were not defined. The new law increases accountability for the receipt and expenditure of child care funding by states and increases the quality set-aside to 12% by FY2020. It requires provider background checks and minimum training, new health and safety requirements and annual monitoring of non-relative providers. CCDF is still a flexible funding stream for states; within federal regulation, states will need to determine how they can best meet the new minimum requirements. The challenge for states varies depending upon individual state policies compared to the minimum requirements to protect the health and safety of children under the new law.

State Governance Models:

As described above, states have considerable flexibility in designing their monitoring systems. And, as described, the new requirements in the CCDBG Act of 2014 have caused many states to re-examine and expand their monitoring systems.

These new requirements have also led several states to rethink their governing structures. Although not a specific purpose of this policy statement, state governance is a major factor in the state’s ability to reduce overlap and align with other statewide efforts such as the Quality Rating and Improvement Systems. According to a BUILD Initiative policy statement, [*“A Framework for Choosing a State-Level Early Childhood Governance System,”*](#) *“Governance refers to how (often multiple) entities are managed to promote efficiency, excellence, and equity. It comprises the traditions, institutions and processes that determine how power is exercised, how constituents are given voice, and how decisions are made on issues of mutual concern.”*^{48, 49} Current state ECE governance structures are frequently disconnected. Recognizing this fragmentation, in the 2007 Head Start reauthorization, Congress created the State Advisory Councils on Early Childhood Education and Care (SACs) in an effort to prompt states to coordinate activities and thereby reduce fragmentation, uneven quality, and inequity in programs and

services.⁵⁰ In the BUILD Initiative ECE Governance policy statement, three models are described for states to consider. These include:

- **Coordinated Governance.** Coordinated governance places authority and accountability for early childhood programs and services across multiple public agencies. In states where this is the model, the SACs (or their equivalent) seek to improve coordination and collaboration among the agencies. Some have formal agreements or even State legislative guidance to support their work. For example, Pennsylvania’s Office of Child Development and Early Learning (OCDEL) is a collaborative venture between the State Department of Education and the Department of Human Services.
- **Consolidated Governance.** Consolidated governance places authority and accountability for the early childhood system in one executive branch agency – for example, the state education agency – for development, implementation, and oversight of multiple early childhood programs and services. One state that has done this is Maryland.
- **Creation of a new Agency.** In this model, a state might create a new executive branch agency or entity within an agency that has the authority and accountability for the early childhood system. The governing entity might be an independent state agency with a single mission focused on early childhood. Georgia, Massachusetts, and Washington have created stand-alone ECE agencies.

Examples of Recent State Monitoring Alignment Efforts

The following are examples of states that have made recent changes to improve their State monitoring structures to better align their efforts:

Rhode Island – Aligning among Agencies. In Rhode Island, multiple agencies are responsible for administering early learning settings: licensing regulations (Department of Children, Youth, and Families), QRIS- BrightStars (Department of Human Services), and Comprehensive Early Childhood Education (CECE) standards for preschool (Rhode Island Department of Education or RIDE). The three agencies worked to compare and align standards to produce a continuum of quality that includes a similar set of components across all three sets of standards for a better integrated monitoring system. Rhode Island’s work included developing:⁵¹

- A common application for licensing, BrightStars and CECE approval to reduce the need for programs to complete three separate applications.
- Job description and assessor reliability policies for ERS and CLASS© assessors to use across both agencies and to ensure that monitoring is coordinated using the same instruments.
- An integrated data system that will allow data to be shared across the Departments of Human Services, Education, and Children, Youth and Families.
- Training for all front line staff from the three agencies, focusing on topics such as curriculum, health, safety, and family engagement.

Georgia – Linking Compliance with Technical Assistance. The Department of Early Care and Learning (DECAL) changed the title of the state’s “licensing monitors” to “child care consultants” to better reflect responsibilities related to regulation and support in improving Georgia’s child care system. When hired, child care consultants complete standardized on-boarding [orientation] and then mentoring by

seasoned veteran staff for at least three months. Thereafter, DECAL conducts or contracts for relevant, appropriate professional development to ensure that licensing consultants are adequately equipped to maintain the balance of monitoring and technical assistance.

In 2014, DECAL convened a task force comprised of child care providers and other stakeholders to revamp the agency's approach to monitoring. The goal of the task force was to recommend an enforcement model that would be:

- Consistent (easily applied equally to all providers)
- Transparent (easy to understand)
- Fair (providers not excessively penalized, especially for violations that they immediately correct), and
- Predictable (providers know what to expect when rules are violated).

The task force recommended a progressive continuum of enforcement designed to better connect or link regulation and support for providers. The task force's review resulted in [an enforcement chart](#),⁵² which is based on a point system, and classifies enforcement actions as prevention (P), intermediate (I), or closure (C). Examples of prevention include technical assistance and/or citations. Intermediate enforcement options include fines and restrictions. Closures encompass both license suspension and revocation. The overall goal is to better support provider needs in attaining and sustaining compliance.

Use of the model began July 1, 2016 and is automated within the licensing database; a program's compliance zone designation and enforcement action, if applicable, automatically computes at each visit. A program's compliance zone (good standing, support, or deficient) is based on a summary measure of the program's 12 month monitoring history with child care licensing rules.⁵³

Section III: Moving Toward More Effective Monitoring Strategies Recommendations & Discussion

The complex array of early learning programs within today's environment calls for states to consider a new integrated approach to monitoring. This policy statement offers recommendations to improve the efficiency, cost-effectiveness, and long-term outcomes of monitoring across early learning programs.

RECOMMENDATION ONE: Using the Congressionally mandated SACs (or their equivalent), examine the governance structure of early care and education programs to foster greater coordination, collaboration, and policy alignment.

- Utilize SACs (or their equivalent) to:
 - Review any structural barriers that impede communication, coordination, and alignment among the various entities responsible for ECE programs and related funding support.
 - Identify the purpose, function, and expected outcomes of early care and education programs.
 - Determine options that could assist in building a more cohesive early childhood system, which could involve consolidating the governance of related early learning programs within one agency, within a collaborative venture between two agencies, or creating a new agency to house early childhood programs.

DISCUSSION: Many states and localities have worked to better coordinate programs and system infrastructure, accelerated by the Race to the Top Early Learning Challenge Fund and federal promotion of coordination in the 2014 CCDBG Act as well as Head Start policies.

Yet, in many cases, policies, goals, and oversight strategies are not aligned. Fragmentation in governance structure and authority can impede the ability to coordinate and share information across programs. There is no single model that is likely to work for every state, however, the Administration for Children & Families (ACF) recommends that every state review any structural barriers that impede communication, coordination, and alignment. How best to structure governance begins with identifying the purpose, function, and expected outcomes of early care and education programs. While it is not easy to re-align state governance structures, coordination, collaboration, alignment and accountability may be easier for related programs when they are housed under one roof.⁵⁴ Interviews with agency, department and division directors engaged in governance reform recommend that the exact form of governance should follow intended function and that *“these functions are present and linked in ways that encourage the system’s coordination, coherence, sustainability, efficiency, and accountability at all levels of service delivery.”*⁵⁵

Examples of State Governance Models that Promote Alignment

- Georgia has consolidated governance of child care, preschool, and CACFP in the Department of Early Care and Learning (DECAL), a stand-alone agency.⁵⁶
- Maryland⁵⁷ has consolidated governance of child care and preschool into the state education agency.
- Massachusetts has consolidated governance of child care and preschool into the Department of Early Education and Care, a stand-alone agency.⁵⁸
- Michigan has consolidated governance of child care, preschool, and early intervention in the Office of Great Start within the Department of Education.⁵⁹
- North Carolina has consolidated governance of child care and preschool into the Division of Child Development and Early Education within the Department of Health and Human Services.⁶⁰
- Pennsylvania has consolidated governance of child care, preschool, and early intervention programs within the Office of Child Development and Early Learning (OCDEL), a collaborative venture between the state Department of Education and Department of Human Services.⁶¹
- Vermont has consolidated governance of child care, preschool, and early intervention into the Department of Children and Families.⁶²
- Washington has consolidated governance of child care, preschool, and early intervention within the Department of Early Learning, a stand-alone agency.⁶³

RECOMMENDATION TWO: Design, implement, and evaluate consistent approaches, including differential monitoring systems to target resources to providers at the greatest risk of providing unsafe settings and to promote greater monitoring efficiencies.

- Consider differential monitoring systems to:
 - More cost-effectively determine the depth of monitoring needed as well as the frequency;
 - Better target technical assistance and training to support providers who could benefit from assistance.

Discussion: ACF’s Office of Child Care and the National Association for Regulatory Administration (NARA), published [*“Best Practices for Human Care Regulation”*](#)⁶⁴ in 2015, which helps states define key system characteristics of high-performing regulatory organizations. This document outlines best

practices, provides guidance to implement the best practices, and includes a self-study assessment tool⁶⁵ to help organizations score their performance and facilitate process recognition and improvements. Among best practices that are recommended are three types of assessments: for monitors, providers, and process to ensure that monitoring systems are working as intended.⁶⁶

According to NARA, *“most performance problems are system-driven problems rather than people-driven problems because the overwhelming majority of people want to do a good job. Individuals flourish when they can see themselves as knowledgeable contributors in a sharp, high-performing organization.”*⁶⁷ NARA’s best practices document lays the foundation for an organization to focus on and assess its resources and processes across the board.

