National Association for Regulatory Administration

Best Practices for Human Care Regulation

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Outcomes

- Summarize the purpose of the *Best Practices for Human Care Regulation*

- Explain the Best Practice Standards

- Complete the Self-Assessment Tool

- Prepare the Follow-Up Tool for strategic planning purposes

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What is the Best Practices for Human Care Regulation?

- Lays the foundation for an organization to focus on and assess its resources and processes supporting the regulatory program

- Addresses two main areas:
  - **Organizational Management**
  - **Regulatory Management**

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History of the Best Practices

- 2009 – Originally developed

- 2014 – Collaborated with the Administration for Children and Families' Office of Child Care (OCC) and the National Center on Child Care Quality Improvement (NCCCQI) to revise

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Slide 1

Glossary of Terms

Glossary

Administrative Actions are measures taken through court proceedings to enforce the regulatory standards.

Clients are the individuals receiving direct services by the providers of care. For example, children in a child care program.

Critical Incidents are situations that are significant in nature and may raise attention due the nature of the situation. These may include injuries or death, emergencies, unusual circumstances, or events that caused or have the potential to cause a health or safety risk to the clients or the organization.

Due process rights are the legal rights of an individual impacted by the regulatory standards to defend himself or herself.

High-risk cases refer to programs and providers who have a history of repeated noncompliance or require additional monitoring due to their circumstances.

HIPAA, the federal *Health Insurance Portability and Accountability Act of 1996*, protects the privacy of an individual's health information.

Organization refers to the agency, department, or bureau that regulates out-of-home care for the identified population.

Programs refers to facilities or homes that provide care for individuals outside of their permanent residence.

Providers refers to those who are employed by facilities or homes that provide care for individuals outside of their permanent residence.

Risk analysis or assessment is a process of using information to mitigate potential threats to individuals, a program, or an organization.

Sanctions are a type of enforcement related to obedience with the regulatory standards. Sanctions may include warnings, fines, or implications on a license to provide service, such as denial, revocation, or suspension.

Staff refers to individuals who are employed by the agency, department, or bureau that regulates out-of-home care for the identified population.

Standards refers to rules and regulations based on statutory authority.

Telecommuting is the practice of employees working from locations other than a centralized office.

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Slide 2

1. Organizational Management

1.1. Leadership

1.1.1. Engages in a decision-making process that is inclusive of and guided by multiple sources of information.

GUIDANCE

Organizational management works systematically to achieve continuous improvement in all facets of the organization by being systems-focused and information-driven in conducting the full range of management functions, tasks, roles, and responsibilities. These are approached in an integrated method both within and across internal functions, in external linkages and coordination, and in human resource management.

All organizational practices, both programmatic and business/administrative, are conceived, planned, and executed to the highest standards of consumer protection, professional ethics, public stewardship, and operational transparency in the pursuit of effective, efficient public service.

The organization sets clear performance benchmarks that are monitored systematically through incremental increases of those benchmarks to improve the overall performance.

For Example:

(1) Gathering information from providers to understand barriers that may exist that prevent or delay behavioral compliance to regulatory requirements (such as via focus groups or survey);

(2) Collaborating with other regulatory agencies to promote coordination of interdependent processes (such as fire inspection, building inspection, public health inspection, etc.);

(3) Utilizing information systems to measure process activity and compliance outcomes; and

(4) Conducting internal audits to inform service delivery areas requiring quality improvement.

ASSESSMENT TOOL

Exceeds	The decision-making process involves integrating information from multiple resources in each of the "Meets" categories, or includes resources from the following additional categories: other state agencies, advocates, accreditation bodies, and early learning advisory councils.
Meets	The decision-making process involves integrating information from one resource in each of the following categories when applicable: national, state, territory, tribal, local, and providers.
Needs Attention	Only organization staff are involved in the decision-making process.

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Assessment Instructions

Exceeds	The organization is showing evidence that exceeds the minimum requirements for the best practice.
Meets	The organization is showing evidence of meeting the minimum requirements for the best practice.
Needs Attention	The organization is not demonstrating the minimum requirement for the best practice.

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1. Organizational Management

1. Leadership
2. Strategic Planning
3. Financial and Resource Controls
4. Staffing
5. Professional Development for Organization Staff
6. Communication

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1.1 Leadership

- **1.1.1. Engages in a decision-making process that is inclusive of and guided by multiple sources of information.**

Exceeds	The decision-making process involves integrating information from multiple resources in each of the "Meets" categories, or includes resources from the following additional categories: other state agencies, advocates, accreditation bodies, and early learning advisory councils.
Meets	The decision-making process involves integrating information from one resource in each of the following categories when applicable: national, state, territory, tribal, local, and providers.
Needs Attention	Only organization staff are involved in the decision-making process.

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1.1 Leadership

- **1.1.2. Manages risk to support decisions, policy, regulation, and enforcement through periodically conducting risk analysis for the organization.**

Exceeds	Conducts risk analysis every 3 years and uses results on an ongoing basis to guide decisions.
Meets	Conducts risk analysis every 5 years and uses results to guide decisions.
Needs Attention	Does not conduct risk analysis.

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1.1 Leadership

- **1.1.3. Establishes effective partnerships for coordination of regulation and services.**

Exceeds	Partnerships are collaborative, providing ongoing advisory recommendations and guidance through continuous engagement.
Meets	Partnerships are engaged to address focused topics with targeted groups throughout the year with time-limited, specific engagement.
Needs Attention	The organization does not seek or utilize partnership input.

