Georgia Child Care Licensing and Monitoring Study

FINAL REPORT

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This is a report about Georgia’s system of licensing and monitoring child care facilities for children from birth to age 8. States license child care programs mainly to ensure children’s safe and healthy development and to allow parents to work or attend school with the assurance that their children are safe. Many states, including Georgia, have additional goals for their licensing program that include improving children’s outcomes and using the licensing system as the foundation for building quality improvement systems. Compliance with state licensing regulations is a prerequisite for participating in Georgia’s Pre-K Program and in Quality Rated, Georgia’s quality rating and improvement system.

Georgia licenses child care learning centers and registers family day care homes. In January 2013, there were 3,042 licensed child care learning centers with the capacity to serve 351,291 children; 2,850 registered family day care homes with capacity to serve 17,100 children; and 258 registered group day care homes with capacity to serve 3,985 children. Altogether, approximately 6,150 facilities that can serve up to 372,376 children are monitored. A family day care home provider is a person who, in her home and for compensation, cares for 3-6 children who are unrelated to her. A home or other facility with 7-18 children in care for compensation can be registered as a group day care home or a day care center. A program that cares for 19 or more children for compensation must be licensed as a child care learning center. The number of children served in child care facilities has dropped during the past 4 years of recession, but if the pattern of past recoveries is repeated, child care enrollment will increase again as employment and other economic indicators rise.

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is the agency responsible for licensing these early childhood education and care programs. Since 2011 DECAL has been led by Commissioner Bobby Cagle. One of five major divisions within DECAL, the Child Care Services (CCS) division handles the licensing and monitoring of child care facilities. (The other major divisions are Georgia’s Pre-K, Quality Initiatives, Nutrition Services and Head Start Collaboration.) CCS is led by an assistant commissioner who is assisted by two Child Care Services directors who together supervise the licensing staff. CCS divides the state into five geographic regions, each of which is led
by a regulatory compliance director who supervises a lead consultant and 11–15 Child Care Services
consultants. Two specialized units—Complaint (for complaints and investigations) and Applicant
Services (for potential new centers and homes)—are organized similarly with a regulatory compliance
director supervising one or two lead consultants and 7–9 Child Care Services consultants. Regulatory
compliance directors are informally called “regional directors.” A quality assurance director works out
of the Atlanta office, as do two other administrators, five administrative assistants and one receptionist.
This team of 90 staff covers all aspects of licensing: initial licensing, annual licensing study visits,
annual (or more frequent) monitoring visits, technical assistance (TA) visits, complaint investigations,
and enforcement of adverse actions. Within DECAL, a legal team, a research and evaluation team, and a
human resources office are available and often work with the licensing team.

Purpose of This Study

In April 2012, DECAL contracted with FPG Child Development Institute at the University of North
Carolina at Chapel Hill to evaluate its early childhood licensing and monitoring system. The
overarching question was how thorough were Georgia’s requirements and procedures. Topics to be
addressed included hiring, training, supervision, and retention of staff; the efficiency and effectiveness
of the monitoring and enforcement procedures; and staff communication and morale. The research
team was charged with making recommendations for improvement and acknowledging policies and
procedures that were working well.

Timing and Context of This Study

This evaluation was conducted between June and December 2012, a time of great change in the DECAL
CCS licensing division. In fact, in the past 3 years system changes have been the rule, not the exception.
A new DECAL commissioner was appointed in 2011, and in January 2013, the long-time assistant
commissioner of Child Care Services retired. A few years ago, six regional teams were reorganized into
two teams and are now back up to five regions. A separate Complaint unit was established in 2010.
In addition, three units with which the CCS licensing division interacts regularly have undergone
significant change: the Child Care Resource and Referral network (CCR&R) was revamped; a voluntary
Quality Rated program has been established to help facilities improve quality; and in July 2012,
DECAL assumed responsibility for administering federal child care subsidies. Each of these structural
changes has resulted in changes to CCS processes and procedures. Other changes, which will be noted
throughout this report, have also required CCS staff to adapt. Examples include the development of
core rules and testing an inter-rater reliability system for these core rules, the creation of an entirely
new web-based data entry system for licensing and monitoring visits and training all staff to use the
system, and reviewing transportation rules and regulations and increasing monitoring and enforcement
for violations in this area.

Each of these changes to structure and procedures has resulted in a significant stress on the system.
And these changes have been over and above those that can occur in a political environment where the
head of the agency is a political appointee who serves at the will of a governor elected every 4 years.
The latest stressful change was a recent legislative requirement that the owner of a child care learning
center or day care home must provide proof of lawful presence in the United States before receiving a
license or registration. This law required CCS to implement new forms, educate and answer questions
from 6,000+ providers who have to submit notarized documents, and create systems of review and
filing. To do so, 1.5 FTE staff had to be devoted to just this function.

As a result of the changes within the department and the associated stresses, almost all CCS staff we
interviewed or surveyed for this study reported having too much to do and not enough time in which
to do it. Consultants and supervisors voiced concerns about “flying by the seat of our pants,” “always
putting out fires,” and pleas for “just one year where we had no changes, no reorganizations” and “a
year where we could just do our jobs.” Changes are inherent in a regulatory agency such as DECAL and a division such as CCS licensing, and these changes often result in more efficient, better coordinated processes and procedures. However, having learned through this study about the number of changes and major readjustments over the past 2–3 years, we understand why staff have been concerned. The new assistant commissioner of this division will need support, from both above and below, to address the concerns over change while continuing to move the division forward. It is thus with some trepidation that we make in this report any suggestions for change, but this was one of the purposes of the study. We trust that some of these observations and suggestions will ultimately result in a more smooth and effective organization.

**Resources and Methods**

**Resources**

Clear guidance is available for states to review and improve their human care regulatory agencies, including those that regulate early care and education facilities. Two documents from the National Association for Regulatory Administration (NARA)—generally regarded as the national organization responsible for supporting state human service regulatory systems—guided this evaluation: the 2009 *Recommended Best Practices for Human Care Regulatory Agencies* that encompasses regulatory agencies of all types and the 2011 document entitled *Strong Licensing: The Foundation for a Quality Early Care and Education System* that is specifically focused on the regulation of child care facilities. These documents provide program performance benchmarks with several indicators for each benchmark. Some indicators are readily measurable (e.g., ratio of state consultant/monitors to child care providers needing to be monitored) while others are somewhat qualitative and require more judgment (e.g., “the agency develops a culture of data-driven continuous learning”). This evaluation assessed dozens of these indicators.

In addition to the NARA documents, we also will refer to reports produced by the National Association of Child Care Resource and Referral Agencies (NACCRRA). This organization periodically conducts state-by-state comparisons of child care licensing agencies. In the early care and education field, these comparisons are looked upon as a type of report card. Ten key indicators of a state’s requirements for centers and family child care homes are rated and tallied, and five key indicators of a state’s oversight procedures for centers and homes are rated and tallied (see sidebar on p. 5 for examples). In the most recent NACCRRA report on center-based child care regulations and oversight, using information as of December 2011, Georgia was ranked 11th among states in oversight and 44th on requirements. When oversight and program requirements were combined, Georgia’s ranking was 36th, a considerable improvement from 2009 because significant changes in oversight had occurred. On the 2012 NACCRRA update of family child care home regulations, Georgia also ranked 11th among all states on the oversight benchmark and 11th on the total score benchmark (NACCRRA, 2012). These rankings were also considerably higher than Georgia’s ranking just 2 years earlier because of changes that had been made in oversight and regulations for family day care homes. This report will reference some of the individual indicators or benchmarks that comprise these global rankings. (In December 2012, NACCRRA changed its name to Child Care Aware. Because the documents referred to here were all published by NACCRRA, in this report the former name is used.)
Methods
This was a multi-method evaluation. First, we reviewed Georgia’s licensing procedures by reading job descriptions, the rules and regulations for family day care homes and centers, and the guidance manuals used by providers and consultants to help interpret the rules and regulations. We also read the enabling legislation authorizing DECAL’s work. We conducted 90-minute in-person interviews with four senior leaders of the CCS division. They provided spreadsheets, checklists, training materials and other supervisory documents for review. We conducted a focus group of the regional directors. We were given confidential access to the licensing database.

For comparison purposes, in December 2012, we interviewed the licensing directors of five other states to obtain information about the processes their departments used to license child care facilities. The interviewees received a list of questions ahead of time and these phone interviews lasted about an hour. Two states shared their staff training checklists.

Finally, in December 2012, we conducted a web-based survey of the CCS consultants and lead consultants. Six of eight lead consultants (75%) responded to the survey and 42 of 63 consultants (66%) responded. Complete survey results are included in the tables in the appendix and will be referred to in the review below.

Licensing Process Overview
For readers not familiar with the licensing process, we condense it here briefly before describing in more detail below some of the systems and processes we reviewed. Child care learning centers, including centers that host Georgia’s Pre-K classes, family day care homes, and group day care homes must be licensed. (Technically, family day care homes are “registered,” but we will use “licensed” for both centers and homes because the processes for licensing and registration are very similar.) Rules and regulations are the requirements that licensed facilities must follow. The licensing division has established policies and procedures that describe how the staff will perform the regulatory function, that is, how staff should do their job. Licensing consultants are the front-line staff who make unannounced visits to programs to assess their compliance with the rules and regulations. The consultant must visit each facility once a year for a thorough licensing study visit and at least one other time for a monitoring visit that involves somewhat less paperwork review. These visits take 2–4 hours depending on the size of the facility.

Two procedures are used for dealing with a facility that is non-compliant in one or more area of regulation or non-compliant on successive visits: a consultant and provider can jointly develop a plan of improvement that will be monitored over time by the consultant, and office conferences with the regional director can be required of the facility director/owner if progress is not made or the situation not rectified. CCS consultants also provide advice and support to providers, especially as related to ways to improve their adherence to rules and regulations. They are also expected to know the local sources of training and technical assistance for providers and to refer providers to these other agencies.

An Applicant Services unit within CCS handles licensing for new child care learning centers and family day care homes statewide. Applicant Services consultants hold monthly or bi-monthly orientation meetings for potential child care learning center owners/directors and family day care home providers. Consultants in Applicant Services answer questions, provide information, make preliminary visits, if requested, and then make the first official licensing visit. Thereafter, the facility is visited by one of the regionally based consultants. In addition, Applicant Services consultants handle changes of ownership and location which also require an on-site visit.
Consultants in the Complaint unit also operate statewide, handling the visits and investigations required by serious allegations. About 2,200 complaints about child care facilities were lodged last year. The most serious complaints—about 500 last year—must be investigated by this unit following specified procedures and timelines. CCS has the ability to fine programs for serious or repeated problems and for incidents when a child is physically injured. CCS ultimately has the legal authority to revoke the license and close down a program. The legal division of DECAL participates with Complaint unit staff in many of the serious complaint investigations. Providers may appeal decisions or sanctions by following procedures that are spelled out in law.

On any given day, most child care learning centers and family day care homes in Georgia provide safe and healthy care to thousands of young children. However, with over 6,000 facilities under their jurisdiction, CCS must discover those facilities and situations that may purposefully or inadvertently cause harm to children and ensure that programs remediate the problems or are prevented from caring for children. CCS is responsible for protecting young children and ensuring the public that it can have confidence in the thousands of programs that do follow the rules and provide good quality care.

NACCRRRA’s Key Indicators for State Oversight and Program Rankings

OVERSIGHT INDICATORS FOR CHILD CARE CENTERS AND HOMES
1. All family child care providers and centers that provide care for unrelated children for a fee are licensed.
2. For child care homes: Inspections occur before licensing, at least quarterly, and when there is a complaint. For centers: inspections occur at least four times a year, including visits by licensing, health and fire personnel, and when there is a complaint. At least some visits are unannounced.
3. The ratio of programs to licensing staff does not exceed 50:1.
4. Licensing staff have a bachelor’s degree in early childhood education or a related field.
5. Online inspection and complaint reports are available to parents on the Internet.

PROGRAM INDICATORS FOR CHILD CARE CENTERS (EXAMPLES)
1. Staff:child ratio requirements meet NAEYC accreditation standards.
2. Center directors must have a bachelor’s degree or higher in early childhood education or a related field.
3. The lead teacher in a classroom must have a CDA credential or an associate degree in early childhood education or a related field.
4. Lead teachers are required to have 24 hours or more of annual training.