Understanding the Terms

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

Full and Abbreviated Compliance Reviews: Conducting an inspection by monitoring all rules (full review) or a selected set of rules (abbreviated review);

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

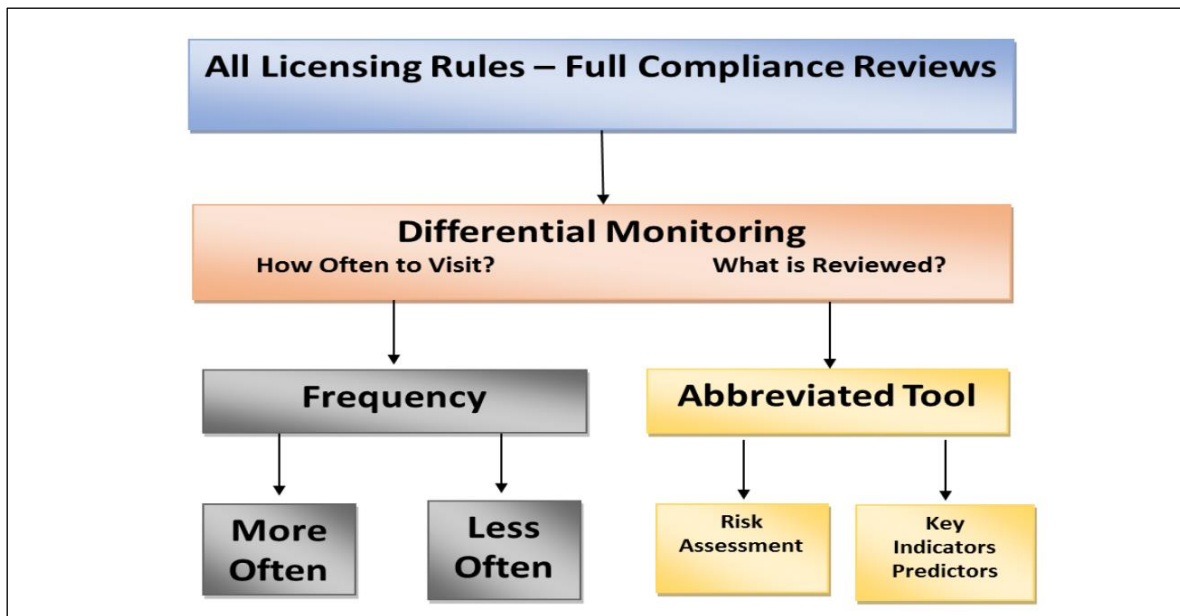
Key Indicators: An approach that focuses on identifying and monitoring those rules that statistically predict compliance with all rules.

Source: Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators. National Center on Child Care Quality Improvement, Office of Child Care. July 2014.

In *“Contemporary Issues in Licensing, Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators,”*⁶⁸ full and abbreviated monitoring strategies are reviewed. A differential monitoring system can be used to recognize a provider’s strong record of licensing compliance with abbreviated or less frequent inspections if there have been no serious violations for a period of time. For providers with rule violations and compliance issues, licensing agencies can use differential monitoring to focus more attention on those facilities with additional monitoring visits, targeting visits on problem areas, and providing technical assistance.⁶⁹

With the requirement in the CCDBG Act of 2014 to ensure that non-relative providers serving children whose care is paid for through a CCDF subsidy receive at least one annual inspection, a “one-size-fits-all” approach may not be the most cost-effective strategy to broaden the base of providers who need an annual inspection (at a minimum).

As of 2014, 37 states used abbreviated compliance forms during routine inspections and 13 states reported using differential monitoring.⁷⁰ It’s not about whether to conduct monitoring visits or not, but rather, it is about the type of monitoring visit to promote efficiencies and greater effectiveness, continuous quality improvement, and accountability. Continuous quality improvement applies to both internal monitoring protocols and practices as well as external provider improvement. Using information collected throughout monitoring visits can assist states in targeting support and resources (i.e., technical assistance) to providers moving the system from determining whether a provider complies on specific standards to helping providers understand why it is important to the health and safety of children that specific standards be met. Quality improvement and compliance are not mutually exclusive but rather components of a more seamless monitoring approach.



Source: Contemporary Issues in Licensing, Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators. National Center on Child Care Quality Improvement, Office of Child Care. July 2014. Graphic adapted from a graphic developed by Dr. Richard Fiene and used in Fiene, R. (2013) Differential monitoring logic model and algorithm (DMLMA: A new early childhood program quality indicator model (ECPQIM4)© for early care and education regulatory agencies, Middletown, PA: Research Institute for Key Indicators.

State Best Practices: Washington Key Indicator System

Washington's monitoring system is based on the 13 key indicators developed by Dr. Richard Fiene for the U.S. Department of Health and Human Services. The indicators are used across all programs (centers, FCC homes, and school-age programs). Providers with non-expiring full licenses are monitored using an abbreviated checklist when the site has demonstrated a high level of compliance since the prior visit. This includes, but is not limited to, no valid complaints, compliance agreements, or other information demonstrating noncompliance with licensing regulations. Licensors are required to move to a full checklist in cases where providers are not in compliance with any of the key indicators.

Washington also posts abbreviated checklists on line to inform providers.

- <http://www.del.wa.gov/publications/licensing/docs/CenterMonitoringChecklist.pdf>
- <http://www.del.wa.gov/publications/licensing/docs/FHMonitoringChecklist.pdf>

Source: Contemporary Issues in Licensing, Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators. National Center on Child Care Quality Improvement, Office of Child Care. July 2014.

RECOMMENDATION THREE: Align monitoring policies and procedures across funding streams to promote more effective practice, reduce confusion within ECE programs, and realize cost efficiencies.

- Conduct an organizational assessment to identify:
 - Who is monitoring providers,
 - The role of each monitor,
 - The frequency of monitoring,
 - Tools that are used in monitoring,
 - Staff competencies (qualifications, training, and oversight), and
 - Data systems used in monitoring.
- Review all standards used to monitor ECE programs and determine where there are inconsistencies, duplicative requirements or conflicts.
- Review whether the data and monitoring reports are shared or, could be shared between agencies to reduce duplication and maximize efficiency.
- Identify policies that stem from statute or regulations, cite specific requirements, corrective action requirements, remedies and penalties.

DISCUSSION: ACF recommends that states use “[Mapping the Early Care and Education Monitoring Landscape](#),”⁷¹ tool to assist in identifying how to begin developing a more efficient monitoring system. A coordinated approach could not only produce systemic efficiencies but also help evolve the culture of monitoring from compliance to continuous quality improvement. An aligned system with cross-training could assist monitors in better understanding how the pieces fit together and how fostering a culture of improvement could assist providers with the support they need to be successful.

Many state quality rating and improvement systems are separate from child care licensing and from child care subsidy systems. They operate independently, but are not integrated to promote provider participation and parent awareness. The majority of state QRIS are voluntary and in only 12 states is participation mandatory for providers caring for children on a CCDF subsidy.⁷² In some states, quality rating systems do not require programs to be licensed in order to participate.⁷³ Parallel systems create layers of monitoring that could be more efficient if the system components were better integrated.

**State Best Practices:
North Carolina Integration of Licensing, QRIS, and Subsidy**

In North Carolina, the state’s Star Rated License System is part of the Division of Child Development and Early Education and is based on the total number of points earned. Licensing is embedded in the state’s quality rating system with level 1 representing licensed care. A facility receives one point for meeting minimum licensing requirements and will be issued a One Star License if that is the extent of that facility’s achievement. To earn more than one point, a facility must meet higher voluntary standards that are based on two components: **program standards** and **education levels** of staff. There is also an opportunity for a facility to earn one additional point for meeting a programmatic or education **quality point** option. A facility can earn up to fifteen (15) points total. For providers to serve children whose care is paid for through CCDF, programs must achieve a 3 to 5 star license.

Source: FY2016-2018 North Carolina State CCDF Plan.
https://www.acf.hhs.gov/sites/default/files/occ/north_carolina_stplan_pdf_2016.pdf

The monitoring of home-based programs is a particular concern because the number of licensed homes has been declining. Since 2011, the number of licensed homes has declined by 22,489 (14.7%).⁷⁴ The capacity within licensed homes has declined by spaces for 165,581 children (12.5%).⁷⁵ Home-based care

is an important choice for many families -- not just for its smaller environment but also because home-based providers may offer more flexible hours (including nontraditional hours). As states consider monitoring strategies, intentional approaches to better support home providers, including those with low literacy levels and also those who may not speak English as a first language, should be considered to ensure that the supply of child care homes does not continue to decline. Particularly in rural areas where home-based care may be the only option, it is concerning that the number of licensed homes is declining.

RECOMMENDATION FOUR: Wherever possible, adopt a universal set of health, safety and performance standards to be used across programs.

- Consider using ACF's "[*Caring for Our Children Basics: Health & Safety Foundations for Early Care and Education*](#),"⁷⁶ which represents the **minimum** health and safety standards experts believe should be in place for center-based or home-based child care. Standards on the following topics are included:
 - Staffing
 - Program Activities for Healthy Development
 - Health Promotion and Protection
 - Nutrition and Food Service
 - Facilities, Supplies, Equipment, and Environmental Health
 - Play Areas/Playgrounds and Transportation
 - Infectious Disease
 - Policies

DISCUSSION: In June of 2015, the Administration for Children and Families published, "[*Caring for Our Children Basics: Health & Safety Foundations for Early Care and Education*](#),"⁷⁷ to reduce conflicts and redundancies found in program standards linked to multiple funding streams. [*Caring for our Children Basics*](#) should not be construed to represent all standards that would need to be present to achieve the highest quality of care and early learning just a minimum to serve as a floor across early care and learning programs. ACF recommends adoption of the standards contained in *Caring for our Children Basics* to improve health and safety standards in licensing, quality rating and improvement systems and to promote efficiency in monitoring systems for ECE settings.

By using a core set of health and safety standards across ECE programs, states can implement a more seamless monitoring system. As the new Head Start Performance Standards and the CCDBG regulations were developed, ACF aligned basic requirements wherever possible. In areas such as background screening, basic training requirements and health and safety, the two regulations, if not completely aligned, are not in conflict. In addition, the new Head Start Performance Standards offer specific requirements around state licensing and QRIS to reduce overlapping or duplicative requirements. The new Head Start Performance Standards also defer to the nutrition requirements of CACFP.

Along with the adoption of core health and safety standards, Child Care Health Consultants (CCHCs) can be important resources to: support local programs in meeting state licensing requirements, help create a culture of health and safety, and support for continuous quality improvement.

