



# RESEARCH REPORT

## Saskatchewan Weighted Risk Assessment Study

### **Abstract**

This report provides the results from the Saskatchewan Licensing Weighted Risk Assessment Study which dealt with over 200 centre and home based stakeholders.

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# **The Saskatchewan Centre and Home Based Weighted Risk Assessment Study**

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## **Abstract**

This report will describe the Saskatchewan Centre and Home Based Weighted Risk Assessment Study providing the detailed weights of each service type. The Weighted Risk Assessment Methodology is the other abbreviated inspection approach in Differential Monitoring. When coupled with the Licensing Key Indicator Methodology it provides a cost effective and efficient monitoring and assessment of early care and education programs.

## **INTRODUCTION**

In licensing and regulatory administration, every regulatory requirement is important. However, anyone can recognize that some regulations pose a greater threat to children's health and safety than others. Weighted Risk Systems allow states, provinces, and other jurisdictions to qualitatively rank regulatory requirements to identify regulations that pose the greatest risk of harm to children.

A key component of Weighted Risk System development is to assign numerical "weights" to each regulatory requirement. These weights are then used to identify the most "serious" regulatory violations. This report presents the regulations that pose the most immediate threat to the health, safety, or well-being of children, and/or present the greatest risk of death or serious physical or emotional injury to children if the compliance with regulations is not met in Child Care Homes and Child Care Centres regulated by the Province.

The Province in conjunction with NARA identified a sample of stakeholders in the regulatory oversight process. Stakeholders identified included but were not limited to Provincial staff and licensees. Using an online measurement instrument, stakeholders were asked to assign a numerical "weight" to each regulation for each type of setting regulated by the Province. Numerical weights ranged from 1 ("No threat to the health, safety, or well-being of residents if the regulation is not met; individuals are not at risk in any way due to violation of regulation") to 8 ("Immediate threat to the health, safety, or well-being of residents if the regulation is not met; individuals would be in danger of death or serious physical or emotional injury if the regulation is in violation").

## **METHOD**

The National Association for Regulatory Administration (NARA) in cooperative agreement with the Research Institute for Key Indicators LLC (RIKI) have developed and enhanced Differential Monitoring and the respective abbreviated inspections methodologies of Weighted Risk Assessment and Licensing Key Indicators.

The risk assessment methodology is very different from the key indicator methodology in that compliance history data are not utilized but rather a best practice ranking according to risk is used to determine which rules become core rules which have the greatest likelihood to place children at significant risk of morbidity or mortality. This is done by having a group of experts rank order all the rules on a Likert Scale from low risk to high risk of mortality or morbidity that non-compliance with the rule places children at. This is generally done on a 1-10 scale with 1 = low risk; 5 = medium risk; and 10 = high risk. The experts selected include but are not limited to licensing staff, policy makers, researchers, providers, advocacy groups, parents, and other significant stakeholders who will be impacted by the weighting of the rules.

Once the data are collected from all the experts, it is averaged for each rule to determine its relative rank in comparison to all the other rules. A significantly high threshold or cut off point is determined so that no more than 5-10% of the rules become core rules. These core rules can then be used in a differential monitoring approach (to be described more fully in the next section) and/or with the key indicators to complete abbreviated reviews of child welfare programs. It is recommended that such a practice of using both core rules and key indicators be used together because then the state has the benefits of both methodologies in measuring risk and being able to statistically predict overall compliance with a very short list of rules.

The remainder of this section describes the process for developing a licensing weighting/risk assessment system for use in the implementation of human care licensing rules and discusses the applicability of weighting/risk assessment system for all types of human service licensing.

A licensing weighting/risk assessment system is a regulatory administration tool designed for use in implementing human care licensing rules. A licensing weighting/risk assessment system assigns a numerical score or weight to each individual licensing rule or section of a rule, based upon the relative health, safety and welfare risk to the consumers if a facility is not in compliance with the rule. The type of license issued is based on the sum of the numerical weights for each rule that is not in compliance.