PROGRAM INDICATORS FOR FAMILY CHILD CARE CENTERS (EXAMPLES)
1. A background check is required for family child care providers, their substitutes and assistants, family members over 12 years of age, and exempt providers receiving subsidies.
2. Family child care providers must have a high school degree or a GED and obtain the CDA credential college, courses in early childhood education, or an associate degree within 3 years of starting to provide child care.
3. Family child care providers are required to have toys and materials in 8 domains: motor development, language and literacy, art, math, science, dramatic play, books for all ages, and materials that are culturally sensitive.
4. Family child care providers are required to communicate with parents, have contracts with parents, allow parents access to the home, inform parents about the use of substitutes and give written policies to parents.
Statutory Authority

One of the NARA best-practice recommendations for any licensing agency is that the enabling statutes be sufficient and clear. Statutory authority for licensing child care is found in Georgia Code Chapter 20-1a. These laws seem strong enough to allow the agency to do what it needs and also provide the licensees with due process and appeal rights. Child care laws do need occasional modification as new safety information becomes available (e.g., infants should sleep on their backs, car seats should have certain types of buckles) or new procedures are recommended by national organizations (e.g., recent changes in nutrition requirements). At this time, two specific modifications should be considered to fine-tune the law, and bills may already be moving through the legislature to do so. (1) Due to a recent change in federal law, legislation is needed to expand DECAL's powers and duties to include the ability to conduct appeal hearings and render decisions on any contested issue involving federally funded nutrition programs. (2) Regarding background checks, the benchmark standard in this area is that the background check is comprehensive; uses fingerprints to check state and FBI records; and checks the child abuse registry, sex offender registry, and juvenile records for any teenagers living in the home who may have access to young children. Chapter 20-1a-2 requires that within the immediately preceding 12 months the director and each employee of a new program have received satisfactory state and national fingerprint records check determinations. Additionally, all applications sent to DECAL must be notarized. Current law may be sufficient, but in light of the national movement towards strengthening the criminal records checking systems, it might be worthwhile to review the background check law, learn from other states that are doing the same, and consider modifications.

A larger issue of statutory authority concerns who does not fall under Georgia’s current child care licensing laws. While 6,000 facilities that care for young children are licensed and monitored by the state, most citizens do not realize that an almost equally large number of facilities that care for young children are legally exempt from licensing or registration. Georgia exempts from licensing regulations family day care homes where a parent provides care for pay for one or two other children in addition to her own, whereas 11 states regulate all small family child care providers who provide care for pay for one or more children who are unrelated to the provider and five states begin regulating at two or more children. Other examples of exempt programs in Georgia include before- and after-school programs in public schools or other public facilities (e.g., county recreation departments), summer camps, nursery schools that operate for no more than 4 consecutive hours per day, parents’ morning out programs of no more than 4 hours, private programs for 4-year-olds that are part of an accredited private elementary or K–12 school, and programs that are an integral part of an established religious congregation.

Georgia’s exemptions are not unlike those in other states, but the safety of children in legally exempt programs is unknown. Even when federal funds are used to subsidize children in legally exempt care, the state has no way to be accountable for child safety. Broadening the scope of licensing always brings resistance from those who do not want to be regulated and it also would require more CCS staff to provide the oversight. Decision-makers must balance cost versus benefits and the best timing for any changes. Obtaining data on the approximate numbers of children in unregulated care would be a helpful first step in determining whether leaders think more programs should be brought into the licensing system.

Recommendation. At this time, the two specific modifications noted above should be considered to fine-tune the Georgia statutes. Although fiscally this is not a propitious time to bring additional types of child care under the auspices of CCS, it might be informative for the division to investigate existing sources of data that could help estimate the numbers of young children in unregulated care.
Program Regulations

This area of licensing concerns the regulations that child care learning centers and family day care homes must meet to serve children for pay. Child care regulations are typically constructed as standards, such as “classrooms must be clean” or “playgrounds must be safe” and, as such, they require judgment and interpretation to determine whether a center or family day care home meets the standard. On the other hand, regulations constructed as rules need little or no leeway in interpretation—electrical outlets are either covered or not; the playground climbing structure is either lower than 6 feet tall or not. Like all other states, Georgia’s regulations use both standards and rules to help protect children and keep them safe. In this report, we use “regulations” to encompass both standards and rules.

A state’s licensing division is expected to know—based on experience and keeping up with new research—where the current child care regulations are not sufficient to keep children safe and healthy, and to study and propose changes when needed. DECAL follows a rules promulgation process to implement changes. As noted earlier, Georgia’s ranking among states improved considerably from 2007 to 2011 because of several changes that strengthened rules and regulations, especially for family day care homes (e.g., requiring a CCS inspection before issuing a registration certificate and a 20-hour pre-service training requirement for new family day care home applicants). Georgia’s regulations for child care learning centers, however, continue to be ranked quite low among states.

In our evaluation of Georgia’s regulations, we did not review areas already reviewed by NACCRRA, but focused on other indicators of effective program requirements, including that the regulations should be clearly written, reasonable to implement, and developed through a process that involves input from providers, parents, and policymakers. The regulations should be updated periodically, and interpretation guides should help licensing staff, center directors and family day care providers consistently understand the regulations. The sections below address these indicators of effective program requirements in Georgia.

Regular Reviews of Regulations

NARA recommends a review of each regulation set (e.g., regulations for child care learning centers, regulations for family day care homes) every 3–4 years, with revisions initiated if warranted. Georgia state law does not require a particular time period for regulatory review (e.g., every 2 years), so DECAL reviews regulations when needed. Undertaking regulatory change is not taken lightly because, in Georgia, changes require informing over 6,000 providers, possibly providing them new training to help them comply, updating internal monitoring procedures, and training all licensing staff on these new procedures. After a long period of not changing regulations, in 2008, DECAL began more frequent reviews of regulations, and has tried to address specific areas each year since then. In 2009, new family day care home providers were required to have a higher level of credential. In 2010, family involvement and parental notification standards were strengthened. In 2012, the transportation regulations were carefully studied and re-emphasized. Without formally stating it, CCS has begun an annual regulatory review process which should perhaps be structurally formalized.

Recommendations. Formalizing the regulatory review process by choosing particular years to review centers and homes and an estimated timeline for the process would concentrate the regulatory review process and let CCS staff and the provider stakeholders know when to expect that their input will be needed. The most effective of the procedures that have been used in the past few years of changes could be incorporated into a committee process that spells out the responsibilities for regulatory updating: committee membership, constituent group involvement, public comment opportunities, and the decision process regarding which changes should be promulgated. Implementing these processes on a regular biannual basis for all types of programs or reviewing centers and homes in alternate years.
would then leave the intervening months (or year) to change the procedures necessary to implement those processes.

Event-Triggered Reviews

In addition to periodic regulatory review, an effective licensing agency should be responsive to emergent situations. Georgia’s CCS division appropriately conducts event-triggered reviews. An example from 2 years ago followed the death of a child who had been left unattended on a child care van. In addition to immediate sanctions for the facility, CCS reviewed and strengthened the rules and standards regarding transportation. In the months following this highly publicized tragedy, consultants and supervisors carefully monitored and documented continuing violations in the transportation rules, including several new instances of unattended children on vans. At that point, a renewed emphasis was placed on imposition of fines. This particular safety topic has been given increased attention via public hearings, trainings for providers, re-training of consultants, and increased enforcement.

Event-triggered reviews may sometimes be necessary, as in this latest case, but the disadvantages of reactive or too-frequent regulatory or monitoring procedure revisions in this large state are that dissemination of the changes to all CCS consultants is challenging and due to the organizational structure, not always communicated in the same way (see Administrative Structure section below), and that training consultants on new procedures takes time.

Recommendation. As noted above, systematic bi-annual regulatory review should keep the need for event-triggered reviews to a minimum, but CCS has shown its readiness and ability to act more quickly, if needed.

Broad Public Outreach in Drafting and Revising

Licensing requirements are intended to benefit children, yet revisions in child care regulations often cause concern from providers. This is one of the reasons that CCS has a voluntary, advisory committee comprised of a variety of stakeholders, including parents, family day care providers, child care learning center owners and directors, business leaders and the faith community. The CCS advisory committee assures that the community has a voice in influencing the future direction and policy priorities of CCS. Committee members serve for one year and “meet” regularly via conference call and webinars.

To obtain additional provider input before anticipated regulatory or procedural changes, CCS appropriately schedules listening meetings around the state and attends regional early childhood meetings. For example, several public forums were held in the fall of 2012 about the lead teacher and director educational credential rule that would become effective in December. Email alerts to all programs were also sent. Federal crib standards changed in December 2012, so similar outreach is now taking place about crib safety.

Last year, CCS began to conduct webinars for providers and send occasional informational email alerts. Other states reported their ventures into these new media ways of communicating, and they parallel the experiences of CCS. Webinars are an efficient communication strategy, but one that has some technology hiccups and will not reach providers who lack internet access.

Recommendations. CCS should continue to use its advisory committee for input on policy and future directions. With experience, webinars will become more familiar and useful for providers. Such electronic communications are much more effective if they have a very clear purpose, cover one topic and are specific as to what the recipient is supposed to do with the information conveyed. However, given the large rural areas of Georgia and many providers’ desire for in-person opportunities, the successful process of holding in-person listening meetings in anticipation of regulatory change will likely continue to be needed.
Relevance of the Requirements to Children’s Health, Safety and Development

Child care requirements should address known risks to children and the importance of children’s relationships with adult caregivers in children’s ability to learn and grow. Georgia’s regulations address many areas important for children’s development, but particularly focus on health and safety via a system of core rules. In 2005, CCS began a process to focus more attention on these specific core rules while continuing to monitor all rules during the annual licensing study visit. In the licensing literature this is called a risk assessment approach to licensing. A task force that included outside experts determined that 12 categories of Georgia’s existing rules are most important for children’s daily health and safety: diapering areas and practices, discipline, field trips, infant-sleeping safety requirements, hygiene, medications, physical plant, playgrounds, staff:child ratios, supervision, swimming pools and water-related activities, and transportation. Deficiencies in these categories can more readily cause physical harm to children than deficiencies that might be observed in other categories of rules, such as curricular activities. Within these 12 categories, specific rules must be observed and documented by consultants on every planned, required visit made to a child care facility—108 core rules for child care learning centers and 39 core rules for family day care homes. These core rules are indeed relevant for children’s health and safety, although the emphasis on them comes at a cost of relatively less attention on children’s learning and socio-emotional development.

Determining Compliance

Each time a core rule violation is cited, the consultant determines the risk level of the citation—low, medium, or high. The number of core rule categories cited (not the overall number of citations) and the risk level of the citation determine compliance or non-compliance. A facility’s annual compliance status is determined on June 30 of each year, based on the performance for the past fiscal year (July 1-June 30), is posted on the public website, and remains in place for the next fiscal year. If findings fall in several categories, a non-compliance determination is more likely, however, a non-compliant designation does not automatically result in an enforcement fine because risk levels are taken into account. It is possible for a very good center or home to have an occasional citation for non-compliance for a situation that is readily corrected, once brought to their attention. On the other hand, it is also possible for a mediocre program to meet minimum requirements for compliance because their many citations are in the same category.

Recommendations. The core rules are definitely relevant to children’s health and safety, but the scoring system may be overly complicated, as many in the division believe. The scoring system has evolved over time and could still evolve to become more straightforward. In the same time frame of this review, DECAL contracted with Dr. Rick Fiene to review and analyze the last few years of data from the licensing database. His report will provide more detailed information on the core rules, enabling modification based on data and experience. DECAL leaders are wise to make data-based decisions about any changes to this system, especially given the staff concerns about the overall number of recent procedural changes. We also recommend that CCS assess whether a facility’s compliance status can be reflected on the DECAL website in real time, shortly after a consultant visit reports a significant finding or an improved situation. This would allow parents and the public to know a facility’s most current compliance standing rather than what it was last June.

Sound Interpretation Guidelines and Procedures Manuals, Updated Regularly

Four documents are the foundation for the work of Georgia’s licensing consultants and for facilities trying to be compliant with the regulations. Two documents include all of the applicable rules and regulations for homes and centers: Child Care Learning Center Rules and Regulations and Family Day Care Home Rules and Regulations. Two other documents provide guidance for consistent application of the rules and ways to determine if the facility is in compliance with the rules: the Child Care
Learning Center Guidance Manual and the Family Day Care Home Guidance Manual. A Consultant should be able to read the policies and procedures manual and have a good idea about what the job entails (how to do an amendment, how to handle an adverse action, etc.). The manuals especially focus on the core rules described above. They are specific and thorough and all four manuals are available online to child care providers and to the DECAL consultants. Also, all appropriate forms are linked to the procedures.

The manuals are supposed to be updated at least annually, and the manuals currently available online were updated in June 2012, well within the past year. However, some interviewees commented that annual updates may not be sufficient, especially given the number of procedural changes the department has implemented. The administrator responsible for keeping the policies and procedures manuals up-to-date has been given additional duties and reportedly has less time for systematic updating.

**Recommendation.** The interpretation manuals for providers and consultants are comprehensive and clearly written, available online, and updated with regularity. The division should review accountability for updating the manuals and clarify priorities.