CCHCs are licensed health professionals with education and experience in child and community health as well as early care and education settings. While CCHCs do not provide clinical services, they do offer technical assistance and consultation to early care and education programs in a variety of areas including but not limited to national health and safety standards for out-of-home child care; state child

care licensing and public health requirements; indicators of quality early care and education related to health and safety; recognition and reporting requirements for infectious diseases; Early and Periodic Screening, Diagnosis, and Treatment screening recommendations and immunization schedules for children; importance of medical home and local and state resources to facilitate access to a medical home as well as child health insurance programs including Medicaid and State Children's Health Insurance Programs; development and implementation of health and safety policies and practices including poison awareness and poison prevention; health literacy on a variety of topics; and disaster planning resources and collaborations within child care communities (CCHCs also link programs with community resources for child, family, and staff health and mental health).⁷⁸

In Pennsylvania, initial evaluation of the Early Childhood Education Linkage System (ECLS) "Infant/Toddler Quality Improvement Project" clearly demonstrates the efficacy of utilizing a CCHC mentoring approach to improve compliance with selected Caring for Our Children Basics standards such as safe sleep practices and SIDS risk reduction, diaper changing procedures, training related to medication administration, hand hygiene, physical activity, and child abuse reporting. The evaluation also showed improvements in meeting the needs of children with disabilities.⁷⁹

RECOMMENDATION FIVE: Based on a statewide assessment of need, establish caseload requirements that take into account the type of ECE program being monitored and the varying levels of quality, different locations (rural vs. urban), and type of setting (center vs. homes).

- Set reasonable caseloads for inspectors
 - NARA recommends 50-60 programs per inspector and two inspections annually.
- Rebalance the caseload based on geography, type of program and setting, and program quality.

DISCUSSION: The average child care licensing inspector caseload includes 97 centers.⁸⁰ The average licensing inspector caseload for home monitoring is 103.⁸¹ Monitoring caseloads range by state from 25-300.⁸² In some states, monitors inspect both centers and homes. For CACFP, federal regulations require sponsoring organizations to have one full time staff person for each 50 to 150 child care homes it sponsors and a sponsoring organization of centers must document one full-time staff person for each 25 to 150 centers it sponsors.⁸³ However, within the above ranges, it is the State CACFP agency's responsibility to determine the appropriate level of monitoring staff for each sponsoring organization.⁸⁴

In "[Best Practices for Human Care Regulation](#)," a document produced by ACF (the Office of Child Care) and NARA, workload assessments are recommended every 3 years or sooner. Effective caseload assessments use historical data to identify types of programs, types of activities, and time to conduct each activity (e.g., a person monitoring across funding streams may require a lower caseload compared to a person monitoring only one type of program). They also use geographic service areas and deployment patterns for efficient and effective monitoring visits, which includes travel time. NARA also recommends that workload calculations should include time for professional development activities.⁸⁵

RECOMMENDATION SIX: Create policies and monitoring approaches across agencies that encourage and support cross-training of personnel to support a coordinated system.

- Consider maximizing CACFP monitoring to support quality care as well as to increase access to CACFP.
- Consider developing a Memorandum of Understanding (MOU) with the CACFP agency to potentially:
 - Develop cross-training initiatives based on key indicators;

- Provide reciprocity of certain monitoring items to reduce duplication and conflict;
- Develop common forms (e.g., attendance forms acceptable for both CACFP and CCDF subsidy); and,
- Promote efficiencies among and between systems.

DISCUSSION: Currently, in many states, CACFP monitoring and child care program monitoring occurs through separate efforts. Within states, CACFP is administered by the state health agency, the state education agency, the state human services agency, or the state agriculture department. Child care programs are administered by the human resources agency, the education agency, the economic development agency, the labor/workforce agency, or the social services agency. In some states, components of child care programs are spread across different agencies or departments (e.g., child care subsidy, child care licensing, and state quality rating and improvement systems may be administered by different agencies or different departments or divisions).

Given the frequency of CACFP sponsor monitoring, in rethinking an aligned integrated state monitoring system, it makes sense to review how to better maximize CACFP monitoring to support quality care as well as to increase access to CACFP.

State agencies administering CACFP and state child care licensing agencies could develop a Memorandum of Understanding (MOU) to potentially develop agreements about how to undertake monitoring that would allow for sharing resources for better coordination. For example, a state with a key indicators system or differential monitoring system could potentially develop a cross-training initiative where CACFP monitors could be trained on a small subset of key indicators identified by the child care licensing agency. The MOU could consider a scaffolding approach to maximize resources among agencies. Where appropriate, States could use [Caring for Our Children Basics](#) as a core set of health and safety requirements across programs, which would provide consistency that has been lacking and a floor to quality from which all states could operate. States could provide reciprocity of certain monitoring items to reduce duplication and promote uniformity across program standards where applicable (e.g., CACFP nutrition standards and food safety could be adopted by child care licensing agencies instead of each agency having separate (and sometimes conflicting) requirements). Head Start already requires CACFP participation.

An MOU could also include an agreement to use a uniform attendance form or other forms that could be shared to reduce administrative burdens for programs. These types of actions can be undertaken by states without approval from HHS or USDA. For example, as long as federal requirements are met, states can create their own integrated attendance forms or monitoring forms. If helpful, HHS and USDA could support states as conveners and disseminate information about state level best practices.

With MOUs, monitoring policies could be constructed and undertaken in a more efficient manner which not only promotes systemic coordination and effectiveness but also avoids the number of times providers are disrupted in the provision of services for children.

RECOMMENDATION SEVEN: Develop uniform personnel requirements for all monitors that include a description of the knowledge, skills and abilities (KSAs) necessary to meet the goals of the monitoring policies and training that supports continuous quality improvement and a culture of support for providers and inspectors.

ACF recommends the following to promote a more supportive approach to monitoring that fosters efficiency and mutual respect:

- Ensure all monitors are provided systematic comprehensive training before they begin work and routine in-service training throughout the year. This should include training on all standards, rationale for why the standards are important, and examples of what they should review to determine compliance.
- Ensure all monitors are trained in balancing compliance and continuous quality improvement.
- Ensure job descriptions reflect shared components of monitoring processes.
- Share monitoring checklists, along with the rationale for the requirements with the ECE providers and general public including parents to remove the element of surprise and to enable providers to fully understand standards for which they will be held responsible.
- Include mentoring and coaching for all newly hired monitors by experienced staff during a probationary period.
- Ensure that those who monitor family child care home providers have specialized training to fully understand child care home regulations and the operation of home-based programs.
- Determine appropriate caseloads for the various program types and ensure monitors are not overwhelmed. If warranted, adjust caseloads for monitors who have difficult programs or other unique circumstances.
- Support a shared vision among agencies and divisions to avoid unintended consequences when issues are identified during monitoring visits.
- Include inspection checklists in the materials providers receive during trainings, upon licensure and licensure renewal, and that providers can easily access online; and
- Conduct regular, systematic surveys of ECE providers in order to allow those monitored to provide feedback and to promote continuous quality improvement among providers and inspectors.

DISCUSSION: Currently, multiple agencies share responsibility for monitoring the same or similar standards across settings. Aligning monitoring strategies is part of implementing a coordinated process, however, it begins with cross-training and basic competencies of monitors. As of 2014, 39 states required child care inspectors to have at least a Bachelor's degree.⁸⁶ In 24 states, the content or major of the degree must be in early childhood education, child development, or a related field.⁸⁷ Twenty-one states also required experience working in a setting with children.⁸⁸ In addition, 28 states required licensing staff to complete additional training each year.⁸⁹ It is not known how many states engage in cross-training to promote monitoring across programs and funding streams. Only 6 states use inter-rater reliability studies to help promote consistency in monitoring.⁹⁰ Inter-rater reliability is a critical issue that needs to be addressed by states; it is as important as the issue of validity. With regard to CACFP personnel requirements, federal regulations require that each sponsoring organization provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors.⁹¹

It is not easy to change the culture of monitoring from a framework of compliance to support for continuous quality improvement. Specific training on balancing compliance and continuous quality improvement is needed so that both inspectors and providers are supported. The listening sessions revealed challenges with licensing inspector knowledge of state regulations and too often the attitude of monitors in conducting inspections. The key to changing the culture of the monitoring framework is to have an underlying quality assurance program. This is a major paradigm shift in seeing the glass as half full rather than as half empty. NARA's "Best Practices for Human Care Regulation," includes a number of recommendations related to quality assurance programs such as monitor training, coaching, workload, and provider feedback.⁹² While each state may define quality assurance differently, at the core is the ability to have feedback on the system and how each of the components of the system is working. Florida, Georgia, Oklahoma and Texas have a formal quality assurance program with written policies designed to increase consistency across the state.⁹³

State Best Practices: Training of Licensing Staff

Florida's staff undergo inspector led pre-service training, 38 hours of nine online child care training courses (e.g., family child care home licensing and center licensing, identifying and reporting child abuse and neglect, child growth and development, record-keeping, etc.). Supplemental training includes shadowing an experienced licensing specialist in conducting a child care center inspection, family day home inspections, assisting in opening a new facility, and ongoing professional development and in-service training. With a year of on-the-ground experience, inspectors (referred to as family services counselors) can complete the National Certified Investigator/Inspector Training (NCIT) certification offered by the Council on Licensure, Enforcement, and Regulation (CLEAR). Upon successful completion of the NCIT Basic certification, licensing staff can complete the NCIT Advanced certification. Currently, about 90% of Florida's licensing staff have obtained the NCIT Basic certification and 25% have obtained the Advanced certification. Beginning this year, for staff who have completed the NCIT Basic program, the Department of Children and Families will pay for costs related to completing the NARA National Regulatory Professional Credential (NRPC).

Washington's staff complete the NARA curriculum on regulatory enforcement and human care regulation and some staff have completed the NARA National Regulatory Professional Credential (NRPC). New licensors complete the NARA online curriculum as they come on board. Washington uses a variety of professional training techniques, including agency specific courses offered both online and in person. The Department of Early Learning is currently developing cross agency trainings between licensing, the state's preschool, and the quality rating and improvement system (Early Achievers) staff. Also under development is a parallel training track for both licensing staff and early learning providers, focusing on the new standards as well as increasing the quality in child care.