The specific objectives of a licensing weighting/risk assessment system are:

- a) To standardize decision-making about the type of license to be issued
- b) To take into account the relative importance of each individual rule
- c) To ensure that rules are enforced consistently
- d) To improve the protection of consumers through more equitable and efficient application and enforcement of the licensing rules

A licensing weighting/risk assessment system can and should be developed and implemented only if:

- 1) Regular or full licenses are issued with less than 100% compliance with all rules. If a regular license is not issued unless all violations are corrected at the time of license issuance, a weighting/risk assessment system is not necessary. A weighting/risk assessment system is useful if a facility is issued a license with outstanding violations (and a plan to correct the non-compliance areas) at the time of license issuance.
- 2) There is a large number of licensing rules with a variation of degrees of risk associated with various rules. If there are only a few rules with equal or similar risk associated with each rule, a weighting/risk assessment system is not necessary. A weighting/risk assessment system is useful if there are many rules with varying degrees of risk.
- 3) A standardized measurement system or inspection instrument is used to measure compliance with licensing rules. Before developing a weighting/risk assessment system, a standardized measurement instrument or tool should be developed and implemented.

#### *Development of a Weighting/Risk Assessment System*

This section will provide a step-by-step process in the development of a weighting/risk assessment system for licensing agency use.

- 1) The first step in developing a licensing weighting/risk assessment system is the development of a survey instrument. A licensing inspection instrument or measurement tool can be adapted into a survey tool. The survey should contain each rule or section of a rule, according to how it is measured in the inspection instrument. Survey instructions should explain the purpose of the survey and instructions for completing the survey instrument. It is suggested that survey participants rate each rule section from 1-8 based on risk to the health, safety and welfare of the clients if the rule is not met (1 = least risk; 8 = most risk).
- 2) Surveys should be disseminated to at least 100 individuals. If a state has more than 3,000 licensed facilities in the type of service being surveyed, consideration for surveying more than 100 individuals should be given. Individuals surveyed should include providers of service; provider, consumer and advocacy associations; health, sanitation, fire safety, medical, nutrition and program area professionals; licensing agency staff including policy/administrative staff and inspectors; consumers of service; parents; and funding agency staff. In order to assure a higher survey return rate, persons selected as survey participants should be contacted prior to the survey to explain the weighting/risk assessment system and request their willingness to complete the survey.
- 3) Survey results from each survey should be collected and entered into a computer data base spreadsheet software package or an online survey software. After all survey data

are recorded, means or average weights for each rule or section of a rule should be calculated. If there is sufficient variation in the means for each rule, the individual rule means can be rounded to the nearest whole number. Generally when comparing mean weights among the various groups surveyed there should be a similarity in rating among the groups, supporting the use of the weights as a reliable measure of risk.

## RESULTS

The following contains the *Rule, Brief description of the Rule, and its corresponding weight.*

### **Centres (n = 144):**

- R49. Children must be adequately supervised at all times. 7.77
- R44. At least one person is on the premises who has first aid/CPR during hours of operation. 7.68
- 15(b). A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management. 7.64
- 36(2)(c). Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information) 7.63
- 28(b). Store any poisonous substances at the facility in a locked enclosure. 7.59
- R55. No person will smoke in a centre (includes outdoor play areas and facility excursions). 7.54
- R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint. 7.51
- R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent; 7.50
- R45. Before an individual is hired as an employee in a centre, the licensee must obtain from the individual the results of a criminal record check with respect to that individual. 7.49
- R28. A licensee must: Store any unsafe items at the facility in a place that is inaccessible to children. 7.48
- R53. The licensee must ensure that there is at least one child care worker present to care for a group of children on a walk in the neighbourhood of the centre. 7.48
- 27(1)(b) ensure that a written record of each dose of medication administered is made. 7.42
- R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the medication is administered to the child. 7.41
- 25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking. 7.41

R25. Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food. 7.40

21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.38

53(2) The licensee must ensure that the number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (3) and (4). 7.37

28(c) Cover all radiators and hot pipes with non-combustible materials. 7.36

R35. Child care worker is present at all times when a volunteer is in attendance. 7.36