**The Licensing Agency**

A licensing agency should be organized, staffed, and supervised so that all regulatory functions are soundly administered. This includes an effective information management system that handles all internal and external functions of the agency; hiring, training and supervision of staff; and good systems of compliance monitoring and enforcement practices. The following sections focus on these indicators of effective program requirements in the Child Care Services division.

**Information Management System**

Over the past 2 years, the Information Technology (IT) team within DECAL has created a new computer data storage system into which consultants enter all data. The KOALA data system has three applications: KOALA Time for scheduling, KOALA Visits where consultants input data on all types of visits they make, and KOALA Outback, the web portal used for various administrative functions and from which a variety of different reports are available for consultants and their supervisors to keep up with their work. Before this time, CCS used a package developed by an outside vendor. CCS leaders, consultants, and IT staff were all dissatisfied with the product and believed that a custom-designed system would provide better data. IT began developing a new program in 2011 and switched over to it in June/July of 2012.

Regional directors and division leaders are appreciative of the efforts IT staff are continuing to make to improve the KOALA system to make it more responsive to their needs and to be as straightforward as possible, but no one is yet satisfied with the number and type of reports that are readily downloadable from the system. For example, regional directors reported that there is no easy way to review whether each of their consultants has made the required number of visits to the facilities in their caseload. They wish the performance management form, which consists of data such as numbers of visits, complaints, adverse actions, and the like, could be downloaded. They would like the program to automatically send out alerts when certain required activities have not taken place by a required time, for example when a facility has had citations in the same area on two consecutive visits and should be called in for an office conference.

DECAL is not alone in its frustration with its computerized system. The leaders of all five states we interviewed reported similar concerns about their own data reporting systems and are in different stages
of converting from paper to electronic. The computerized systems of today are so much better than the paper systems of 20 years ago, but they do not seem to be keeping up with the expectations of users. One issue is the extent and complexity of the regulations as well as the procedures. Every change to the rules or procedures requires new programming to capture the input accurately and assure that the new category or activity is appropriately captured in a new report. For example, last year a decision was made to require consultants to make two technical assistance visits within the next 4 months to all facilities with a certain number of non-compliances. This decision immediately required new programming to create and search the database to “find” such facilities as well as new programming to produce a report of all instances when these visits had not been made or recorded in a timely way, and finally, a report that each consultant could produce to review her own caseload and that regional directors could use for supervision.

The impatience of CCS staff to obtain automatic reports from KOALA is tempered by everyone’s knowledge that the IT team has been working hard on KOALA and that their needs for reports from the new system occurred at the same time that the entire child care subsidy responsibility and databases were being transferred to DECAL, with IT support critical to the successful transfer.

**Recommendations.** The new KOALA information management system thoroughly handles all aspects of licensing and is becoming ever more responsive to the desire of division supervisors. Specifically, they have noted additional reports that would be useful and more automatic alerts when certain actions or events occur or do not occur as they should. Consultants and supervisors all appreciate the significant effort that has gone into this system. Now in use for 8 months, it would seem to be a good time for the division leaders to assess the functionality of KOALA and prioritize their wish list for the IT staff’s continued work on report development.

**Hiring and Retention of Well-Qualified Regulatory and Support Staff**

An effective regulatory agency depends on educated, experienced and competent personnel. This section includes the easily measurable indicators of education and experience as well as job descriptions and employee turnover.

**POSITION DESCRIPTIONS.** A regulatory agency should establish position descriptions and job expectations that are clear, complete, and up-to-date. The job description for Georgia CCS consultants was most recently updated in 2010 and appears to include and reflect accurately the expectations of the position. However, some terminology in the job description is not that typically used to describe the day-to-day activities of a CCS consultant. For example, in all of our interviews, no one mentioned a “utilization review,” although in the job description that is the second listed job responsibility.

**QUALIFICATIONS—EDUCATION AND EXPERTISE.** Although the State of Georgia job description for a consultant technically allows for a person with an associate’s degree if s/he has 3 years of experience, the CCS division minimum educational requirement is a bachelor’s degree, in principle and in practice. Consultants who were hired several years ago may have only an associate’s degree, but all new hires have a bachelor’s. The bachelor’s is expected to be in an area relevant to early education (e.g., child and family studies, child development, psychology), although exceptions can be made. The majority of the Consultants who responded to the survey have at least a bachelor’s (87%), and 13% also have a master’s degree. The most frequent bachelor’s majors are early childhood education (39%), child and family development (22%), social work/social welfare (14%), and psychology (11%). The most frequent master’s majors are education (35%), school guidance and counseling (21%), and social work/human services (14%). All of the lead consultants have a bachelor’s degree, the majority in child and family development (67%). [See Appendix Tables 3, 4, and 5.]

Georgia is one of 21 states that require a bachelor’s in early childhood or a related field (NACCRRRA, 2012), thus meeting the NARA and NACCRRRA standards. A discussion topic in the focus group
with regional directors was the recent movement away from hiring individuals with enforcement training (e.g., protective services) to those with bachelor’s degrees in education. NACCRRA and NARA recommend that degree areas provide content in early childhood development whereas 20 years ago, licensing staff were more likely to have experience and education in child welfare or protective services. In fact, all but one of CCS’s current regional directors has a background in social work and/or protective services rather than early childhood. These individuals achieved their position by promotion from within the ranks of CCS consultants, first to a lead consultant position, then to a regional director. Presumably, they are knowledgeable, capable, and respected by division leadership who otherwise would not have promoted them, but today these individuals would not be hired because of the current emphasis on early childhood. Some regional directors expressed concern that newly hired consultants with bachelor’s degrees in early childhood education require more training and supervision, not necessarily in content knowledge but in developing oversight attitudes and approaches, than those with a social work background. In interviews with other states’ licensing leaders, they reported similar conversations within their supervisory teams. However, ultimately all acknowledged that an applicant’s aptitude, commitment, and ability to communicate with providers are most important and that every new hire, regardless of degree area, will need some additional help and training in particular areas.

As for experience in their current position, of the 40 consultants who responded to the experience question, the range was from just hired to 27 years with a mean of 8.8 years and a median of 7. Twelve of these consultants have been in their position for 10 years or longer and only three have less than 2 years of experience. Among the six lead consultants who responded to the survey, half were just recently promoted to their position and half have 6 or 7 years of experience in their position.

**TURNOVER.** Turnover in the division has been high in the past year, mainly due to retirements and promotions from within. In the fall of 2012, 10 new consultants (out of 65 or 15%) were hired. This level of turnover was higher than three of the states whose leaders we interviewed, but lower than another. Two lead consultants and three regional directors were also new to their positions within the past 6 months. All of these individuals needed training for their new position, even those who had already been within the division. When turnover of this magnitude occurs, those who remain in their positions feel the stress due to the workload they must share while hiring and training new employees takes place. One wonders whether this stress then leads to more turnover, but the reported reasons for most recent vacancies seemed due to other circumstances. Other state licensing leaders reported a recent year of heavy turnover which had been anticipated based on estimated retirement dates or reported that they were expecting one next year. For example, one state has determined that 30 of about 175 staff (17% of consultants and supervisors) will become eligible to retire in the next fiscal year. Departments should have hiring and training systems for dealing with typical turnover, but years where turnover is exceptionally high put a tremendous training demand on the unit.

**Recommendations.** CCS fully meets the quality benchmark of employing licensing consultants who are educationally qualified, and the majority also has over 5 years of experience in the division. Turnover has been unusually high for this division in the past year (15%), but not unusual when compared to other states. Promotions and retirements accounted for about half of the turnover so it does not seem due to low morale or unhappiness with procedures. Consultant job descriptions were last updated in 2010 and they appear to reflect accurately the expectations of the position, although not in order of effort expended on the different activities. When the CCS consultant job descriptions are next studied and updated, the terminology should be brought up to date and the functions prioritized to reflect the approximate time that consultants spend engaged in the functions.
Adequate Staffing

The benchmark indicator in this area is whether a state has a sufficient number of consultants to make the required number of visits to all facilities within the expected timeframe, to efficiently handle new applications, and to quickly investigate complaints and assure that programs correct non-compliances.

**RATIOS/WORKLOAD.** NARA recommends four visits/year to each facility (NARA, 2009). DECAL’s goal is for CCS consultants to make two visits a year to every licensed child care facility (centers and homes). With the additional annual visits by health and safety and fire inspectors, Georgia would then meet the NARA recommendation of four annual visits/facility. Is this goal being achieved?

From the licensing dataset of 5,773 child care facilities (family day care homes and child care learning centers) that were open the entire fiscal year 2011–12 (that is, did not open or close within the fiscal year and could have/should have been visited twice according to procedures), the number of licensing and monitoring visits were reviewed. All programs had at least one visit from a CCS consultant, 88% of homes and 85% of centers had at least two or more visits, and a few programs had three, four, or five visits (see table below). These percentages do not include visits made solely for the purpose of providing technical assistance, that is, where the CCS consultant stopped by the home or center to provide information or to help a director with a particular issue. There were 1,600 technical assistance visits in 2011–12.

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>TOTAL VISITS</th>
<th>1 VISIT</th>
<th>2 VISITS</th>
<th>3 VISITS</th>
<th>4 VISITS</th>
<th>5 VISITS</th>
<th>≥ 2 VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMES</td>
<td>2,726</td>
<td>325 (12%)</td>
<td>2,187 (80%)</td>
<td>187 (7%)</td>
<td>22 (1%)</td>
<td>5 (&lt;.01%)</td>
<td>2401 (88%)</td>
</tr>
<tr>
<td>CENTERS</td>
<td>3,047</td>
<td>442 (14%)</td>
<td>2,032 (67%)</td>
<td>406 (13%)</td>
<td>132 (4%)</td>
<td>35 (1%)</td>
<td>2605 (85%)</td>
</tr>
</tbody>
</table>

In summary, even with a higher-than-normal level of turnover in 2012, the increased monitoring of transportation violations that began during 2011-12, and 3 weeks when the new KOALA computer system was being installed and visits were not made, CCS came very close to meeting its goal of two visits a year to each facility.

The rate of completing monitoring visits is mainly dependent on the ratio of consultants to facilities and the travel distance required of the consultant to her collective caseload of programs. NARA recommends a ratio of consultant:programs of no more than 1:50, although they acknowledge that there is no effective universal staff:facility workload standard (NARA, 2009). The Georgia consultants who responded to our survey reported a mean caseload of 120 facilities; the average consultant visits 69 centers and 51 homes. Very few states meet the best practice ratio recommended by NARA and NACCRRA, but a ratio of 1:120 places Georgia among the worst in the nation. Seventeen states have ratios over 1:100 (NACCRRA, 2012). For facilities that need help with compliance or eventually need to be closed, a Consultant could easily need to visit several times in a year. Indeed, as shown in the table above, 8% of family day care homes and 18% of child care learning centers were visited three or more times. In addition, the process of writing an enforcement fine can take up to a day in the office and additional non-visit days are required to have office conferences when directors or owners want an
audience to contest a violation or a fine. The significant travel time for consultants covering rural areas must also be factored into this picture.

However, the calculation of a state’s consultant:facility ratio and the comparison of ratios between states are complicated by the different ways in which a licensing division can be structured and which staff members are included in the ratio calculation. Some states ask their child care consultants to cover all aspects of licensing from making initial pre-licensing visits, making annual licensing visits and the required number of monitoring visits (some states require three or four/year), and also handling the numerous visits that may be required to a program that has serious complaints. A comparison of such a state’s ratio to Georgia’s ratio—where specialized groups of consultants handle initial licensing and serious complaints—needs to take this into account. If all of Georgia’s front-line consultants, including those in the Complaint and Applicant Services units, are included, the consultant:program ratio for Georgia drops to 1:100. If the Complaint and Applicant Services consultants are not included, the ratio is 1:120. Either way, the GA ratio is well above that recommended by national regulatory groups. But ratio comparisons between states need to be clear about which staff members are included in the ratio calculation. (When the 10 new consultants hired in November 2012 assume their own caseloads, these ratios should improve.)

Another way to look at the fairness of the workload is to consider the number of hours or days that could feasibly be devoted to completing the required visits. From the 260 weekdays in a year, we should deduct 10 holidays, 10 vacation days, 10 sick days, and 12 days of meetings/trainings. The question then becomes, in the remaining 218 work days, is it feasible for a consultant to make two visits a year to 120 homes and centers and complete all the required online documentation and follow-up? This feasibly could be done by making at least three visits every 2 days, but it would require that no program ever needed a third, fourth, or fifth visit and that everything go according to plan every single day, that is, no homes or centers would be unexpectedly closed for the day when the consultant stopped by for her unannounced visit (e.g., due to the provider’s illness or the center children and staff on a field trip). It would also require that consultants never be given temporary additional duties, such as covering for a colleague on maternity leave, sharing the work of a consultant who had recently resigned, helping train a new consultant, being pulled into the state office for a special project, or making a presentation at a local or regional child care meeting. Viewed in this light, the division is understaffed and either the 1:120 ratio should be improved or the numbers of required annual visits reduced.