Quality Assurance & Consumer Feedback

Oklahoma conducts annual regional audits of each supervisory area, during which a team of licensing staff from around the state reviews cases to determine if licensing requirements, policies and procedures are being consistently implemented. Policies governing the audit process are publicly posted. Oklahoma also solicits feedback about inspections through biannual provider satisfaction surveys and community forums.

Florida's regional program analysts conduct annual quality assurance monitoring visits to determine if policies are followed by each licensing counselor for each provider type in each region.

Georgia's regional directors evaluate field staff by conducting quality assurance visits at least once per year for all consultants. Lead consultants also conduct joint visits with field staff throughout the year in a more informal quality assurance process. The purpose of the joint visits is to evaluate staff on:

- Professional practice
- Consistent and accurate evaluation and application of rules and regulations
- Principles of documentation; and
- Conducting an appropriate exit conference during the inspection.

Utah evaluates its program by having managers conduct onsite observations of licensing inspections 4 times per year. Child care providers are given inspection feedback forms after each inspection. The program administrator reviews and records the feedback, and licensors receive a monthly report that includes all comments received from providers. Program managers meet with licensors as needed to discuss any concerns or clarifications.

Source: *Contemporary Issues in Licensing: Quality Assurance in Child Care Licensing*. National Center on Child Care Quality Improvement. September 2014. https://childcareta.acf.hhs.gov/sites/default/files/public/1409_quality_assurance_final_0.pdf; Emails exchanged with the Administration for Children and Families, August 2016.

RECOMMENDATION EIGHT: Develop cross-agency protocols that ensure agencies are responsive when monitoring reveals a situation where children may be at risk.

- Develop written guidelines and timeframes for conducting complaint investigations and allegations of illegal operations.
 - Ensure clear protocols are in place.
 - Prioritize investigations by levels of risk.
 - Include timeframes ranging from immediate to no longer than 5 days.
 - Integrate timeframes into automated data systems.

DISCUSSION: ACF and NARA’s “*Best Practices for Human Care Regulation*,”⁹⁴ recommends that licensing agencies have written guidelines that include timeframes for conducting complaint investigations and allegations of illegal operations, that the guidelines take into consideration the severity of the complaint and assign timelines based on severity. Because the health and safety of children may be at risk, NARA recommends that complaints received by any individual or organization should be treated with the same level of response. When multiple agencies are involved in a complaint, there should be written protocols in place to clarify timelines and a lead agency. Communication, collaboration, and timeliness are each important to ensure the safety of children.

In addition to protocols for complaint investigations, NARA recommends that corrective action plans be based on cause and monitored systematically for compliance. Such plans should include corrective action expectations, templates, required signatures, and expected follow-up by both the provider and the regulatory program. The plan should require corrective action completion within an appropriate time frame, which at a minimum should be the next licensing inspection or at another time consistent with the level, frequency, and type of violation.⁹⁵ Any timeframes developed through the policy process should be integrated into a state’s automated data system.

RECOMMENDATION NINE: Ensure that all requirements are publicly available, written in plain language with clear rationale and indicators about how the requirements will be assessed. Publish interpretive guidelines to promote clarity, transparency, and greater utility among the provider community and the monitoring workforce.

- Ensure regulations are user-friendly, written in plain language, easy to understand, and supplemented by interpretive guidelines.
- Ensure regulations take into account cultural competence and respect community diversity.

DISCUSSION: Interpretive guidelines provide a practical guide to how an agency will apply, measure, and enforce a rule. They can help child care licensing staff and providers better understand the purpose of each rule and how it is to be measured to assess a facility’s compliance with licensing regulations.⁹⁶ According to NARA’s 2011 survey, about half (24) of states in 2011 had developed interpretive guidelines in some manner.

State Best Practices: Oregon Equity Lens

Oregon’s Equity Lens aids in recognizing institutional and systemic barriers and discriminatory practices that have limited access for many children because of their race, ethnicity, English language proficiency, socioeconomic status, gender, sexual orientation, special health care needs, and geographic location. By utilizing an equity lens, Oregon aims to provide a common vocabulary and protocol for resource allocation, policy development and evaluating strategic investments.

Oregon Equity Lens:

<http://www.ode.state.or.us/superintendent/priorities/final-equity-lens-draft-adopted.pdf>

The benefit of interpretive guidelines is that both providers and monitoring staff can use them as a tool to more easily understand state policies and meet state expectations.

State Best Practices: Virginia and Washington Interpretive Guidelines

In Virginia, the Department of Social Services (VDSS) has published “interpretive guidelines” for licensed family day homes. These guidelines are written in plain language and assist providers and licensing inspectors in better understanding the state’s regulations. VDSS has also published a technical assistance manual for centers, in a Q&A format that is a form of interpretive guidelines written in an easy to understand manner with concrete examples to improve compliance with state regulations.

Standards for Licensed Family Day Homes with Interpretation Guidelines

https://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/regulations/final_fdh_manual_071713.pdf

Standards for Licensed Child Day Centers, Technical Assistance

https://www.dss.virginia.gov/files/division/licensing/cdc/intro_page/code_regulations/tech_assist/ta.pdf

In Washington, guidebooks for both centers and family child care homes have been published with the community college and align with the state’s current rules. The guidebooks are in electronic format with links on the state agency web site. They provide guidance on every phase of the licensing process and best practices in child care for meeting the child care rules. The guidebooks are used to assist providers, assist licensing preservice and ongoing training, and also by the community college in conducting provider training.

Child Care Center Licensing Guidebook

<http://www.del.wa.gov/publications/licensing/docs/ChildCareCenterLicensingGuide.pdf>

Family Home Child Care Licensing Guide

http://www.del.wa.gov/publications/licensing/docs/FHCC_guide.pdf

Source: Virginia Department of Social Services, <https://www.dss.virginia.gov/family/cc/index.cgi>. Washington Department of Early Learning, Publications, Forms and Research, <https://www.del.wa.gov/providers-educators/publications-forms-and-research>.

RECOMMENDATION TEN: Utilize technology to both increase efficiency and better target training and technical assistance resources to monitors and providers. Develop policies that support the sharing of data between agencies.

- Utilize technology to increase accountability, efficiency, and transparency.
- Use data to better understand training needs for both monitoring staff and providers.
- Share data and information among and between agencies and programs where appropriate.

DISCUSSION: According to the National Center on Early Childhood Quality Assurance, 34 states report using portable devices to help staff more efficiently inspect and monitor licensed programs such as through laptops, tablets or other digital means.⁹⁷ Some of the benefits include:⁹⁸

- Monitoring data are recorded once during the inspection visit and do not have to be reentered upon return to the office.
- Pre-population of forms with program information can reduce the time spent on paperwork and allow more time for observing care.

- Software that performs spell-check, provides an alert when something has been overlooked, and allows for the selection of standardized text makes reports more consistent, quicker and more accurate.
- Licensors can access relevant monitoring information such as prior history, requirements and the licensing statute while in the field.
- Licensors can produce an inspection report on site.
- Posting the report onsite or on the internet is more efficient.

Some states work internally within their agency and others contract with private vendors.⁹⁹ Greater use of technology can not only make the monitoring system more efficient (and cost-effective) but also can be used for strategic purposes. For example, states that can integrate compliance issues can better target training for providers and monitors to better address identified challenges. In Georgia, software enables the state to track programs, trainers, and monitoring consultants, to track types of violations, and to address them regionally by trend such as if there is an uptick in playground problems, trainings can be specifically targeted based on identified need.¹⁰⁰

State Technology Best Practices: Indiana Family and Social Services Administration

Indiana uses wireless webforms software. Licensors are provided with a tablet computer with a USB camera, field case, docking station, blue-tooth enabled portable printer, and a wireless card to transmit data. Forms are automatically populated with program information. A plan of correction form is populated with any noncompliance information. The following benefits were reported:

Cost Reductions

- Reduction in costs for consultants, saving 26% (\$316,605 annualized)
- Reduction in clerical effort by 82% (\$30,360 annualized)
- Potential savings by reducing the risk of making errors in subsidy payments
- Savings in travel expenses by eliminating trips into the office to submit and pick up forms
- Elimination of costs associated with preprinting of paper inspection forms

Productivity Increases

- Reduction in licensing application processing time from a 35 day average to less than 2 days
- Increase in the number of inspections that can be completed from 6,849 to 9,288 (annualized)
- Increase in accurate reporting and data-driven management decisions with more timely data
- Implementation of standardized workflow processes

Source: Use of Technology to Enhance Licensing Administration. National Center on Child Care Quality Improvement (2014).

In addition to a greater use of technology is the critical need for data and information sharing. A coordinated monitoring strategy depends on the ability to share data and information among and between agencies. In too many states, there is no sharing of data and no sharing of information (e.g. monitors do not have access across programs to previous inspection reports to reduce duplication or to promote follow-up). Monitors should know across settings the spectrum of programs in which providers participate (e.g., licensing, CACFP, Head Start, QRIS, State Pre-K, etc.) to promote efficiencies in monitoring approaches. Head Start data could be shared for community birth-to-five planning purposes as well as CLASS® results where appropriate for use in quality rating systems (e.g., 15 states use CLASS® observations as part of state QRIS ratings).¹⁰¹

With the requirement under the CCDBG Act of 2014 to post inspection reports on the internet, some of the information sharing will be facilitated. However, the challenge with data and information sharing goes beyond the posting of licensing reports. For example, although allowed, in most states, CACFP participation data and disqualification actions are not shared with the state licensing office. Conversely, the state licensing data is not shared with the state CACFP administering agency.

In Florida, Georgia, and North Carolina, CACFP state agencies link with child care licensing agencies or divisions to promote tracking of licensing activities (e.g., new issuances, denials, suspensions, revocations, etc.). This type of data sharing enables both agencies to be better informed about the status of programs and to protect children.

State Best Practices: CACFP Agency and Child Care Licensing Data Sharing

In Florida, each month the Department of Children and Families (DCF) sends to the Division of Community Health Promotion, the CACFP state agency, an excel spreadsheet that includes an updated listing of all licensed centers and homes. In addition, a list of revoked licenses is sent each quarter. If during a routine inspection, child care licensing staff discover an egregious situation (e.g., imminent threat to children), it is reported immediately to both the field staff assigned to the area and the central office in Tallahassee via a phone call and a follow up email.