27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 7.36

52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5). 7.33

26(b) ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out. 7.31

47(c) Results of criminal record check. 7.30

54(3)(a) On an excursion, the number of child care workers present meets the staff-to-child ratio set out in subsection (4) or (6); or 54(3)(b) On an excursion the number of child care workers present meets the staff-to-child ratio set out in subsection (5) or (7). 7.27

54(8)(a) Consider the location and activities involved in the excursion and assess risks to the children. 7.25

36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information) 7.24

R47. A licensee must maintain accurate and up-to-date records with respect to each employee that include: Proof of first aid/CPR training. 7.21

44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course. 7.19

33(b) appropriate and sufficient first aid supplies. 7.19

R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 7.19

36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information). 7.19

R54. If on an excursion away from the centre, at least one child care worker and one adult, or two child care workers are present to care for the children 7.17

R32. A licensee must maintain a portable record of emergency information for each child attending. 7.17

R33. If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child. 7.16

R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children 7.15

44(2)(b) When required to do so by the director, retakes a course in first aid and cardiopulmonary resuscitation. 7.15

R29. Ensure that the facility is equipped with a telephone in working order. 7.14

36(2)(e) Any medication authorization provided/any record of medication administered (Medication form) 7.13

28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets. 7.12

R58. Ensure the centre has access to sufficient kitchen and dining facilities to provide food for children attending the centre. 7.10

R36. A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information). 7.09

29(b) Ensure emergency telephone numbers are posted in a convenient location. 7.08

8(1)(b) Fire Inspection - A report from the Fire Commissioner's local assistant respecting the fire safety standards of the centre. 7.06

8(1)(a) Health Inspection - A report from the public health officer respecting the sanitation and general health and safety standards of the centre must be submitted with the application. 7.04

24(2)(b) Children are fed in appropriate manner for age and level of development. 7.04

44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation. 7.01

45(2)(a) A licensee of a centre must establish written policies with respect to criminal record checks. 7.00

R30. Develop an emergency evacuation plan and practice it monthly. 6.97

47(f) Any emergency medical information for employee. 6.97

52(2)(b) the licensee has made arrangements for the provision of an additional individual in the event of an emergency. 6.94

45(2)(b) A licensee of a centre must make policies with respect to criminal record checks known to employees/potential employees. 6.87

24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility 6.81

R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer. 6.76

R59. The licensee of a centre must provide a safe outdoor play area of seven square metres per space; or At least half of the outdoor play area must be adjacent to the centre and the remainder must be within walking distance. 6.76

52(2) If there are less than nine children in attendance and there are not more than three infants/toddlers, there may be only one child care worker present at the centre if: the staff-to-child ratio does not exceed the ratio set out in subsection (5). 6.74

R46. If a licensee of a centre has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: notify the public health officer; and ensure recommendations/instructions from the public health office are followed. 6.72

20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe. 6.71

R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage. 6.70

R52. The licensee must ensure that there are two persons present at centre at all times including one child care worker and one other person at least 16 years of age while children are in attendance. 6.68

R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.60

34(b) Within 24 hours after the occurrence, the licensee must notify the consultant. 6.56

27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.56

34(c) Within seven days after the occurrence, complete/submit report to the ministry. 6.45

8(1)(c) Heating Inspection - A report from a person acceptable to the Director respecting the heating system in the premises in which the centre will be operated. 6.21

R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities. 6.12

R48. Any volunteer must be 16 years of age or older. 6.08

R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.83

36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information) 5.47

R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided. 5.40

36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information) 5.35



**Homes (n = 76):**

10(e) The results of a criminal record check with respect to the applicant and each adult who resides in the premises in which the home will be operated. 7.29

36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information) 7.15

R61. A licensee of a home must have successfully completed a first aid course. 7.14

15(b) A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management. 7.10

R28. Store any unsafe items at the facility in a place that is inaccessible to children. 7.10

28(b) Store any poisonous substances at the facility in a locked enclosure. 7.09

61(2) A licensee of a home must have successfully completed training in cardiopulmonary resuscitation. 7.09