What if Georgia were to require only one visit to each facility a year, allowing for two or more visits to programs where there were concerns? NARA sets a lower benchmark for number of visits if a state employs a risk-adjusted or differential visit protocol. From 2006–2009, CCS did use a differential monitoring procedure where the best programs (as determined by their compliance record) required only one annual visit whereas others required two, three, or four visits. This proved more complicated than the benefits it was providing. Division leaders decided that the compliance determination would be more fair if all programs received two visits per year (one licensing, one monitoring). During these deliberations, a two-tiered approach was considered (one annual visit for compliant centers, two for non-compliant), but it was believed that consultants would be more accurate reporters of what they observed on the first visit if the second visit did not hinge on the lack of findings on the first. In addition, common sense says that more observations of a program provide more opportunities to catch problems and provide help. While these are reasonable motives for continuing the two visits per year policy, differential monitoring is available if the caseload ratio does not diminish or perhaps even grows due to population growth.

The workload of consultants in the Complaint unit also has risen in the past 2 years. This unit was established in 2009 to relieve the workload of the regionally-based consultants and to better assure consistency of dealing with complaints. Several experienced consultants transferred into this unit.
with the expectation that a more systematic complaint investigation process would be implemented. This unit is handling an increasing number of complaints each year—500 in the year ending June 30, 2012. The increase has caused the processing of penalties to be behind schedule. The public, including parents, may be making more complaints, but another cause of the increase is that the division’s investigations of facilities with repeat non-compliance and self-reported incidents was purposefully stepped up, resulting in more investigations.

PERIODIC REVIEW OF WORKLOAD. Most states readjust the workload of child care consultants every few years to account for changes in demography (urban growth, reduction in rural populations) and personnel (retirements, resignations). Georgia also readjusts workload every July, but in addition has changed the number and size of divisions twice in the past 5 years. The most recent change, in July 2012, expanded the number of geographic regions from four to five because the size of each of the four regions was deemed unmanageable. The shift was made via a very systematic process to make the resulting work distribution as fair as possible. The process took into account statistics on caseload sizes, the proportion of homes and centers in the caseload (visits to homes are estimated to be 33% shorter than centers), and previous rates of complaint investigations in each area (complaints take considerable time and are more prevalent in urban areas). Consultants’ travel time was also factored in by using a proxy for distance; counties with fewer programs were given a higher travel weight as it was presumed that consultants with those counties would also be assigned to programs in other counties. The DECAL research and evaluation team prepared several approximately equal (statistically, at least) geographical distributions that would yield five regions. These maps were reviewed and discussed by the Child Care Services directors and regional directors who made the final selection.

Most consultants appreciate the readjustment effort but are skeptical, especially if their caseload increased as a result of the readjustments. The consultant survey asked their opinions of the weighting methodology. About equal numbers thought it was fair (29%) or not fair (33%), but the largest percentage (38%) had no opinion on the methodology, likely because they could not yet tell how the weighting process affected their eventual caseload because they were temporarily seeing more sites to cover the workload of the vacant positions. In answer to the question about how the readjustment affected their caseload, 39% said they could not yet tell, 34% answered that it didn’t much affect them, 22% reported a larger caseload now, and 5% reported a smaller caseload. Lead consultants might be considered more objective on this topic as they have no assigned caseload; 83% of them thought the process was fair. The true test of the recent data-based workload readjustments will be seen when the 10 new consultants assume their individual caseloads in the spring of 2013.

The new database should allow for regional directors and lead consultants to obtain monthly reports about each consultant’s activities. DECAL also developed a database where all consultants report their daily efforts in 15-minute time blocks which should allow for reports about how much time consultants spend in transit, making visits, making phone calls, completing paperwork, and attending meetings. When supervisors make the effort to track such data, they note many days when consultants are not in the field and wonder about the legitimacy of their complaints of overwork.

We note that consultants in Georgia are required to document their activities in much more detail than in any of the five states we interviewed. In other states, consultants are required to keep their online calendars updated and supervisors are expected to cross consultants’ calendar schedules with completed visit reports and with time and mileage records. While it is indeed more than consultants in other states, the effort may be worthwhile if supervisors can obtain timely and useful monthly reports.

Recommendations. CCS licensing staff meet the NARA recommended visit rate of two visits/year to almost all facilities in spite of having one of the highest caseloads in the 50 states. Investigation of complaints is timely, but processing of violations has slowed due to volume. Increasing the number of
consultants is justified. CCS adjusts staff workloads in a timely and fair way and the database contains information with which to track time and effort. When the 10 new consultants soon assume their own caseloads and the work of the others returns to “normal,” CCS should internally review the time and effort data and the visit report data for a short period (e.g., 2 months) to see if the anticipated equalization resulted or if other adjustments might be needed. If monthly reports can be automated and made more readily available, consultants’ concerns about workload could be addressed with more factual information and, if warranted, caseload readjustments.

### Systematic Staff Training and Professional Development

The NARA benchmarks in the area of training are that initial and ongoing staff training for consultants, lead consultants and regional directors should be systematic, cover both theory and practice, be responsive to documented needs, and meet high-quality adult education standards. What evidence did we find concerning these indicators of effective staff training within the CCS unit?

**PRE-SERVICE TRAINING.** There is no standard checklist of activities and readings that a new consultant must complete and no single person who has the primary responsibility for training. Everyone agrees, though, that the first order of business for a new consultant is to learn the rules and regulations and the policies and procedures through which the division implements the regulations. New consultants are typically hired to fill vacancies as they occur, so new consultant training is generally individualized by the lead consultant in the region. (An exception to this is the November 2012 hiring of 10 new staff which is discussed below.) Typically new consultants receive a basic initial orientation from Human Resources in DECAL's Atlanta office. They must read the procedures manuals and familiarize themselves with the forms and computer system for recording data. Then they accompany the lead consultant and other consultants in their region on many visits to both centers and homes, including both licensing and monitoring visits. When the new consultant is deemed ready to handle visits on her own, an experienced consultant shadows her for a few visits. (We use “her” because all but one consultant are female.) The lead consultants and regional directors make sure that one of them is available by phone on the days/weeks that a new consultant makes her initial solo visits.

Depending on the experience and skill of the new hire, regional directors believe that a new consultant should be ready to make solo visits within 2–4 months, although a few estimated 6 months before a new consultant should be expected to visit alone. The licensing leaders of the five states we interviewed reported the same time estimates and also their reliance on shadowing as a primary training method. One state confines a new consultant’s initial experiences to family day care homes and after a month or two, renews the shadowing process for the consultant to learn center-based child care procedures.

Because the licensing division had 10 consultant vacancies occur between the summer and early fall 2012, they used the opportunity to begin all the new replacements on November 1 and train them as a group. The lead consultants developed a 3-month training plan that mirrored the chapters in the policy and procedures manual, such as how to conduct licensing studies, complaint investigations, and customer service. Different lead consultants and regional directors were in charge of different topics. The training modules included hands-on activities to practice and reinforce each learning goal. Eventually the new consultants began making visits in their regions by shadowing other consultants and should by now be taking the lead on visits while being shadowed by experienced consultants.

Not all training of new consultants needs to take place in their first 6 months on the job. Some topics are important to eventually understand, but can be learned in the first year or two. One state in our interview group schedules several different topical trainings at least once a year, and the attendees at these meetings are any consultants hired within the past year or two who had not already been to a training session on that particular topic. Other early childhood professionals in the region of the
In-service training. The purposes of continuing professional development of any team of individuals is to enhance their job performance and their sense of competence, well-being and job satisfaction. Appropriate ongoing staff development also prepares staff to assume career advancement opportunities when they become available, and CCS does indeed often promote from within. Recently, the Georgia licensing staff have especially needed periodic training to adjust to some new regulations and new procedures established in the division. For example, in 2012 when division leaders made procedural changes for transportation core rule violations, the decision had to be communicated in the same way to all front-line staff and their supervisors, and training on the new procedures needed to be planned and carried out quickly.

Decisions about content of ongoing professional development are made by the lead consultants, regional directors, and Child Care Services directors based on the needs they see among their supervisees both from data reviews and individual supervision. The quality assurance director also suggests content areas based on her records reviews and the regulations on which she sees inconsistency in a consultant’s reports or actions. Consultants are also occasionally polled to see what training they need/want. Once training needs are identified, the regional directors and lead consultants typically design and deliver the training because funds for content experts outside the department have been cut. This is unfortunate, but other states reported training cuts as well. A benefit of outside professionals is that they bring diverse perspectives on the important issues that face child care regulators and help all staff have a broader, less insular view of their work.

CCS has offered a variety of relevant trainings to staff in the past year. Lead consultants and consultants reported on the staff survey on the content of trainings they had participated in during 2012 and also on the topics on which they would like to receive more training. Lead consultants and consultants participated in most of the same trainings. Because of the renewed emphasis on transportation issues, almost everyone had training in this area (anyone who did not report this was probably a newly hired consultant who had not yet received it). Over 50% of consultants and lead consultants reported training in technical assistance provision, regulatory issues and interpretation of specific state rules, and licensing policies. Over half of the lead consultants had received some training on management issues, which is of course more relevant to their work. Content topics that top the future training wish list of both consultants and lead consultants include interpretation of specific state regulations and early childhood education/child development issues. Forty-five percent of consultants said they still needed more training on the transportation regulations. This list of desired training topics can help guide content-area training for 2013. (Complete data on training topics is in Tables 7 and 8 in the Appendix.)

Ongoing training of consultants takes place at both the state level and also within regions by the regional director to her team. One-day meetings of all statewide licensing staff are held three to four times per year. Smaller within-region meetings are expected to be held every 2–3 months, although these are often conducted as conference calls. Because of travel time to and from a one-day meeting, both state and regional meetings essentially offer 5 hours of face-to-face time, into which are packed explanations of new department initiatives, presentation and discussion of new regulations and their enforcement (e.g., new GA car seat requirements, what consultants should look for, and how facilities can comply), and sessions to help consultants acquire more advanced understanding and skills (e.g., communicating with providers, delivering TA). To reduce travel time and expense, CCS leaders are conducting monthly update webinars for consultants with some success. Presenters miss the question-and-answer interactions that are part of in-person training, but the efficiencies of a webinar are real...
and it is a method that can relay the same information to all consultants at the same time. Anyone who cannot be on the webinar can read the PowerPoint and notes that are posted on the website. This good practice should continue.

**Specialized Training and Support for Supervisors.** Although many regional directors were promoted from within the agency and had already demonstrated their knowledge of the regulations and procedures, almost all reported that they were elevated to their supervisory position with little or no additional training about being a supervisor. Even the Child Care Services directors did not receive additional management or supervisory training when they were promoted into their leadership positions. Another state agency used to provide management training (a Certified Public Manager program) and two of the regional directors with the most longevity reported having attended these trainings, but when budgets tightened several years ago, the agency began charging for this training and CCS ceased sending staff to this program. Although budgets are stretched, it is important to support the quality of supervision provided by the regional directors and lead consultants because it influences, positively or negatively, the work of 8–12 consultants.

**Recommendations.** The CCS division is large enough to warrant and would benefit by having a designated training coordinator—someone whose primary responsibilities cover all aspects of new employee training and ongoing professional development at every level, including planning and organizing training content, scheduling presenters, and assuring that training progresses appropriately and is completed. Experienced regional directors, lead consultants, and consultants can be called upon and expected to participate in some training, but accountability for training and professional development needs to rest with one person rather than be conducted by committee.

The knowledge content and practice activities that CCS developed for the recent group training of 10 new consultants should become the standard checklist and set of materials that are used for all new-consultant training, even when it is one-on-one. Lacking a training coordinator, the Regional Directors need to be responsible for seeing that new consultants and new lead consultants have completed everything on such a checklist before being given their own caseload and their supervisors (the Child Care Services directors) should review that documentation. A training checklist for regional directors would also be useful.

Regaining funds for a specifically budgeted training line would be beneficial for all CCS staff. Occasional workshops from outside experts can bring new ideas to the entire team and even if only some supervisors and consultants could be enabled to attend national and regional meetings each year, that too broadens horizons and reduces insularity of a division. NARA has a new web-based training that CCS leaders may want to review. The leaders and supervisors of one state we interviewed went through this process together and found it very helpful. More attention should be given to supervisor training. In addition to increasing their skills and knowledge, professional development typically enhances job satisfaction. When supervisors, in addition to line staff, receive useful training, it can also increase the perception within the unit that all staff are expected to contribute to the continuous learning environment within the division.