In Georgia, both the licensing agency and the CACFP administering agency are part of the Department of Early Care and Learning which administers Georgia's Pre-K Program, licenses child care centers and home-based child care, administers Georgia's Childcare and Parent Services (CAPS) program, federal nutrition programs, and manages Quality Rated, Georgia's community powered child care rating system. Staff from both agencies participate in regular meetings to review issues related to licensing and CACFP so that each agency is kept abreast of issues and concerns as soon as they are discovered.

In North Carolina, whenever the child care licensing agency takes any adverse action (e.g., a warning, revocation, suspension, etc.), the CACFP state agency receives a copy of the action as soon as it is issued.

These partnerships promote agency coordination, the health and safety of children, and accountability for public funding.

Source: USDA email exchanges with HHS staff, Florida, Georgia and North Carolina CACFP state agencies. (August 2016).

For efficiency and cost-effectiveness, it is recommended that states and CCDF tribal grantees develop policies to enable data and information sharing between agencies to promote more coordination, collaboration, and efficiencies throughout state monitoring initiatives.

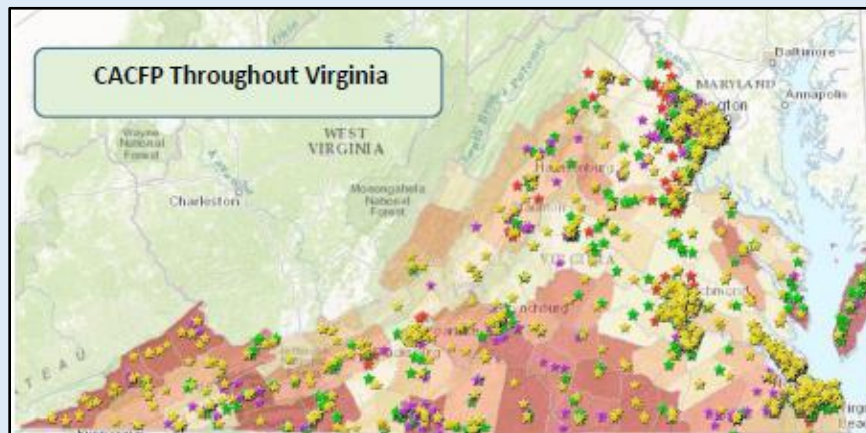
In addition, there should be more information sharing with the public, particularly families. While posting inspection reports on the internet is required under the CCDBG Act of 2014, the content of those reports should be easy to understand and prioritized related to severity. Merely posting reports on the internet may not be helpful to parents depending upon the format a state uses. The concept behind posting reports is to enable families in a user-friendly manner to become educated consumers. Reports that are dense, hard to understand, and not prioritized undermine that goal. Whether it is the format used in posting inspection reports or the new requirement under CCDBG to post provider quality indicators, the information needs to be easy for the public to access and digest.

Data sharing among state agencies and Tribes where applicable can also help promote state outreach strategies (e.g., strategies related to assisting more providers to become licensed or to participate in CACFP). Data sharing when combined with data visualization (e.g., geocoding licensed program data and

CACFP participation data) can help both agencies identify areas within a state where there is an imbalance between supply and demand leading to proactive strategies to better serve children.

State Best Practices: CACFP and Child Care Data Sharing in Virginia

In Virginia, the Department of Health, the Virginia Early Childhood Foundation, and Child Care Aware of Virginia held a CACFP summit in June of 2016 to support quality child care through increasing CACFP participation. Through data visualization, a data-driven strategy is being developed to better target outreach for both CACFP participation and licensing. Data sharing has enabled partners to work together in a more coordinated and strategic manner to ensure that more children have access to safe settings as well as nutritious meals and snacks.



Source: Child Care Aware of Virginia; Virginia Department of Health

Section IV. CONCLUSION

The reauthorization of CCDBG and the revisions to the Head Start Performance Standards offer an opportunity to review current state (and federal) monitoring systems to better align standards and promote greater efficiencies to ensure a more effective, uniform, and cost-effective approach to monitoring. The final CCDF regulations include CACFP agencies as a required partner for the CCDF Lead Agency, which can help promote more coordination, collaboration, and policy alignment.

Coordinated monitoring begins with mapping the number of inspections within the early care and education community, who conducts them, what the purpose of each is, what programs receive monitoring visits, the frequency of such visits, the tools used to measure compliance or performance, applicable statutory and regulatory requirements, and how a systemic monitoring approach can be better designed. Considering the use of differential monitoring systems can bring about efficiencies that enable more resources to be allocated to programs that need additional attention, including those currently not subject to inspection but that will be under the new CCDBG law.

Using [Caring for our Children Basics](#) across programs will ensure that there is a core set of health and safety standards regardless of early learning setting. Developing MOUs between state agencies or departments with reciprocity or agreement on common standards (e.g., CACFP meal and food safety rules, attendance forms, etc.) can help promote more effective and efficient monitoring approaches. Promoting continuous quality improvement and compliance will lead to a culture of support bolstered

by monitor training, the use of interpretative guidelines, customer feedback, and reasonable monitoring workloads. Utilizing today's technology and greater sharing of data and information will not only make monitoring systems more efficient but will also enable greater resource targeting that is data-driven. With cross-training and MOUs, it is possible to achieve greater efficiencies across agencies.

Early care and education programs are more complicated today than they were decades ago yet the system to monitor ECE programs has changed very little. It is possible to design a more efficient and cost-effective monitoring system for early learning programs. The recommendations in this policy statement are meant to foster discussion, share some innovative state practices, and help states design the next generation of monitoring policy and practice.

Appendix I:

Head Start's Aligned Monitoring System

Following enactment of [“the Improving Head Start for School Readiness Act,”](#) (P.L. 110-134), the HHS Office of Head Start (OHS) revamped its Head Start program monitoring system. Head Start has implemented some data-driven reforms that are recommended in this statement.

Prior to the Head Start reauthorization in 2007, Head Start grantees operated under an indefinite grant period with an intensive review once every three years to ensure compliance with the Head Start Performance Standards. The new monitoring system involves program reviews conducted across the five-year grant cycle focused on a specific content area:

- Environmental Health & Safety
- Leadership, Governance, & Management Systems
- Fiscal Integrity/Enrollment, Recruitment, Selection, Eligibility, and Attendance (ERSEA)
- Comprehensive Services & School Readiness
- Teacher-Child Interactions, as addressed through the Classroom Assessment Scoring System (CLASS®) observation instrument

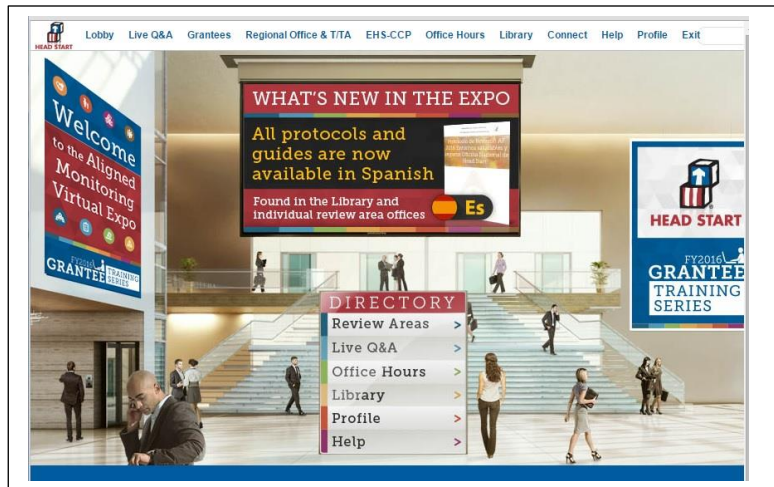
The new Aligned Monitoring System (AMS) takes into account compliance and quality by using a program's track record to determine the intensity of monitoring. The AMS provides two different approaches to monitoring based on a grantee's history: the Comprehensive Monitoring Process and the Differential Monitoring Process.

The Comprehensive Review involves the five content-focused assessments in the first three years of the grant. The Differential Monitoring process focuses on a shorter list of key indicators selected from the Comprehensive Monitoring tool. Grantees with a strong track record of compliance receive the shorter, key indicator review. If they are in

compliance, the Office of Head Start will only monitor the Environmental Health and Safety and CLASS® during the grant cycle. If they are not compliant, they will receive a Comprehensive Monitoring review. For grantees with findings or deficiencies, a corrective action plan is put into place and OHS staff work with grantees to come into compliance. Targeted technical assistance is provided. A follow up review is conducted to ensure that identified findings have been addressed.



Finally, the Office of Head Start has increased transparency and partnership with grantees, which has helped transform the culture from one of compliance anxiety to continuous quality improvement. To assist grantees in better understanding the areas that will be monitored, OHS has developed an online “[Aligned Monitoring Virtual Expo](#).” The on-line expo describes specific content areas that will be reviewed, allows grantees to access videos and supporting information, and offers grantees an opportunity to ask questions. The transparency of the information has helped reduce the anxiety and mystery associated with the monitoring process so that grantees can be successful. Revamping the monitoring process and creating greater transparency with regard to standards and monitoring tools has helped transform the culture and helped to promote a link between monitoring and quality practices (rather than a focus on the negative).



For more information on any of the monitoring areas, access to communications toolkits, and protocols, please visit [the Virtual Expo](#) hosted by the Office of Head Start.