R63. Before an individual is hired as an assistant in a group family child care home, the licensee must obtain from the individual the results of a criminal record check with respect to the individual. 7.05

21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.04

R68. Children attending the home are adequately supervised at all times. 7.03

R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent. 7.01

R70. Ensure that the social environment promotes the safety and well-being of the children. 6.97

64(b) The results of a criminal record check. 6.89

63(2) A licensee of a group family child care home must ensure that each person employed as an assistant in the home: (b) successfully completes a first aid course within six months; Comments: (c) successfully completes training in cardiopulmonary resuscitation within six months of commencing employment if not covered under (b). 6.88

28(c) Cover all radiators and hot pipes with non-combustible materials. 6.87

27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 6.86

25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking. 6.83

R25. Food Services 25(a) Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food. 6.83

R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 6.78

28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets. 6.77

R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the medication is administered to the child. 6.74

33(b) appropriate and sufficient first aid supplies. 6.71

R32. A licensee must maintain a portable record of emergency information for each child attending. 6.70

27(1)(b) ensure that a written record of each dose of medication administered is made. 6.68

26(b) Ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out. 6.68

36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information) 6.67

R29. Telephone, Emergency Numbers Ensure that the facility is equipped with a telephone in working order. 6.65

36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information). 6.65

R64. A licensee of a group family child care home must maintain records for each assistant that includes:  
(a) A copy of proof of training in first aid and CPR. 6.65

R33. Taking Certain Supplies If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child. 6.61

R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint. 6.61

24(2)(b) Children are fed in appropriate manner for age and level of development. 6.59

R35. Child care worker is present at all times when a volunteer is in attendance. 6.55

R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children 6.51

24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility. 6.51

65(7) If a licensee has reason to suspect an assistant or alternate has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed. 6.50

R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.49

R69. No person shall conduct any business or other activity within or from the home that might: (a) Interfere with supervision of the children; or (b) Pose a threat to the health or safety of a child. 6.47

64(d) Any emergency medical information. 6.47

36(2)(e) Any medication authorization provided/any record of medication administered (Medication form). 6.47

10(b) Fire Inspection - A report from the Fire Commissioner's local assistant respecting the fire safety standards of the premises in which the home will be operated. 6.46

27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.46

R67. Provide a safe outdoor play area that is sufficient and that is: (a) Adjacent to the home; or (b) Within walking distance. 6.44

R30. Develop an emergency evacuation plan and practice it monthly. 6.41

20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe. 6.41

R65. If licensee or person living in the home has a category I or II communicable disease, or suspects he or she has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed. 6.39

29(b) Ensure emergency telephone numbers are posted in a convenient location. 6.37

R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer. 6.33

34(b) Within 24 hours after the occurrence, the licensee must notify the consultant. 6.25

R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage. 6.19

R13. A license for a home must specify the maximum number of child care spaces that the licensee is authorized to provide in the home as licensed child care spaces or a license for a teen student support family child care home must specify the maximum number of licensed child care spaces that may be allocated as teen student support child care spaces. 6.16

R36. Children's Records A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information). 6.10

10(c) A report from a person acceptable to the Director respecting the heating system in the premises in which the home will be operated. 6.09

34(c) Within seven days after the occurrence, complete/submit report to the ministry. 5.99

R60. No licensee of a family child care home will provide more than 100 hours of care in one 24-hour period or 60(3) No licensee of a group family child care home shall provide more than 150 hours of care in one 24-hour period or 60(4) No licensee of a teen student support family child care home shall provide more than 75 hours of care in one 24-hour period. 5.83

36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information). 5.78

R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities. 5.74

36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information). 5.72

R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.47

R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided. 5.06

10(h) The applicant's health services number if requested by the director. 4.07

## **DISCUSSION**

This report provides the results of the weighted risk assessment study in Saskatchewan conducted during 2019. It is recommended that provincial staff select only those rules that place children at greatest risk to be used along with the licensing key indicator rules as identified in a previous report authored by this researcher.

By using both in tandem, it will provide a very cost effective and efficient approach to differential monitoring.