Training and attendance at professional meetings will be helpful but not sufficient. Supervisors would benefit from ongoing support in their important role. Informally, and because of the experience within the current team of lead consultants and regional directors, they do provide advice and mentor new lead consultants and regional directors as they learn their new roles. However, a standard training checklist overseen by a training coordinator would assure that the same help is given to each new supervisor.
Adequate Supervision

An effective regulatory agency has a managerial/supervisory structure where each supervisor’s span of control is workable and fair, and where each supervisee receives timely access to feedback and assistance. Effective supervision ensures that employees are able to fulfill their job responsibilities and also increases employees’ personal and professional growth. An effective supervisor has strong content expertise and the ability to be a coach and mentor for the supervisee.

Administrative Structure that Results in Adequate Supervision. Major changes in the administrative structure have occurred twice in the past 3 years and another took place just as we completed this review. Previously, each of the two Child Care Services directors supervised half of the regions and a unit (one oversaw Complaints and the other oversaw Applicant Services). In February 2013, one CSS director became responsible for all of the regions, and the other assumed responsibility for both of the specialized units. This change should facilitate the frequency, timeliness, and consistency of supervision and communication among groups of consultants with similar responsibilities, addressing a concern that had been expressed in our interviews with staff.

Supervision. The regional directors formally supervise the lead consultants and consultants (i.e., complete their Performance Reviews). The lead consultants assist the regional directors in training and supervising consultants. The regional directors are expected to make one skills visit each year with each of their consultants or approximately 12 visits (one lead consultant, 8–12 consultants currently in each region or special unit). On these visits, they use a professional practices checklist developed by division leaders. The checklist includes the consultant’s preparation for the visit, communication skills, professionalism, accuracy of observations, and proper documentation of citations. In a debriefing session, the regional director and consultant review the consultant’s performance. The directors of the Applicant Services and Complaint units also make at least one skills visit each year with each of their staff.

Similarly, using the same professional practices checklist, the lead consultants in the regions are expected to conduct one skills assessment each week with one consultant on their team. If adhering to schedule, all consultants are thus observed once each quarter by a lead consultant. The two lead consultants in the Complaint unit make joint visits as needed, but not weekly. After these joint visits, the lead consultant de-briefs with the consultant, making suggestions and correcting mistakes in the documentation. At times, a regional director might participate in the debriefing sessions. The professional practices checklists are submitted to the Child Care Services directors to assure that the process is being followed and to the quality assurance coordinator so that trends can be identified for training.

This system of consultant supervision and support and the professional practices checklists developed by the team are excellent, and feedback from consultants indicates that they like and learn from these joint visits. However, in actuality, these rates of supervisory visits are not being made or are being made all at the end of the fiscal year, and the checklists are not regularly getting to both directors and the assistant commissioner. Forty-two percent (42%) of consultants had not been on a joint visit in the 6 months before their completion of the survey, whereas all of them should have had at least one and perhaps two or three joint visits during this time. Perhaps these visits were not being made during this timeframe (July–December 2012) because (a) everyone was busy making the necessary visits to monitor the transportation fines, (b) lead consultants were conducting extra visits to cover the vacancies, (c) lead consultants and regional directors were engaged in training the 10 new consultants, and/or (d) lead consultants were making visits with the new consultants. Indeed, seven consultants reported 5-10 visits in the past 6 months on which a lead consultant or regional director had accompanied them, so supervision is taking place, just not evenly distributed.
Another method of supervision is via quarterly conferences. Each year, the regional directors (including Applicant Services and Complaint) have four meetings with each consultant in their region, generally in April and October (quarterly conferences), late January (the mid-year review) and late August (the year-end review). Most of these meetings are face-to-face, but due to schedules and distance, sometimes the conversations are conducted by phone. These supervisory meetings are designed to bring attention to and discuss any current concerns. The regional director supervises her lead consultant on a similar schedule. Prior to quarterly conferences with the consultants, the regional director completes the quarterly conference review form and quarterly conferencing facility staffing forms. Using available data on KOALA, the supervisor documents that the consultant has completed visits in a timely fashion and according to policy, the consultant has appropriately developed formal plans of improvement with the facilities in her caseload and followed up within the expected time frame, and that travel and leave requests have been submitted appropriately. In addition, the regional director and the consultant identify the child care facilities of concern that need to be discussed. This schedule of supervisory meetings is being adhered to more regularly than the professional skills joint visits.

To provide immediate advice to consultants when they are in the field, either the regional director or the lead consultant tries to be available by phone every workday. All calendars are online and visible to anyone on the team. Calendars are expected to be kept up to date so that the field staff know who is available to them to answer an urgent question. If for some reason consultants cannot reach their regional director or lead consultant, they know that one regional director is in the Atlanta office almost every workday for emergency calls and drop-in provider visits.

In spite of the fact that the supervisory skills visits have been conducted less often than desired in recent months, consultants and lead consultants reported satisfaction with their supervision. Responses to survey items indicate that most believe that their supervisor keeps them well-informed and provides the right type and amount of supervision. Most believe that they meet and talk with their supervisor often enough and that their supervisor lets them know when they do a good job. (Complete data on these questions is in Appendix Table 9).

In the focus group with regional directors, some expressed the need for consequences for consultants who did not complete a required task (e.g., following up within 10 days of issuing a plan of improvement to a facility to see whether progress was being made) or overlooked something important (e.g., not writing an adverse action for something that clearly met the criteria for one). Last year, following a special search of the database for such oversights, the regional directors issued written reprimands to some consultants. They reported that this procedure did not go over well, and they do not believe that time or resources are sufficient to do this consistently. Rather than a need for a system of reprimands, the regional directors’ concern illustrates the need for more training of supervisors in effective supervisory practices, which as noted above, has been limited and sporadic. A supervisor does need to monitor and support some consultants more closely and have a variety of improvement strategies to do so, as well as support from her supervisor when challenging employees need to be sanctioned. And, although it may be lengthy, Georgia does have a procedure for dealing with state employees who do not consistently perform their duties; supervisors do have options.

**Support and Management of Workload.** We have already addressed workload distribution and how the division follows the recommended frequency of redistribution and does so very systematically. This section concerns whether consultants are provided the right tools with which to do their jobs and whether expectations for their work are appropriate.

The state gives consultants the technology required to conduct their work: a laptop computer, an all-in-one scanner/copier/fax, a portable scanner (for scanning education and training documents in a center or family day care home), a cell phone, and an air card. Reimbursement is provided for those who need
to stay overnight in a hotel, more frequently required of consultants in the southern area of the state due to distances they travel to their caseload. DECAL is ahead of many states in the implementation of automated technology solutions. The new KOALA system continues to be improved by the IT team and eventually should include more of the automatic reports that supervisors want and clear triggers for increased monitoring and adverse actions.

On paper, the expectations for the work of consultants and their supervisors are reasonable—they are responsible for monitoring an appropriate number of rules and regulations, their caseload is distributed taking travel time into account, they have access to a new and better data system in which to enter their observations, and they work with colleagues who seem supportive and collaborative. However, during the time of our interviews and survey, many CCS staff expressed discontent with the amount of work expected of them now. The perception of consultants and supervisors was that if they could “get back to normal,” they would feel like they were doing jobs well. Their workload had increased primarily due to the number of vacancies and the decision to take a special look at non-compliant programs. They needed to review their caseload and write an enforcement fine and create a plan of improvement for any facility that had been non-compliant for 4 years and also make two technical assistance visits in a short period of time. This special emphasis followed an intensive review of all facilities with transportation violations.

The consultants’ concerns seem well grounded, so there should be some expectation of relief in sight when the new consultants assume their full caseload (approximately March 2013) and when the bulk of the work to pursue transportation violations is completed (about the same time). One hopes that no special new projects appear and that a period of some stability will allow for a reassessment of morale later in 2013. Potential changes in the core rules scoring, with internal discussions and decisions on changes informed by Fiene’s report, may simplify the work related to core rules, but will be yet another change that requires adaptation. Information will need to be shared with providers and consultants; consultants will need training in how to monitor using the revised core rules; and the KOALA database will need programming modifications to both receive the data and to produce reports reflecting the new rules. Leaders must keep in mind that even a change that is expected to yield benefits for consultants (simplified scoring and coding), will for a time add stress to all those who need to adapt to the change.

**Recommendations.** Any change to the organizational structure should take into account the need for clear lines of communication to all field staff and ensuring more consistency in supervisory practices. The system of joint visits made by lead consultants and regional directors with consultants is excellent and should be adhered to as regularly as possible. One of the single most important activities the division can perform to ensure professionalism in monitoring and consistency in reporting is to implement this system of supervision as designed. Strong supervision requires coaching and mentoring, as well as providing content expertise. Granted, emergencies and vacancies may sometimes cause an interruption in a joint visit schedule, but the team should immediately get back on track when the reason for the disruption ceases. Regional directors should expect and review a monthly report from their lead consultants, and Child Care Services directors should expect and review monthly reports from their regional directors. The assistant commissioner should expect the same from the Child Care Services directors. The quarterly conferencing system seems to be working well and should continue. Some of the more specific supervisory challenges reported by regional directors could be addressed by providing them more specific training and support in supervision and guidance.

**Compliance Monitoring**

A good set of child care rules and regulations will not ensure the safety of children if facilities are not monitored frequently enough to confirm that the rules and regulations are being followed. Because some regulations require judgment on the part of the observer, compliance monitoring should include a system
for assuring that the many consultants are seeing and recording what they see in approximately the same way. Consultants and their supervisors also need the right tools to perform their duties and a systematic review procedure should be in place to monitor the accuracy of the consultants.

**FREQUENCY OF MONITORING FOR COMPLIANCE.** As noted previously, CCS meets the recommendations of national organizations for frequency of monitoring by making at least two licensing-specific visits per year as well as a health and safety inspection and a fire department inspection. In addition, licensing and monitoring visits are unannounced, as recommended. CCS has considered differential monitoring in which high-compliance facilities would be visited only once per year. The concern was that a Consultant might be reluctant to cite a program when warranted because doing so would require another visit that year, thus adding to an already heavy work schedule. Because so many programs need second visits anyway, CCS leadership decided to stay with the requirement of two visits per year.

**CONSISTENCY OF CONSULTANTS’ OBSERVATIONS.** It is important for consultants around the state to be consistent in how they score their observations of child care facilities. Training for consistency is always a part of state and regional consultant meetings. At least one session at these meetings is typically devoted to a particular rule that the review process has highlighted as being differentially applied. A topic is first covered at a state training with a plan for more follow-up discussion at the next regional meeting, as well as in supervisory phone calls between regional directors and staff.

If two consultants visit a program on the same day, their scores should be almost the same, that is, they should be “reliable” with each other. We commend Georgia for having established an inter-rater reliability (IRR) process; none of the five states we interviewed have one. After the core rule scoring system was developed and the consultants had received training on how to code the core rules on all visits, DECAL’s research and evaluation team and CCS staff developed an IRR process. Some of the experienced lead consultants became the first “anchors” or “gold standards” and began to train other lead consultants or consultants (one person in each region) to become an anchor. The goal was to have 80–85% reliability, that is, both people reporting the same thing on 85% of the core rules observed in one family day care home and one child care learning center. Initially, the scoring system and rules for the visits were confusing to participants and seemed to be, as one person reported, “set up for failure.” Consultants thought that the IRR process put great pressure on them to be reliable. Indeed, the intent was to help them become more reliable, but was not purposefully intended to cause stress.

The inter-rater reliability process was temporarily suspended because other activities took priority in 2012. If the core rules scoring system is modified based on input from the Fiene report, it would be good for a small set of lead consultants and/or consultants to resume the process. They can continue this commendable focus on the need for consistency in scoring as well as shed light on the rules that continue to be hard to rate with reliability. For these, the remedy may lie in further clarification of the rule rather than in continued training of the observers. The acknowledgement that the rules may need refinement could reduce the stress of observers who may have felt that the emphasis was solely on them.

Another less formal way to increase consistency is to have consultants within a region visit a facility together then compare and discuss their independently observed ratings. Occasional visits across regions could further increase consistency. CCS had begun this process a year ago, but suspended it because of the staff turnover. Even at full staffing, these type of activities remove one more day from one consultant’s regular caseload and require extra travel time and expense. Perhaps when the newly trained consultants are sufficiently independent, this process can begin again.

**STRUCTURED FACILITY REVIEW SYSTEM.** NARA recommends that a licensing agency have a structured procedure for reviewing all the documentation of some or all facilities for quality assurance purposes. States approach this task in different ways by having different individuals responsible for the review
or different time frames for the look-back. CCS developed a procedure for quality assurance reviews in 2005, a system that has been evolving. However, during the time of this study, quality assurance reviews were not being consistently implemented, as reported by a number of people. The CCS quality assurance director and each of the regional directors have a role in this shared case review system which is supposed to work as follows:

(a) The quality assurance director's responsibility is to review one or two cases per month per consultant, reading all the visit records in the past year for the particular child care learning center or family day care home—the licensing study, monitoring visit(s) and any complaint investigation. Reading these records, she determines whether the records are clear, complete, professional and well-written (grammar and sentence structure). She assesses whether all core rules were evaluated, whether the correct rule was cited for a particular finding, and whether there is sufficient information in the report if litigation were to be initiated. This information is documented on a standard quality review feedback form which the quality assurance director provides to the regional directors for sharing with consultants.