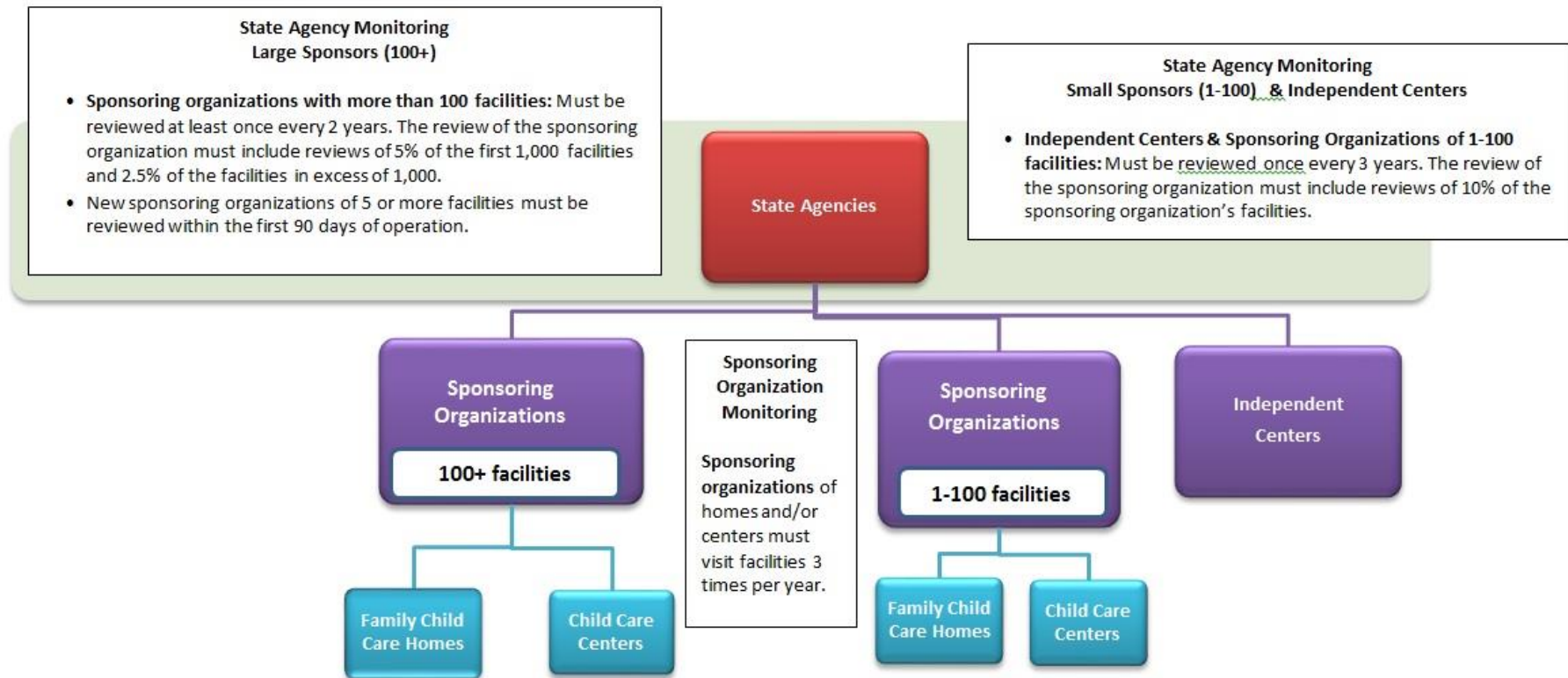
While Head Start programs are federally funded, they are required to be licensed by states (or meet comparable standards) and participate in CACFP.¹⁰² In addition, many Head Start programs participate in state quality rating and improvement systems. Therefore, in addition to the federal aligned monitoring system, programs are also subject to other inspections. With greater sharing of information, duplication in monitoring could be avoided.

The Child and Adult Care Food Program (CACFP) Monitoring System

Through USDA, CACFP provides reimbursement for meals and snacks in child care, Head Start, and other early childhood settings serving low income children. Child care home providers and affiliated and unaffiliated centers are required to operate under a sponsoring organization. Independent centers are not required to participate under a sponsoring organization. Instead, they can conduct their own administrative tasks and participate directly under a state agency.¹⁰³

State agencies must annually review at least 33.3 percent of all programs. Independent centers and sponsoring organizations with 1 -100 facilities must be reviewed at least once every 3 years. Such reviews must include reviews of 10 percent of the sponsoring organization’s programs. Sponsoring organizations with more than 100 facilities must be reviewed at least once every 2 years. Such reviews must include at least 5 percent of the first 1,000 facilities and 2.5% of the remainder in excess of 1,000. Sponsoring organizations of homes or centers must visit programs at least 3 times per year. Programs participating in CACFP must be licensed. If licensing is not required by state agencies, USDA offers some flexibility on alternative approval, including a minimum set of standards for health and safety that are part of CACFP regulations for use when licensing and alternative approval is not available.¹⁰⁴ The state agency requires submission of health/sanitation and fire/safety permits or certificates for all independent centers and programs seeking alternate child care standards approval.

Child and Adult Care Food Program (CACFP) Monitoring State Agency Reviews & Sponsoring Organization Reviews



U.S. Military Child Care Monitoring Framework

The Department of Defense operates the nation's largest employer-sponsored child care system assisting 200,000 children of military families every day.¹⁰⁵ At the core of the military's support for child care: high quality standards and enforcement of those standards, workforce preparation, parent engagement, and affordable access.¹⁰⁶ However, the military child care system was not always the model it is today.

A 1982 U.S. General Accounting Office (GAO) study found that many military child care programs *"currently in use are neither safe nor suitable places for child care programs."*¹⁰⁷ The majority of the Army child care facilities did not meet fire and safety codes. The majority of Navy facilities needed upgrading to comply with fire, safety, and sanitation standards. One-fifth of Air Force programs needed improvements and additional facilities were needed to meet Marine Corps demand.¹⁰⁸ A 1989 GAO study found extensive and growing demand for child care and deemed child care services to military families as an "essential service" and "mission critical."¹⁰⁹

The GAO reports, a series of public scandals involving military care, and parent demand fueled Congressional hearings and ultimately enactment of the Military Child Care Act of 1989 (P.L. 101-189),¹¹⁰ which called for the military to establish a comprehensive cross-system (i.e., Army, Navy, Marine Corps, and Air Force) of health and safety regulations, training for the workforce, and an enforcement system including quarterly unannounced inspections as well as tough sanctions for noncompliance.

The military monitoring system was developed as a monitoring system of checks and balances with each level responsible for ensuring that monitoring is completed as required, objective, and comprehensive.

- At the installation or community level, each installation is required to conduct quarterly inspections of its' Child Development Programs.
- Each Major Command (a group of installations with common missions) then must conduct at least one unannounced monitoring visit to each installation within its' command per year.
- Each Military Service (Army, Navy, Marine Corps and Air Force) must then conduct at least one unannounced inspection of one installation within each command.
- Finally, the Department of Defense (DoD) selects one installation within each Military Service to conduct an unannounced inspection with the goal of ensuring appropriate oversight within each service.

The system is designed to ensure comprehensive, objective monitoring that is conducted at each level within the system.

At the installation level, the quarterly inspections include health and sanitation, fire and safety, program quality and overall compliance against standards by a multidisciplinary team. Each team includes a parent representative. Each service branch's headquarters also conducts an annual inspection.

Although DoD has its own child care system, it depends on state policies and practice to meet the needs of military families who cannot access on installation care.



NATIONAL CENTER ON Early Childhood Quality Assurance

Administration for Children & Families National Center on Early Childhood Quality Assurance (ECQA)

ACF's National Center on Early Childhood Quality Assurance (ECQA) supports state and community leaders in devising innovative models to promote more effective monitoring systems among quality initiatives. The ECQA Center's priorities include advancing strong health, safety, and quality standards and licensing regulations within states and territories. ECQA Center staff have developed resources and tools that address two main areas of child care licensing: policies and practices (e.g., monitoring, enforcement, and licensing staff development), and program requirements.

The Health and Safety and Licensing topic page on the Early Childhood Training and Technical Assistance System website includes issue briefs, research reports, and other resources. The page is available at <https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing>. Highlights include three series of briefs:

- Nine topical briefs about health and safety requirements
- Three research briefs about national trends in child care licensing
- Eight issue briefs about contemporary issues in licensing

Technical assistance tools include the following:

- **The National Database of Child Care Licensing Regulations** is a repository of State and Territory licensing regulations and agency contact information. It is organized by State/Territory and allows users to access child care licensing regulations that apply to child care centers, family child care homes, school-age programs, infant care programs, and other specialized programs. In addition, website links are provided for other early childhood programs standards, such as quality rating and improvements system (QRIS) standards, prekindergarten program requirements, and state health and safety requirements for child care providers receiving payment from the federal Child Care and Development Fund.
<https://childcareta.acf.hhs.gov/licensing>
- **The CCDF Data Explorer** contains State-level data about licensing requirements and is available on the ECTTA website. Child Care and Development Fund (CCDF) data include child-staff ratios and group sizes, criminal background checks, minimum preservice qualifications, ongoing training hours, and types and frequency of routine licensing inspections.
<https://childcareta.acf.hhs.gov/data>
- **The National Program Standards Crosswalk Tool** is prepopulated with national early childhood program standards (such as Head Start, accreditation, Caring for Our Children). It is designed to help States that are developing and aligning program standards for licensing, QRIS, or prekindergarten programs to search and compare the content of several sets of national standards. <https://occqrisguide.icfwebservices.com/index.cfm?do=crosswalk>

Additional information and resources from the ECQA Center are available at <https://childcareta.acf.hhs.gov/quality-improvement>.

¹ P.L. 113-186, the Child Care and Development Block Grant Act of 2014, <https://www.gpo.gov/fdsys/pkg/BILLS-113s1086enr/pdf/BILLS-113s1086enr.pdf>

² Ibid.

³ Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015)

https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf

⁴ Ibid.

⁵ U.S. Department of Agriculture, Food & Nutrition Service, National Data Bank, FY2015.

⁶ Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015),

https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf

Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015),

https://childcareta.acf.hhs.gov/sites/default/files/public/315_1511_fcch_licensing_trends_brief_2014_final_508_0.pdf;

Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015)

https://childcareta.acf.hhs.gov/sites/default/files/public/gcch_licensing_trends_brief_2014.pdf

⁷ BUILD Initiative, QRIS Compendium, Create a Report, 87,077 programs in 38 states. (2016).

