# **Checklist Design**

The Focused Monitoring checklist approach for licensing rules

# Why – Changing the Checklist

For the checklist to be reliable, it must be consistent

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

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



# **The Pilot**

### Why - Pilot Before Implementation

Validation ensures fair and consistent oversight:

• Standards – Measures – Outputs – Outcomes

Reliability addresses the issues of shared knowledge and understanding

**Testing** ensures a seamless transition

## **Proposed Timeline**

Implement the *content* on our current timeline (Aug, 2019) and implement all of the weighted enforcement approach a year later, beginning Aug., 2020.



### **Checklist Design**

### **The focused Checklist Content Areas**

**Intent & Authority** 

Child Outcomes/Family Engagement

Interactions/Curriculum

**Program Oversight** 

**Environment - Indoor** 

**Environment - Outdoor/General** 

Food and Nutrition

Infant Toddler



# The Baseline

#### Each section will always have:

- Fiene Key Indicators
- Regulations most critical to children's immediate health and safety (weights #7 and #8)
- Rotating regulations of the remaining weight values

#### Historical findings:

**PRIOR** to a visit, Licensors may place no more than **3** <u>historically</u> "findings" per section into the baseline checklist.

# **Key Indicators**

#### **13 Baseline Indicators**

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

#### EXAMPLE:

- 1.1.1.2 Ratios
- 1.3.1.1 Director qualification
- 1.3.2.2 Lead Teachers & Teachers Qualifications
- 1.4.3.1 First Aid and CPR Training for staff
- 1.4.5.2 Child Abuse and Neglect EDUCATION
- 2.2.0.1 Supervision
- 3.2.1.4 Diaper Changing Procedure
- 3.2.2.2 Handwashing Procedure
- 3.4.3.1 Emergency Procedures
- 3.4.4.1 Recognizing and Reported Child Abuse
  - 3.6.3.1 Medication Administration
- 5.2.7.6 BBP Training- Storage
- 6.2.3.1 Surfaces for Placing Climbing Equipment
- 7.2.0.2 Unimmunized Children
- 9.2.4.5 Emergency and Evacuation Drills

# **Rule Rotation**

Key Indicator	8	7	6	5	4	3	2	1	
Always o	n Baseline	Baseline		Rotate 2 Years		Rotate 3 Years		Rotate 4 years	

\* Proposed rotation – Rotation will be determined based on NRM results to inform the pilot

#### Rules that will not be placed on the checklist:

Regulations that do not require provider action

#### Findings that are *not* on the checklist

DEL will still provide and document Technical Assistance

# **Checklist Expansion**

A provider's strengths are rewarded with lower oversight in those areas and support is focused where providers need it the most!

- Checklist expansion only happens if a Fiene Indicator or heavy weighted regulation is found noncompliant.
- Checklist expansion only of the section within which a violation is found (not the entire checklist).

# Conclusion

For the checklist to be reliable, it must be consistent

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

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



### Questions