(b) The regional directors are also expected to complete a quality review in the same way on one randomly selected facility each month for one of their consultants. The regional directors should then use their reviews and the quality review from the quality assurance director to provide individual feedback to consultants and individual instruction or group training in needed content areas. Several respondents reported that the quality review data are also being used to determine the training topics that are addressed in the statewide and regional training meetings.

This quality review process is a good system, but many regional directors are not conducting these reviews monthly, and the quality assurance director has been given additional responsibilities so has diminished time for these reviews. (We note parenthetically that there is a position in the division called quality assurance coordinator whose current duties are not reflected in the title. This person’s responsibilities have evolved and she is not now involved in consistency or quality reviews. Perhaps a position study is needed.)

Quality reviews help supervisors monitor the performance of consultants. Another type of quality assurance is at the facility level. A state file review is a 3-year look-back on all records of a particular center or home, looking for accuracy and thoroughness of the reports as well as consistency across consultants, if more than one consultant had completed these observations. The quality assurance director, regional directors, and lead consultants are each expected to complete one of these per month. The reviewer checks to see that the ownership verification is on file, that core rules were evaluated on every required CCS visit, that health and fire safety visits had been made each year, and that all records seem to be in order. State file reviews focus more specifically on programs that have had Category 3 complaints (the least serious level of complaint). As with the case reviews, the frequency of state file reviews is not at the desired level.

**Recommendations.** CCS’s focus on consistency across Consultants in their observations of facilities is exemplary in principle, but temporarily being sidelined due to under-staffing and other pressing tasks. Regular training on specific rules is part of state and regional meetings as well as supervision. CCS has used both an informal joint visit process (consultants across regions) and a systematic inter-rater reliability process, although these have been indefinitely suspended. Both should be resumed when staffing allows.

A renewed emphasis needs to be placed on conducting quality assurance reviews and state file reviews. Both are good systems developed to assure consistency and accuracy across staff. The supervisors of the quality assurance director (the assistant commissioner) and the regional directors (the two Child Care
Services directors) should expect a monthly report from their supervisees about how many reviews were made in the past month and a summary of the findings. This comment will not be a surprise to division leaders, as many of them know and reported that these review processes are not being conducted as often as they would like. One wonders whether a single review system could be developed that would serve the multiple purposes that the two current systems address.

Those who conduct file reviews report being surprised at how many citations reference the wrong rules or are poorly written. Consultants need frequent and honest feedback about their reporting and continued training on documentation. Their records form the basis for all positive and negative actions regarding a facility’s license and must be monitored regularly. Although experienced individuals and those who have established good track records regarding their monitoring could be reviewed less often, even experienced consultants need occasional review.

**Enforcement**

A regulatory agency should have a full range of enforcement procedures that are applied fairly, firmly, and predictably. Documentation of violations must be evidence-based, clear, complete, well-written and professional. Systems of monitoring, both manual and automated, should track actions against stated times and conditions to accomplish correction, and timely legal advice should be available to enforcement staff. This section addresses the CCS enforcement system.

Enforcement begins with well-trained staff, timely monitoring and licensing visits, and clear documentation that is reliably recorded—foundational processes that have been covered in earlier sections of this report. Frequent non-compliance or a severe non-compliant observation or report requires a stronger and usually more rapid response. Adverse actions due to serious problems at a facility include enforcement fines, non-renewal of a license, license revocations, or immediate closures. The number of adverse actions processed by the CCS licensing division has increased from 120 in FY 2010–11 to 179 in FY 2011–12. In the first 6 months of FY 2012–13, 204 were processed, with 400–500 expected by the end of the year. This is about a 4-fold increase over only 2 years. These actions are taken only after a facility has been given many opportunities to correct a problem. Typically, if a second citation has been given for the same rule, an office conference is scheduled with the regional director and a Plan of Improvement is developed and monitored. If the consultant again finds the same rule in violation, an enforcement fine results.

Continued non-compliance with regulations can result in a fine of $299. If a consultant cites playground hazards, exceeding the staff:child ratio, or other violations of core rules, she develops a plan of improvement with the provider and conducts a follow-up visit within 10 days. If the problems have not been rectified, the consultant has some leeway to allow more time, but if the problem is serious or the same problem is observed again on a follow-up visit, the facility is given an enforcement fine of $299. Enforcement fines can also result from complaints registered by parents or incidents that are self-reported by a facility, for example that a child or children may have wandered away from a program. If found to be true upon investigation, such an incident should also result in a $299 enforcement fine.

If a child is physically injured, the enforcement fine is $499. Providers are required to report to CCS any injury to a child requiring professional medical attention and parents may also report such incidents. Examples include playground accidents, falls from changing tables, unsecured furniture falling on a child, severe bites from another child due to lack of teacher supervision, or severe allergic reactions from staff feeding a child food that is clearly listed on the child’s allergy form. CCS has the authority to immediately revoke a license and shut down a facility if a condition is discovered that
endangers children, for example if a center staff member or home provider purposefully hurts a child or if a registered sex offender is discovered to be living in a family day care home.

Adverse actions may begin with a consultant’s report or a complaint from a citizen. Regional consultants process transportation fines and repeat non-compliances; Complaint consultants process incident reports and parent/citizen complaints. Complaint consultants “work the cases,” that is, follow up with phone calls, site visits, and interviews to discover the facts of the situation. Regional directors help consultants decide on the appropriate action, possibly a plan of improvement or an office conference. Child Care Services directors provide guidance as regional directors need it. The investigation may not find enough evidence to support the allegation or may find that the allegations are true and should result in one of the consequences noted above. Citations and license revocations are made public on the division’s web-site, although not the investigative findings or the amount of the fine.

The Child Care Services directors try to involve the DECAL legal team as soon as they receive information about a facility where actions are needed. Together, they discuss and agree on the best course of action. If a fine is appealed, the legal team represents CCS at the hearing. Administrative law judges hear appeals and a Child Care Services director or a regional director represent the division at these hearings. Some concern was expressed that the processing of enforcement fines and other adverse actions was not being done quickly enough. If a continuing non-compliance is overlooked and no enforcement fines are given, and later a child is injured in some incident, the agency does not have the leverage it would have (i.e., a second larger fine) if the first fine had been issued. Regional Directors expressed the hope that the KOALA database could have such delays automatically trigger emails to the appropriate consultant and supervisor.

The regional directors believe that the most serious issue in enforcement is ensuring that consultants make the proper follow-up visits to facilities when there have been findings in order to verify that the problem has been cleared up or, if not, whether an office conference is needed. Regional directors also believe that consultants need more training on writing clear and specific citations, including basic spelling and grammar. Poorly written citations without detail and supporting documentation are hard to defend when a provider refutes a finding. The percentage of refutations is reported to have increased in the past few years. The two issues just noted are additional examples of the need for ongoing professional development for these supervisors. Collectively, they have years of experience in CCS and know what is needed. Appropriate management and supervisory training could broaden their own skills in managing others and increase their effectiveness as supervisors.

**Recommendations.** A good system is in place for categorizing the severity of and acting upon complaints and program non-compliances. The rate of processing enforcement fines and other adverse actions has slowed due to increasing volume and this must be addressed. To prevent overlooking of continuing non-compliances, it would be helpful if the KOALA database could trigger emails to the appropriate consultant or supervisor when time limits have been reached. Regional directors have additional ideas about KOALA’s reporting. Consultants need more training on writing clear and specific citations. More evidence of writing skills could be requested in the interview process. Supervisors also need strategies for helping their supervisees with these and other skills, and as noted earlier, could benefit from more support as supervisors.

**Effective Provider Support Services**

NARA and NACCRRRA expectations are that an effective child care regulatory agency delivers well-planned and evaluated training events to providers. The content and modality of training should be
responsive to provider needs, both existing and emergent, and the training and support should be fully integrated into the agency’s plans.

The first supportive service that CCS delivers is not to providers but to potential providers. At an individual’s request, consultants in the Applicant Services unit provide timely (within 24 hours or the next business day) information on the expectations that will need to be met for a prospective center to receive a license or a family day care home to become registered. Applicant Services consultants hold a monthly day-long orientation meeting for potential child care learning center owners/directors (average attendance last year of 71) and a similar bimonthly meeting for potential family day care home providers (average attendance of 69). These pre-licensing trainings explain the role of the provider and of CCS and provide assistance on how a facility can comply with regulations. Applicant Services staff make the first licensing visit and any necessary follow-up visits until the facility is in compliance. Thereafter, the facility is monitored by regional Consultants.

Once licensed, DECAL supports child care providers with a number of activities administered centrally and through the work of individual CCS consultants with the providers in their caseload. The technical assistance function of the regional consultants is to provide child care facilities help, either directly or through linkages to other resources, that promotes compliance with regulations and reinforces workforce development. In their job descriptions, one of the responsibilities of consultants is listed as “recommends programmatic and/or operational changes based on review or audit.” Consultants and their supervisors are challenged by the inherent tension that exists between TA and enforcement. This dichotomy was also reported by each of the other state leaders we interviewed, although none had found a ready way—other than continued training and good supervision—to address the tension.

A consultant’s main role is to monitor a facility’s compliance with the rules, yet they are also expected to provide help in meeting the rules that are not met. Some actions that would bring a facility back into compliance are relatively easy to address with a family day care home provider or child care learning center director, but others require significant time, money, or training to bring into compliance. In such cases, consultants are expected to be knowledgeable about local resources providers can contact and may even make the contacts for or with them. Supervisors try to help consultants with the balance of these two roles, but acknowledge that even the division’s goals are not as clear as they could be regarding regulatory versus educational functions.

At regional and statewide CCS meetings, consultants have opportunities to discuss topics relevant to the TA function including establishing positive relationships with providers, effective TA strategies, and communication. Supervisors and lead consultants are available to consultants for advice. Consultants share ideas with each other. Fortunately, like other states, Georgia has a collection of agencies and programs that offer technical assistance to child care providers to help them improve their quality of care and/or to increase their own education and professional development. Many of these programs are funded by DECAL (see sidebar), and licensing consultants are periodically given updates about the resources they can provide and/or limitations to their services.

Licensing consultants are expected to know about all of the DECAL-funded programs as well as any regional or county program that might help a family day care home or child care learning center in their area. Consultants are expected to know how to help facilities make connections with the staff of these programs. However, it must be said that programs that want and could use additional help to provide better care often must get in line because the sum total of all of these resources is not sufficient to meet the need. Some interviewees reported to us that CCR&Rs were more helpful in the past and less so now that their service regions have grown so large and, as one person noted, they are specifically focused on quality improvement, not compliance improvement. For example, CCR&Rs used to develop specific trainings that would address issues that a consultant might see in a number
of facilities, whereas now the focus of CCR&Rs seems more on getting programs to become ready for national accreditation.

While CCS is responsible for providing some assistance to child care programs to help them comply with the regulations, we note that providers and program directors also must want, or at least be willing, to receive assistance. A specific event illustrates the point. When CCS focused renewed attention to the transportation rules, staff offered a webinar to review the existing transportation regulations, explain the new enforcement emphasis, and answer questions. All facilities with one or more transportation citation over the past year (there were over 1,000) were invited to the webinar, which was presented two different times. Only about 20% of these facilities had a representative on one of the webinars. This example illustrates one challenge in supporting child care programs. To their credit, CCS leaders do not give up and continue to provide help in a variety of ways.

The range of CCS support services varies in content and modality, and is provided through consultants and contract agencies, as well as directly via regional meetings, webinars, and email blasts. No quantifiable standard exists to evaluate this broad TA function, but CCS addresses the areas noted by NARA in their recommended best practices for TA. Also, Georgia compares quite favorably in its TA provision to the five states whose leaders we interviewed. Perhaps the best evidence of CCS’s effectiveness in this area is its customer service rating. Evaluators from Georgia State University conducted a survey in the spring of 2012 to assess the satisfaction of the customers of DECAL, including hundreds of child care learning center directors and family day care home providers. The results of the survey were very favorable. DECAL was rated quite highly for customer service across the board and compared very favorably to other Georgia state agencies. In particular, customer ratings of DECAL’s timeliness in responding to customer concerns were very high, exceeding the most recent statewide results by 12 points (80% vs. 68%).