<http://griscompendium.org/create-a-report>; There are additional states such as Alaska, Alabama, New Jersey, and Texas that have begun implementing a statewide QRIS but were not included in the most recent BUILD Compendium. Refer to the Compendium web site for updated reports expected in the fall of 2016.

http://nwlc.org/wp-content/uploads/2015/08/final_nwlc_louisianataxcreditsreport.pdf

⁸ NAEYC Accreditation as of June 2016

⁹ NAFCC Accreditation as of June 2016

¹⁰ FY2014 Child Care and Development Fund data. <http://www.acf.hhs.gov/occ/resource/fy-2014-ccdf-data-tables-preliminary>

¹¹ Ibid.

¹² Ibid.

¹³ U.S. Department of Agriculture, Food & Nutrition Service, National Data Bank, FY2015.

¹⁴ Barnett, W.S., Carolan, M.E., Squires, J.H., Clarke Brown, K., & Horowitz, M. (2015). The state of preschool 2014: State preschool yearbook. New Brunswick, NJ: National Institute for Early Education Research; Preschool Development Grants program web site State preschool yearbook. New Brunswick, NJ: National Institute for Early Education Research; Preschool Development Grants program web site <http://www2.ed.gov/programs/preschooldevelopmentgrants/awards.html>

¹⁵ Head Start Program Facts FY2015, U.S. Department of Health and Human Services, Office of Head Start, <http://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/docs/head-start-fact-sheet-fy-2015.pdf>, FY2015 Program Information Report Data.

¹⁶ GAO: "Child Care, States Face Difficulties Enforcing Standards and Promoting Quality," November 1992 (GA/HRD-93-13). "In most cases, budget cutbacks and the resulting lack of staff in addition to increased numbers of providers were the major reasons states cited for difficulties in conducting on-site monitoring." Page 7. <http://www.gao.gov/assets/220/217095.pdf>

¹⁷ U.S. Department of Health and Human Services, Office of Inspector General, "Review of Health and Safety Standards at Child Care Facilities in North Carolina," (A-12-92-00044) March 23, 1993. Also, memo from Bryan Mitchell, Principal Deputy Inspector General to Laurence Love, Acting Assistant Secretary for Children and Families, March 23, 1993.

<http://oig.hhs.gov/oas/reports/acf/1992/d9200044.pdf>

¹⁸ ¹⁸ U.S. Department of Health and Human Services, Office of Inspector General, "Audit of Health and Safety Standards at Child Care Facilities in Nevada," (A-09-92-00103) September 1993. Also, memo from Bryan Mitchell, Principal Deputy Inspector General to Laurence Love, Acting Assistant Secretary for Children and Families, September 29, 1993.

<http://oig.hhs.gov/oas/reports/region9/99200103.pdf>

¹⁹ Ibid.

²⁰ Ibid. Page i

²¹ U.S. Department of Health and Human Services, Office of Inspector General, "Nationwide Review of Health and Safety Standards at Child Care Facilities" (A-04-94-00071) December 1994. Also memo from June Gibbs Brown, Inspector General to Mary Jo Bane, Assistant Secretary for Children and Families. <http://oig.hhs.gov/oas/reports/region4/49400071.pdf>

²² U.S. Department of Health and Human Services, Office of Inspector General, "Nationwide Review of Health and Safety Standards at Child Care Facilities" (A-04-94-00071) December 1994. Also memo from June Gibbs Brown, Inspector General to Mary Jo Bane, Assistant Secretary for Children and Families. <http://oig.hhs.gov/oas/reports/region4/49400071.pdf>

- ²³ U.S. Department of Health and Human Services, Office of Inspector General, “Some Arizona Child Day Care Centers Did Not Always Comply with State Health and Safety Licensing Requirements.” (A-09-13-01008). January 2015.
<http://oig.hhs.gov/oas/reports/region9/91301008.pdf>
- ²⁴ [Some Arizona Family Childcare Home Providers Did Not Always Comply With State Health and Safety Certification Requirements](https://oig.hhs.gov/oas/reports/region9/91301004.pdf) (A-09-13-01004). <https://oig.hhs.gov/oas/reports/region9/91301004.pdf>
- ²⁵ U.S. Department of Health and Human Services, Office of Inspector General, “Some Connecticut Child Day Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-01-13-02506). April 2014.
<http://oig.hhs.gov/oas/reports/region1/11302506.pdf>
- ²⁶ [Connecticut Family Day Care Home Providers Did Not Always Comply With State Health and Safety Licensing Requirements](https://oig.hhs.gov/oas/reports/region1/11202504.pdf) (A-01-12-02504). <https://oig.hhs.gov/oas/reports/region1/11202504.pdf>
- ²⁷ U.S. Department of Health and Human Services, Office of Inspector General, “Some Florida Child Care Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-04-14-08033), March 2016.
<http://oig.hhs.gov/oas/reports/region4/41408033.pdf>
- ²⁸ [Some Florida Family Childcare Homes Did Not Always Comply With State Health and Safety Requirements](https://oig.hhs.gov/oas/reports/region4/41408034.pdf) (A-04-14-08034). <https://oig.hhs.gov/oas/reports/region4/41408034.pdf>
- ²⁹ U.S. Department of Health and Human Services, Office of Inspector General, “Some Louisiana Child Day Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-06-13-00036). August 2014.
<http://oig.hhs.gov/oas/reports/region6/61300036.pdf>
- ³⁰ [Some Louisiana Family Child Day Care Home Providers Did Not Always Comply With State Health and Safety Requirements](https://oig.hhs.gov/oas/reports/region6/61300037.pdf) (A-06-13-00037). <https://oig.hhs.gov/oas/reports/region6/61300037.pdf>
- ³¹ U.S. Department of Health and Human Services, Office of Inspector General, “Some Maine Child Day Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-01-13-02503) August 2014.
<http://oig.hhs.gov/oas/reports/region1/11302503.pdf>
- ³² [Some Maine Family Child Day Care Home Providers Did Not Always Comply With State Health and Safety Licensing Requirements](https://oig.hhs.gov/oas/reports/region1/11302507.pdf) (A-01-13-02507). <https://oig.hhs.gov/oas/reports/region1/11302507.pdf>
- ³³ [Some Michigan Child Care Centers Did Not Always Comply With State Health and Safety Licensing Requirements](https://oig.hhs.gov/oas/reports/region5/51300053.pdf) (A-05-13-00053). <https://oig.hhs.gov/oas/reports/region5/51300053.pdf>
- ³⁴ [Some Michigan Child Care Home Providers Did Not Always Comply With State Health and Safety Licensing Requirements](https://oig.hhs.gov/oas/reports/region5/51300031.pdf) (A-05-13-00031). <https://oig.hhs.gov/oas/reports/region5/51300031.pdf>
- ³⁵ U.S. Department of Health and Human Services, Office of Inspector General, “Some Minnesota Child Care Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-05-14-00022) March 2015,
<http://oig.hhs.gov/oas/reports/region5/51400022.pdf>
- ³⁶ [Some Minnesota Childcare Home Providers Did Not Always Comply With State Health and Safety Licensing Requirements](https://oig.hhs.gov/oas/reports/region5/51400021.pdf) (A-05-14-00021). <https://oig.hhs.gov/oas/reports/region5/51400021.pdf>
- ³⁷ U.S. Department of Health and Human Services, Office of Inspector General, “Some Pennsylvania Child Day Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-03—14-00251). September 2015.
<http://oig.hhs.gov/oas/reports/region3/31400251.pdf>
- ³⁸ [Some Pennsylvania Family Child Day Care Home Providers Did Not Always Comply With State Health and Safety Requirements](https://oig.hhs.gov/oas/reports/region3/31400250.pdf) (A-03-14-00250). <https://oig.hhs.gov/oas/reports/region3/31400250.pdf>
- ³⁹ [Puerto Rico Child Day Care Centers Did Not Always Comply With Commonwealth Health and Safety Requirements](https://oig.hhs.gov/oas/reports/region2/21402001.pdf) (A-02-14-02001). <https://oig.hhs.gov/oas/reports/region2/21402001.pdf>
- ⁴⁰ U.S. Department of Health and Human Services, Office of Inspector General, “Some South Carolina Child Care Centers Did Not Always Comply with State Health and Safety Licensing Requirements,” (A-04-14-08032) November 2015.
<http://oig.hhs.gov/oas/reports/region4/41408032.pdf>
- ⁴¹ [Some South Carolina Family Childcare Homes Did Not Always Comply With State Health and Safety Requirements](https://oig.hhs.gov/oas/reports/region4/41408031.pdf) (A-04-14-08031). <https://oig.hhs.gov/oas/reports/region4/41408031.pdf>
- ⁴² April 14, 2016 Early Care and Education Consortium (multi-site child care centers)
April 14, 2016 National Head Start Association (grantees and delegate agencies)
April 15, 2016 Child Care Aware of America (Child Care Resource & Referral Agencies)
April 18, 2016 National Association of Family Child Care (family child care homes)
April 28, 2016 USDA Food & Nutrition Service/State Agencies (State agencies administering CACFP)
May 2, 2016 USDA Food & Nutrition Service/Sponsors (Sponsoring agencies for CACFP)
May 23, 2016 National Association for Regulatory Administration (state licensing officials)
May 23, 2016 Migrant and Tribal Head Start Programs (grantees)
- ⁴³ Meetings with USDA and ACF staff, July and August 2016.
- ⁴⁴ Trivedi, P.A. (2015). *Innovation in Monitoring in Early Care and Education: Options for States*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/basic-report/innovation-monitoring-early-care-and-education-options-states-aspe-white-paper-partnership-acf>