**Recommendations.** CCS is following best-practice recommendations for provider services. The new-provider orientations conducted by CCS are thorough and are offered frequently enough to meet provider needs. The website includes easily accessible and useful information. Webinars and email blasts on particular topics are being used more often, especially to get word out in a timely way about

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### DECAL-Supported Professional Development Programs for Providers

- The Georgia Training Approval program supports the professional development needs of Georgia providers by trying to ensure that state-approved training meets high quality standards.
- The Georgia Early Care and Education Professional Development System promotes professional growth for providers by supporting them in taking technical college or college courses.
- The Georgia Program for Infant/Toddler Care, formerly the Infant Toddler Network, offers training and technical assistance to directors and teachers who serve children birth to 3 years old in centers or family day care homes (although services are limited because only a small number of infant/toddler specialists serve the entire state).
- The Child Care Resource and Referral agencies throughout Georgia help facilities through training, on-site technical assistance, and inclusion services; child care accreditation (for national accreditation); development of program improvement plans; and coaching to help program staff develop skills to achieve and sustain program improvement goals.
- Georgia Quality Rated is the voluntary quality improvement process for homes and providers. Following an initial assessment, consultants are available to assist centers and homes address their goals for quality improvement.
upcoming regulatory changes. Training on effective TA strategies has been offered to consultants at quarterly meetings; the NARA training on balanced regulatory compliance might be a useful addition to future training.

**Effective Communication Systems**

This broad indicator includes communication between the agency and the public, the communication system that maintains contact among consultants and their supervisors, and systems of communication between the CCS unit and other collaborating units (e.g., Georgia’s Pre-K).

Georgia is one of 25 states that reports online inspections and complaints so that they are readily available to parents and the public (NACCRRA, 2012). The website is user-friendly and easy to navigate. In the past year, the website was visited 1,157,354 times and had over 7 million recorded page views. In addition, the public seems to have no hesitancy in communicating with CCS, as evidenced by 2,200 complaints registered last year.

Almost everyone interviewed for this study agreed that communication within the division could be improved, with several providing examples of times where they learned an important fact or new procedure that should have been communicated directly but came to them indirectly through a colleague or by seeing their name on a new committee list. Communication breakdowns were attributed to the dispersion of staff all over the state and the need to use email for some important announcements; to an organizational structure that had CCS consultant teams supervised by different people; and to general overwork and forgetfulness. The recent reorganization that placed all regionally-based consultants under one supervisor should alleviate this concern as would having important policy memos come directly from the assistant commissioner.

In the past, communication among consultants and their supervisors and division leaders has been accomplished mainly via email, telephone, and through meetings. In 2012, webinars began to be used to reach all staff to provide information and answer questions about important topics. For example, a webinar describing the new geographic regions and redistribution of consultants' workloads allowed for questions and answers and was a way to inform almost everyone at the same time. Further discussion occurred at the next quarterly statewide meeting, but on this topic, timeliness was important.

Questions about communication were included on the consultant survey. The majority (60%) agree or strongly agree that staff frequently share ideas with each other and 50% agree or strongly agree that management shares enough information with them about important matters and changes. However, only 36% agree or strongly agree that management is easy to get to and talk with. (Consultants may or may not have included their own regional director supervisor as “management.”) One supervisor noted that a complaint about “communication” is sometimes a consultant’s misunderstanding of a new rule or procedure, indicating to the leadership staff that relaying the same message to all CCS consultants in the field requires clarity, repetition, and consistency of message from leaders, as well as the use of multiple modalities (meetings, emails, webinars) of message delivery. (See Table 10 in the Appendix for complete detail.)

Communication seems to be very good between the different units within DECAL, for example between CCS and Nutrition Services or CCS and Georgia’s Pre-K. Each division has an identified contact person, and these individuals notify each other of upcoming actions or events that affect other units. The communication between CCS and Pre-K divisions is especially important because Pre-K needs
to know whether a child care learning center is in good standing with licensing before they award a Pre-K grant. When CCS has an office conference for a child care learning center with continued non-compliance, they include Pre-K in the meeting if that center hosts Pre-K classrooms. If the Pre-K division is about to make a major decision about whether a center is going to keep their Pre-K grant, they notify CCS so that their representative can be present. The regional directors and lead consultants who are housed in the state office typically represent CCS at such meetings because of the travel that would be otherwise required for the field consultant assigned to the centers under review, although the consultant is often linked in by phone.

Recommendations. CCS operates a user-friendly website where the public can search inspection and complaints records of all licensed centers and registered family day care homes. Communication between CCS and other units in DECAL seems very good and units have a system of notifying each other when upcoming meetings or office conferences require the presence of a representative from different units, most frequently between CCS and Georgia’s Pre-K. Communication within CCS could be improved, as noted by many leaders and supervisors. The majority of consultants think that they are receiving enough information about important topics from CCS upper management although they wish they were easier to access and talk with. In-person meetings such as the quarterly statewide meetings are invaluable ways to communicate with staff and help build camaraderie and a sense of shared purpose, however CCS has also embraced new technologies to improve the timeliness of information sharing.

Conclusions and Recommendations
Georgia’s Child Care Services division manages its regulatory functions very well and has developed good systems to monitor the many different aspects of licensing. Although improvements could be made in some areas, overall CCS is providing good oversight of Georgia’s child care providers and, for the most part, follows regulatory procedures that are recommended by the two national organizations that monitor and assist child care regulators. The last few years have been a time of many changes for CCS, most of them structural or systems changes decided from within the agency, but there have also been leadership and legislatively required changes. All CCS personnel interviewed or surveyed for this review seem committed to early childhood and highly motivated to do their jobs well, but most reported feeling very stressed by the amount of work they had to do and by the frequent number of changes in procedures they were required to learn and follow. Changes are inherent in a regulatory agency such as DECAL and a division such as CCS licensing, and changes often result in more efficient, better coordinated processes and procedures. Understandably, though, change can create strain within an agency. The new assistant commissioner of this division will need support, from both above and below, to address the concerns over change while continuing to move the division forward.

Planning for future changes should include the expertise within CCS from a range of positions, be timed to fit within the previously “normal” end-of-fiscal year changes, and be data driven, if at all possible. Our charge was to make recommendations for change where needed, so this review will inevitably contribute to more change. Many of the suggestions presented in this report came from experienced members of the CCS team; others were ideas learned from other state licensing leaders; still others are from the NARA best practices guidelines. We hope that implementing some of these recommendations will ultimately result in a more smoothly operating and effective organization.

This last section briefly lists recommendations made earlier in the report and some conclusions about procedures we believe are working well and need no modification.
Statutory Authority

In light of the national movement towards strengthening the criminal records checking systems, it would be worthwhile to review the background check law, learn from other states that are doing the same, and consider modifications. (We understand that a revised bill is making its way through the legislature as of this writing.)

Because the safety of children in programs legally exempt from licensing is unknown, investigating the magnitude of the numbers of children and/or exempt facilities in Georgia would be an informative exercise. National estimates are that approximately equal numbers of children are cared for in unlicensed care as in licensed care.

Program Regulations

Promulgating and implementing new rules and regulations to increase children's safety in child care facilities should be done on a regular basis rather than “as needed.” Reviewing family day care home regulations and child care learning center regulations on an alternate-year basis would more than meet NARA recommended frequency.

The good regulatory review processes used in the past should continue. Recent examples of event-triggered reviews show that the CCS division is appropriately responsive to emergent situations.

CCS should continue its balanced and effective management of public-stakeholder relations and outreach. The quarterly advisory committee meetings and occasional webinars and online meetings for providers have been successful methods of communicating and obtaining input on policy changes.

The development of a core rules set of regulations that must be observed on every scheduled, required monitoring and licensing visit has strongly focused the division, and consultants in particular, on children's health and safety. However, the core rules scoring system may be overly complicated. With the analysis recently provided by Dr. Rick Fiene, modifications based on data and experience can be made that will make the determination of compliance more straightforward.

Currently, a child care facility's compliance status is determined once a year based on the past year's observations. CCS should assess whether a facility's compliance status can be reflected on the DECAL website in real time, shortly after a consultant visit documents a significant problem (a finding) or an improved situation. This would allow parents and the public to know a facility's most current compliance.

DECAL's regulatory and guidance manuals are specific and thorough and are all available online to child care providers and CCS consultants. These documents are updated at least annually, a good practice. With the number and frequency of procedural changes the department has implemented in the past 2 years, more frequent updating might be needed.

The division should review accountability for updating these manuals and clarify priorities for those individuals who are expected to do so.

Information Management System

CCS’s new computerized information management system (known as KOALA) thoroughly handles all aspects of licensing and is becoming ever more responsive to the reporting and supervisory needs of division leaders. In use now for 8 months, it would be good for the division to re-assess its functionality. Specifically, regional directors can help prioritize the types of new reports that would enhance their supervisory activities.
Staffing and Training

When the CCS consultant job descriptions are next studied and updated, the terminology should be brought up to date and the functions prioritized to reflect the approximate time that consultants spend engaged in the functions. The two different positions related to “quality” should be studied and those job duties clarified.

CCS fully meets the quality benchmark of employing licensing consultants who are educationally and experientially qualified. Most of the lead consultants and regional directors began their work with CCS as a regional consultant and were promoted, so there is also a great deal of experience in the supervisory ranks.

Even though there were many vacancies among consultant positions last year, CCS almost met the NARA quality benchmark of making two visits per year to each facility (88% of family day care homes had two or more visits and 85% of child care learning centers). Full staffing should allow this goal to be met in the current fiscal year.

The average caseload being managed by consultants is among the highest of all 50 states, with 120 facilities per consultant at the time of this review. Investigation of complaints is timely but the processing of violations has slowed due to volume. Increasing the overall number of consultant positions is warranted.

Differential monitoring (fewer visits to compliant facilities, more visits to non-compliant facilities) should be reconsidered if the caseload ratio does not diminish as expected or perhaps even grows due to Georgia population growth and increasing numbers of child care facilities.

CCS follows best practice guidelines by periodically readjusting consultant caseloads, and does so with sound assessment and calculation methods, deploying staff in geographic service areas for efficiency. Once the newly hired consultants are fully responsible for their caseloads, CCS should review the time and effort data as well as the visit report data to determine whether caseloads are appropriate or if other adjustments might be needed.

Training and Professional Development

The CCS division is large enough to warrant, but does not have, a designated training coordinator/coach—someone whose primary responsibility is for the division’s formal training sessions as well as coaching support for regional directors. The training function would involve planning and organizing training content, scheduling presenters, and assuring that training progresses appropriately and is completed. Experienced staff can be called upon and expected to participate in new employee or ongoing training, but accountability needs to rest with one person. The training coordinator’s role would encompass the more formal training of new consultants, lead consultants and regional directors, but also the ongoing professional development of the team, especially regional directors.

The agency should make better use of standardized training checklists. The checklists created in November 2012 for training a new group of consultants should be the basis of a more standardized training for new consultants, even though they will likely be trained individually. In lieu of a training coordinator, someone must ensure that a new employee has completed everything on that checklist before being given her own caseload. Training checklists for lead consultants and regional directors would be useful as well.

Reinstatement of funds for training and professional development would be beneficial for all CCS staff. Continuing professional development enhances the job performance of staff, increases their sense of competence and job satisfaction, and may even prepare them for career advancement.
The highest priority for training should be for the regional directors and Child Care Services directors who could benefit greatly from relevant training in management and supervision. Almost all were promoted to their current leadership positions without good training in the supervisory skills helpful to effective management. Attending NARA training or participating in NARA’s web-based training as a group should be considered.

Attendance at professional meetings will be helpful but not sufficient. Informally, supervisors support each other by sharing ideas and advice. A training coordinator could focus on mentoring.

Supervision

Supervision practices and timelines could be more consistent across supervisors. The regional directors and the directors of the Complaint and Applicant Services units are responsible for supervising almost everyone in the division. Two actions would enhance their performance. First, supervisors’ time must be protected so that they can supervise. Special projects and new procedures have taken considerable time. Make supervision a special project. Second, see that the original schedule of joint skills visits with consultants is carried out.

Regional directors should expect and review monthly reports from their lead consultants about the lead consultants’ skills visits, and Child Care Services directors should expect and review monthly reports from their regional directors. The assistant commissioner should expect the same from the CCS directors. To promote more consistency in observations, occasional visits across regional units (e.g., a lead conducts a skills visit with a consultant in a nearby region) would be helpful, too.

Compliance Monitoring

CCS’s focus on consistency across consultants in their observations of facilities is exemplary. Regular training on specific rules is part of state and regional meetings, and supervisors review rules with consultants.

The DECAL research and evaluation team has developed a good system to assess inter-rater reliability among consultants. To our knowledge, Georgia is the only state that does so. The implementation of this system was suspended because other activities took priority in 2012, but it should be resumed when the scoring of the core rules is modified.

When time permits, consultants might benefit from occasional visits made together within or across regions in order to discuss the results of their independently observed ratings.

A good system of quality assurance reviews has been developed and a position, the quality assurance coordinator, is devoted to this function. Regional directors also play a role, but need to give quality reviews and state file reviews higher priority. Supervisors of the quality assurance coordinator (the assistant commissioner) and the regional directors (the Child Care Services directors) should expect monthly reports from their supervisees about how many reviews were made in the past month and a summary of the findings.

Enforcement

With assistance from DECAL’s legal team, CCS follows a model protocol for dealing with adverse actions, but due to the increased volume of adverse actions (a 4-fold increase over the past 2 years), CCS has needed to hire additional part-time staff to help with processing and is still running behind. The division should set a specific standard for timeliness and monitor this in the coming months so that evidence can be obtained as to whether permanently increased staffing is needed.
The foundation of enforcement is ensuring that consultants make the proper follow-up visits when there have been findings, in order to verify that the problem has been cleared up or, if not, whether the requisite set of consequences should begin. As the type of reports that can be produced from the KOALA system increases, supervisors should have more ways to assess consultants’ performance. It would be helpful if the KOALA data system would trigger emails to the appropriate consultant or supervisor when time limits have been reached.

Consultants need more training on writing clear and specific citations. Introducing them to some of the web-based writing tools that now exist could be helpful. In addition to requesting writing samples from applicants, a writing exercise could be incorporated into the interview.

**Effective Provider Support Services**

CCS follows best-practice recommendations for provider support services, both before and after they become registered or licensed. On a 2012 customer service survey, DECAL was rated quite highly for customer service across the board and compared very favorably to other Georgia state agencies.

CCS provides a variety of services to providers, including several programs designed to help providers improve the quality of care and/or to increase their own education and professional development. Licensing consultants are expected to know about all of these resources as well as any regional or county program and to help their facilities make connections with the staff of these programs.

**Communication**

CCS communicates well and frequently with the public and has easily accessible online records for all facilities (including both inspections and complaints). Communication between CCS and other divisions of DECAL (Georgia’s Pre-K, Nutrition Services, etc.) is reported to be good, with specific people assigned to notify other divisions when meetings or conferences are held concerning facilities that are in the jurisdiction of both divisions.

However, communication *within* the division could be improved, especially between the leaders (assistant commissioner and Child Care Services directors) and their supervisees. Consistency of message and messenger were mentioned as concerns by many study respondents. Consultants, especially, requested more inclusiveness and more sharing of information across all units within the division. Building team morale and commitment to overall CCS goals can be enhanced through frequent and open communications.
References


Appendix: Results from the Care Care Services Staff Survey

An online survey using Qualtrics software was distributed via email to all CCS consultants and lead consultants in late November 2012. The survey remained open until January 9, 2013. Of the approximately 75 individuals who should have received the survey, 60 logged on. However, 12 of them completed only one or two questions so these records were not used.

Table 1. Responses by Position and Region or Unit

<table>
<thead>
<tr>
<th>Position/Region or Unit</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>42*</td>
</tr>
<tr>
<td>Applicant Services Unit</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>Complaint Unit</td>
<td>5 (14%)</td>
</tr>
<tr>
<td>Central</td>
<td>6 (17%)</td>
</tr>
<tr>
<td>Northeast</td>
<td>6 (17%)</td>
</tr>
<tr>
<td>Northwest</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>Southeast</td>
<td>6 (17%)</td>
</tr>
<tr>
<td>Southwest</td>
<td>8 (23%)</td>
</tr>
<tr>
<td>Lead Consultants</td>
<td>6</td>
</tr>
</tbody>
</table>

*Seven consultants did not identify their unit.

Table 2. Experience in Current Position

<table>
<thead>
<tr>
<th>Position</th>
<th>N</th>
<th>Mean Years</th>
<th>Median Years</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>40</td>
<td>8.8</td>
<td>7.0</td>
<td>0 – 26 yrs.</td>
</tr>
<tr>
<td>Lead Consultants</td>
<td>6</td>
<td>3.4</td>
<td>-</td>
<td>4 mo. – 7 yrs.</td>
</tr>
</tbody>
</table>

Table 3. Highest Education Level

<table>
<thead>
<tr>
<th>Highest Degree</th>
<th>Consultants (N = 39)</th>
<th>Lead Consultants (N = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-year degree</td>
<td>2 (5%)</td>
<td></td>
</tr>
<tr>
<td>Two-year degree</td>
<td>3 (8%)</td>
<td></td>
</tr>
<tr>
<td>BA/BS</td>
<td>21 (54%)</td>
<td>5 (83%)</td>
</tr>
<tr>
<td>MA/MS</td>
<td>13 (33%)</td>
<td>1 (17%)</td>
</tr>
</tbody>
</table>
Table 4. Major Field of Those With BA/BS Degrees

<table>
<thead>
<tr>
<th>Major Field of the BA/BS Degree</th>
<th>Consultants (N = 36)</th>
<th>Lead Consultants (N = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood education</td>
<td>14 (39%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>Child and family development</td>
<td>8 (22%)</td>
<td>4 (67%)</td>
</tr>
<tr>
<td>Social work/social welfare</td>
<td>5 (14%)</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>4 (11%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>Elementary education</td>
<td>2 (6%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3 (8%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Major Field of Those With Master’s Degrees

<table>
<thead>
<tr>
<th>Major Field of the Master’s Degree</th>
<th>Consultants and Lead Consultants (N = 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>5 (35%)</td>
</tr>
<tr>
<td>School guidance/counseling</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Social work/human services</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Early childhood education</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Psychology</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Family studies</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Business</td>
<td>1 (7%)</td>
</tr>
</tbody>
</table>

Table 6. Assigned Caseloads per Consultant (N = 28 Consultants)

<table>
<thead>
<tr>
<th>Type of Site</th>
<th>Mean</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers</td>
<td>69</td>
<td>66</td>
<td>19</td>
<td>135</td>
</tr>
<tr>
<td>Homes</td>
<td>51</td>
<td>50</td>
<td>4</td>
<td>112</td>
</tr>
<tr>
<td>Total (Centers &amp; homes combined)</td>
<td>120</td>
<td>117</td>
<td>23</td>
<td>214</td>
</tr>
</tbody>
</table>

Note: Of the 35 consultants who said they had an assigned caseload, 29 reported the numbers of child care learning centers and family day care homes they were assigned. One extremely out-of-range response was excluded from this analysis.
### Table 7. Consultant Training

<table>
<thead>
<tr>
<th>Topic of Training</th>
<th>ATTENDED IN 2012 (N=42) % YES</th>
<th>DESIRED IN FUTURE (N=42) % YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation issues</td>
<td>88%</td>
<td>45%</td>
</tr>
<tr>
<td>Providing TA and other resources for TA</td>
<td>64%</td>
<td>25%</td>
</tr>
<tr>
<td>Regulatory issues</td>
<td>62%</td>
<td>20%</td>
</tr>
<tr>
<td>Interpretation of specific state regulations</td>
<td>55%</td>
<td>48%</td>
</tr>
<tr>
<td>State’s licensing policies and procedures</td>
<td>52%</td>
<td>28%</td>
</tr>
<tr>
<td>Management issues (web system, time, travel)</td>
<td>45%</td>
<td>23%</td>
</tr>
<tr>
<td>Health and safety issues</td>
<td>43%</td>
<td>25%</td>
</tr>
<tr>
<td>Early childhood education/child development</td>
<td>24%</td>
<td>45%</td>
</tr>
<tr>
<td>Identify child abuse and neglect</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Provider-licensor relationships and communication</td>
<td>12%</td>
<td>28%</td>
</tr>
<tr>
<td>Fire safety</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Supervision</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Other (incl. crib requirements)</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Note: Training included in-house training, state and regional meetings, and conferences such as GAEYC.

### Table 8. Lead Consultant Training

<table>
<thead>
<tr>
<th>Topic of Training</th>
<th>ATTENDED IN 2012 (N=5) % YES</th>
<th>DESIRED IN FUTURE (N=6) % YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation issues</td>
<td>100%</td>
<td>17%</td>
</tr>
<tr>
<td>Providing TA and other resources for TA</td>
<td>100%</td>
<td>17%</td>
</tr>
<tr>
<td>Regulatory issues</td>
<td>60%</td>
<td>17%</td>
</tr>
<tr>
<td>Interpretation of specific state regulations</td>
<td>60%</td>
<td>33%</td>
</tr>
<tr>
<td>Management issues (web system, time, travel)</td>
<td>60%</td>
<td>0%</td>
</tr>
<tr>
<td>State’s licensing policies and procedures</td>
<td>40%</td>
<td>17%</td>
</tr>
<tr>
<td>Health and safety issues</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Early childhood education/child development</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Identify child abuse and neglect</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Provider-licensor relationships and communication</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Fire safety</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td>Supervision</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: Training included in-house training, state and regional meetings, and conferences such as GAEYC.
### Table 9. Supervision

<table>
<thead>
<tr>
<th>Statement</th>
<th>Consultants N = 42</th>
<th>Lead Consultants N = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEAN (SD)</td>
<td>AGREE OR STRONGLY AGREE</td>
</tr>
<tr>
<td>1. My supervisor lets me know when I do a good job.</td>
<td>3.98 (1.07)</td>
<td>79%</td>
</tr>
<tr>
<td>2. My supervisor keeps me informed of the things I need to know to do my job well.</td>
<td>4.07 (.87)</td>
<td>86%</td>
</tr>
<tr>
<td>3. My supervisor’s expectations are clear.*</td>
<td>4.10 (.93)</td>
<td>83%</td>
</tr>
<tr>
<td>4. My supervisor provides the right type and amount of supervision.*</td>
<td>4.24 (.85)</td>
<td>90%</td>
</tr>
<tr>
<td>5. I wish that I could meet with or talk to my supervisor more frequently.</td>
<td>3.02 (1.9)</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Mean of supervisory questions (w/#5 reversed)</strong></td>
<td><strong>3.88</strong></td>
<td><strong>83%</strong></td>
</tr>
</tbody>
</table>

*from the GSU employee satisfaction survey, Jan 2013

### Table 10. Departmental Processes

<table>
<thead>
<tr>
<th>Statement</th>
<th>Consultants N = 42</th>
<th>Lead Consultants N = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEAN (SD)</td>
<td>AGREE OR STRONGLY AGREE</td>
</tr>
<tr>
<td>1. Most staff and administrators of the licensing division are open to change and experimentation.</td>
<td>3.26 (1.06)</td>
<td>55%</td>
</tr>
<tr>
<td>2. Staff frequently share ideas with each other.</td>
<td>3.40 (.99)</td>
<td>60%</td>
</tr>
<tr>
<td>3. Staff and supervisors work collaboratively to identify needs for improvement for the program.</td>
<td>3.33 (.93)</td>
<td>50%</td>
</tr>
<tr>
<td>4. I have to follow rules in this program that conflict with my best professional judgement.</td>
<td>2.60 (1.17)</td>
<td>26%</td>
</tr>
<tr>
<td>5. Supervisors collaborate with field staff to make decisions.</td>
<td>3.38 (1.08)</td>
<td>57%</td>
</tr>
<tr>
<td>6. Management expectations are clear.*</td>
<td>3.02 (1.09)</td>
<td>40%</td>
</tr>
<tr>
<td>7. Management is easy to get to and talk with.*</td>
<td>2.83 (1.12)</td>
<td>36%</td>
</tr>
<tr>
<td>8. Management shares enough information with me about important matters and changes.*</td>
<td>3.21 (1.00)</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Mean of departmental process questions</strong></td>
<td><strong>3.13</strong></td>
<td><strong>50%</strong></td>
</tr>
</tbody>
</table>

*from the GSU employee satisfaction survey, Jan 2013
## Table 11. Sources of Stress

<table>
<thead>
<tr>
<th>The work of a licensing consultant is often stressful. If you could change 1–2 things about your work, what would they be?</th>
<th>Consultants (N = 35)</th>
<th>Lead Consultants (N = 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload (overall volume or number of different responsibilities)</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Administrative Processes (chain of command, specific responsibilities, e.g., too much paperwork)</td>
<td>49%</td>
<td>20%</td>
</tr>
<tr>
<td>Compensation (salary too low, want pay for overtime)</td>
<td>26%</td>
<td>—</td>
</tr>
<tr>
<td>Communication &amp; Supervision (mostly with supervisors)</td>
<td>14%</td>
<td>40%</td>
</tr>
<tr>
<td>Empowerment (not feeling control over their schedules)</td>
<td>14%</td>
<td>—</td>
</tr>
<tr>
<td>Technology &amp; Equipment (data system issues)</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>Travel (extent of travel required)</td>
<td>6%</td>
<td>—</td>
</tr>
</tbody>
</table>

Note:Percentages do not sum to 100 due to multiple responses.
FPG is one of the nation’s oldest multidisciplinary centers devoted to the study of children and families. Our mission is to cultivate and share knowledge that enhances child development and family well being.