-
- ⁴⁵ Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education. U.S. Department of Health and Human Services, Administration for Children and Families. (June 2015)
http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf
- ⁴⁶ Mawell, K.L., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated Monitoring Systems for Early Care and Education*. OPRE Research Brief #2016-19. 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/sites/default/files/opre/coordinated_monitoring_systems_in_early_care_and_education.pdf
- ⁴⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Training and Technical Assistance System, National Center on Early Childhood Quality Assurance (NCECQA).
<http://www.acf.hhs.gov/programs/ecd/interagency-projects/ece-technical-assistance> and
<https://childcareta.acf.hhs.gov/quality-improvement>
- ⁴⁸ Regenstein, E. and Lipper, K, "A Framework for Choosing a State-Level Early Childhood Governance System," (2013) BUILD Initiative, Strong Foundations for Our Youngest Children.
<http://www.buildinitiative.org/Portals/0/Uploads/Documents/Early%20Childhood%20Governance%20for%20Web.pdf>
- ⁴⁹ Kagan and Kauerz, Governing American Early Care and Education in Continuing Issues in Early Childhood Education (Feeney, Galper, and Seefeldt, eds., 2009). <https://www.pearsonhighered.com/program/Feeney-Continuing-Issues-in-Early-Childhood-Education-3rd-Edition/PGM155850.html>
- ⁵⁰ U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood State Advisory Councils Final Report (May 2015). https://www.acf.hhs.gov/sites/default/files/ecd/sac_2015_final_report.pdf
- ⁵¹ Mawell, K.L., Sosinsky, L., Tout, K., & Hegseth, D. (2016). *Coordinated Monitoring Systems for Early Care and Education*. OPRE Research Brief #2016-19. 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/sites/default/files/opre/coordinated_monitoring_systems_in_early_care_and_education.pdf
- ⁵² DECAL Child Care Rule Violation Enforcement Chart, <http://decal.ga.gov/documents/attachments/IsolatedChart.pdf>
- ⁵³ Georgia Department of Early Care and Learning, Bright from the Start. *2015 Child Care Enforcement Policy Project Report* (2015). <http://decal.ga.gov/documents/attachments/Enforcementpolicyreport.pdf>; Email exchanges with DECAL, August 2016.
- ⁵⁴ Regenstein, E. and Lipper, K, "A Framework for Choosing a State-Level Early Childhood Governance System," (2013) BUILD Initiative, Strong Foundations for Our Youngest Children.
<http://www.buildinitiative.org/WhatsNew/ViewArticle/tabid/96/ArticleId/628/A-Framework-for-Choosing-a-State-Level-Early-Childhood-Governance-System.aspx>
- ⁵⁵ Goffin, S, Martella, J, and Coffman, J, "Vision to Practice: Setting a New Course for Early Childhood Governance," January 2011. <http://www.buildinitiative.org/WhatsNew/ViewArticle/tabid/96/ArticleId/138/Vision-to-Practice-Setting-a-New-Course-for-Early-Childhood-Governance.aspx>
- ⁵⁶ <http://decal.ga.gov/>
- ⁵⁷ <http://earlychildhood.marylandpublicschools.org/>
- ⁵⁸ <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/find-early-education-and-care-programs/>
- ⁵⁹ <http://www.michigan.gov/mde/0,4615,7-140-63533---,00.html>
- ⁶⁰ http://ncchildcare.dhhs.state.nc.us/general/mb_ncprek.asp
- ⁶¹ <http://www.education.pa.gov/Early%20Learning/Pages/default.aspx#tab-1>
- ⁶² <http://dcf.vermont.gov/cdd>
- ⁶³ <https://www.del.wa.gov/>
- ⁶⁴ The National Association for Regulatory Administration, Best Practices for Human Care Regulation,
<http://www.naralicensing.org/best-practices>
- ⁶⁵ NARA: *Best Practices for Human Care Regulation Self-Assessment Tool*
<http://www.naralicensing.org/assets/docs/Publications/BestPractices/nara%20best%20practices%20assessment%20tool%20final%20blank%20form.pdf>
- ⁶⁶ The National Association for Regulatory Administration, Best Practices for Human Care Regulation,
<http://www.naralicensing.org/best-practices>
- ⁶⁷ NARA: *Best Practices for Human Care Regulation*
<http://www.naralicensing.org/assets/docs/Publications/BestPractices/nara%20best%20practices%20final.pdf>
- ⁶⁸ Contemporary Issues in Licensing, Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators. National Center on Child Care Quality Improvement, Office of Child Care. July 2014.
https://childcareta.acf.hhs.gov/sites/default/files/public/1408_differential_monitoring_final_1.pdf
- ⁶⁹ Ibid.
- ⁷⁰ Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015)
https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf

-
- ⁷¹ Maxwell, K.L., Sosinsky, L., & Tout, K. (2016). Mapping the Early Care and Education Monitoring Landscape. OPRE Research Brief #2016-20. 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/sites/default/files/opre/mapping_the_early_care_and_education_monitoring_landscape_508final.pdf
- ⁷² FY2015 CCDF QRIS Performance Data and FY2016-FY2018 CCDF State Plans
- ⁷³ BUILD Initiative, QRIS Compendium, Create a Report, (2016). <http://qriscompendium.org/create-a-report>
- ⁷⁴ Administration for Children and Families, Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014 (November 2015).
https://childcareta.acf.hhs.gov/sites/default/files/public/315_1511_fcch_licensing_trends_brief_2014_final_508_0.pdf
- ⁷⁵ Ibid.
- ⁷⁶ Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education. U.S. Department of Health and Human Services, Administration for Children and Families. (June 2015)
http://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf
- ⁷⁷ Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education. U.S. Department of Health and Human Services, Administration for Children and Families. (June 2015)
http://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf
- ⁷⁸ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.
- ⁷⁹ Initial Evaluation results reported by the Early Childhood Education Linkage System (ECELS), on Grant Number: H25MC26235, the Infant/Toddler Quality Improvement Project.
<https://rikoinstitute.wikispaces.com/file/view/ECELS%20Results%20Summary.pdf/587044221/ECELS%20Results%20Summary.pdf>
- ⁸⁰ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care and the National Association for Regulatory Administration (NARA) Trends in Child Care Licensing Webinar. September 2015.
http://www.naralicensing.org/assets/docs/Seminar2015/c-1%20childcare_lic_trends_2015nara_final.pdf
- ⁸¹ Ibid.
- ⁸² Ibid.
- ⁸³ U.S. Department of Agriculture, Child and Adult Care Food Program (CACFP Federal Regulations, 7 CFR 226.16(b)(1)
<http://www.fns.usda.gov/sites/default/files/CFR226.pdf>
- ⁸⁴ Ibid.
- ⁸⁵ Ibid.
- ⁸⁶ Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015),
https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf
- ⁸⁷ Ibid.
- ⁸⁸ Ibid.
- ⁸⁹ Ibid.
- ⁹⁰ Ibid.
- ⁹¹ U.S. Department of Agriculture, Child and Adult Care Food Program (CACFP Federal Regulations, 7 CFR 226.16(d)
<http://www.fns.usda.gov/sites/default/files/CFR226.pdf>
- ⁹² The National Association for Regulatory Administration, Best Practices for Human Care Regulation,
<http://www.naralicensing.org/best-practices>
- ⁹³ Contemporary Issues in Licensing: Quality Assurance in Child Care Licensing. National Center on Child Care Quality Improvement. September 2014. https://childcareta.acf.hhs.gov/sites/default/files/public/1409_quality_assurance_final_0.pdf
- ⁹⁴ U.S. Department of Health and Human Services, Office of Child Care and the National Association for Regulatory Administration, "Best Practices for Human Care Regulation," (2015).
<http://www.naralicensing.org/assets/docs/Publications/BestPractices/nara%20best%20practices%20final.pdf>
- ⁹⁵ Ibid
- ⁹⁶ Interpretive Guides for Child Care Licensing Regulations. National Center on Child Care Quality Improvement (2014).
https://childcareta.acf.hhs.gov/sites/default/files/public/interpretive_guidelines_for_child_care_licensing_regulations.pdf
- ⁹⁷ Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. National Center for Early Childhood Quality Assurance (November 2015),
https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf

-
- ⁹⁸ Use of Technology to Enhance Licensing Administration. National Center on Child Care Quality Improvement (2014). https://childcareta.acf.hhs.gov/sites/default/files/public/001_1408_technology_licensing_final.pdf
- ⁹⁹ Kansas, New York, Florida and Texas developed their data systems internally. Other states have contracted with SansWrite or TCC Software Solutions.
- ¹⁰⁰ ACF-USDA listening session, May 23, 2016. Conference call with state licensing officials and the National Association of Regulatory Administrators (NARA).
- ¹⁰¹ BUILD Initiative, QRIS Compendium, Create a Report (2016). <http://griscompendium.org/create-a-report>
- ¹⁰² U.S. Department of Health and Human Services, Administration for Children, Office of Head Start, Head Start Program Performance Standards. (2016). <https://eclkc.ohs.acf.hhs.gov/hslc/hs/docs/hspss-final.pdf>
- ¹⁰³ United States Department of Agriculture, Food and Nutrition Service, Child and Adult Care Food Program Monitoring Handbooks. <http://www.fns.usda.gov/cacfp/cacfp-handbooks>
- ¹⁰⁴ U.S. Department of Agriculture, Food & Nutrition Service, Child and Adult Care Food Program regulations, 7 CDF Part 226 <http://www.fns.usda.gov/sites/default/files/CFR226.pdf>
- ¹⁰⁵ ¹⁰⁵ Phillips, D., and Floyd, L., Child Care and Other Support Programs, The Future of Children, Volume 23, Number 2, Fall 2013. Pages 79-97. <http://futureofchildren.org/publications/journals/article/index.xml?journalid=80&articleid=591§ionid=4121>
- ¹⁰⁶ Child Care: Like the Military, Is it Time for Shared Responsibility? The National Association of Child Care Resource & Referral Agencies (NACCRRRA), 2011. http://www.naccrra.net/sites/default/files/publications/naccrra_publications/2012/child_care_like_the_military.pdf
- ¹⁰⁷ U.S. General Accounting Office. (1982). Military Child Care Programs: Progress Made, More Needed. <http://www.gao.gov/assets/140/137668.pdf>
- ¹⁰⁸ Ibid.
- ¹⁰⁹ U.S. General Accounting Office. (1989). Military Child Care: Extensive, Diverse, Growing. <http://www.gao.gov/assets/150/147600.pdf>
- ¹¹⁰ https://s3.amazonaws.com/elib-prod/files/pubs/P.L.%20104-106_military%20Child%20care.pdf