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1.1 Leadership

- **1.1.4. Ensures transparency of performance and program activities and supports consumer education.**

Exceeds	The Web site includes information about sanctions, administrative actions, substantiated complaints, and validated critical incident reports for a period of 3 years.
Meets	The Web site includes a description of state processes and inspection information and will be maintained for a period of 3 years.
Needs Attention	The organization has Web site but does not include inspection or sanction information.

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1.1 Leadership

- **1.1.5. Remains current on trends and research-based practices.**

Exceeds	Individual leaders within the organization seek trend- and research-based information through various professional development opportunities and professional research from multiple sources.
Meets	The organization relies on its central office to collect and distribute information internally to staff.
Needs Attention	The organization relies on program staff to share information.

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1.2 Strategic Planning

- **1.2.1. Defines clear vision, mission, and values for the organization.**

Exceeds	The vision, mission, and values are transparent and externally accessible and reviewed on a periodic basis.
Meets	The vision, mission, and values are defined and are clearly identified and internally accessible.
Needs Attention	The vision, mission, and values are not clearly identified

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1.2 Strategic Planning

- **1.2.2. Generates measurable and observable strategic and operating plans.**

Exceeds	The plan is comprehensive and addresses multiple outcomes that align with strategic plan.
Meets	Plan includes one measurable and observable outcome that align with strategic plan.
Needs Attention	The organization does not have a plan or the outcomes are not measurable or observable.

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1.2 Strategic Planning

- **1.2.3. Collects data and monitors plans for assessment purposes.**

Exceeds	The organization uses organizational monitoring data to guide decisions for continuous improvement.
Meets	The organization conducts comprehensive assessment at the conclusion of the plan period to develop a new strategic plan.
Needs Attention	The organization does not collect data or monitor achievement of outcomes.

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1.3 Financial and Resource Controls

- **1.3.1. Establishes and monitors fiscal business practices to comply with all internal and external requirements.**

Exceeds	Fiscal policies are reviewed and updated as needed.
Meets	Administrative support provides strong fiscal business practices accountability and is reviewed annually.
Needs Attention	The licensing administrator has no involvement in or understanding of the organization's fiscal business practices.

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1.3 Financial and Resource Controls

- **1.3.2. Creates prioritized, itemized budgets that align with the strategic plan.**

Exceeds	The itemized budget links specifically to a goal within the strategic plan.
Meets	The itemized budget globally supports the overall strategic plan.
Needs Attention	The organization does not link the itemized budget to the strategic plan.

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1.3 Financial and Resource Controls

- **1.3.3. Monitors itemized budget for appropriate and timely spending throughout the fiscal year.**

Exceeds	The organization regularly monitors throughout the fiscal year.
Meets	The organization monitors annually.
Needs Attention	The organization does not monitor.

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1.3 Financial and Resource Controls

- **1.3.4. Establishes and maintains inventory systems for equipment, supplies, vehicles and services.**

Exceeds	The inventory system is proactively monitored to prevent lack of equipment or consumables.
Meets	The organization has an inventory system and records are kept up-to-date.
Needs Attention	The organization does not have an inventory system.

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1.3 Financial and Resource Controls

- **1.3.5. Creates a supportive work environment and gathers feedback from staff.**

Exceeds	The organization collects feedback from staff annually regarding work environments, uses feedback to ensure work environments are supportive, and continuously monitors the environment.
Meets	Work environments are reviewed annually by management and revisions are made as needed.
Needs Attention	The organization has no protocols to monitor workplace environment.

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1.3 Financial and Resource Controls

- **1.3.6. Requires staff to be knowledgeable about the organization's fiscal and work environment business practices as well as safety and security procedures.**

Exceeds	The organization reviews policies and procedures periodically and as changes occur.
Meets	The policies and procedures are accessible and new staff are trained upon hire.
Needs Attention	The staff are not trained or made aware of procedures.

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1.4 Staffing

- **1.4.1. Establishes job qualifications and job expectations that are clear, complete, and up-to-date.**

Exceeds	The organization requires staff to obtain regulatory certification, such as the National Regulatory Professional Credential.
Meets	The organization requires a bachelor's degree in an appropriate fields or has a minimum number of required credit hours in the field with experience.
Needs Attention	The organization does not have an in-field degree requirement.

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1.4 Staffing

- **1.4.2. Establishes internal protocols to implement Human Resources policies and procedures and monitors for compliance.**

Exceeds	Protocols are reviewed annually, revised as needed, and include continuous monitoring.
Meets	The organization has written protocols and monitors annually.
Needs Attention	The organization has no written protocols or does not monitor.

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1.4 Staffing

- **1.4.3. Establishes policies for staff regarding off-duty communication and conduct.**

Exceeds	The management staff monitors policy implementation.
Meets	The written policy is shared with staff.
Needs Attention	The organization has no policy.

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1.4 Staffing

- **1.4.4. Conducts licensing workload assessment.**

Exceeds	The organization conducts a licensing workload assessment every 3 years or sooner to address needs and includes all four areas: rebalance, temporary overloads, deployment of positions, and team inspections.
Meets	The organization conducts a licensing workload assessment every 5 years and includes at least two of the four areas: rebalance, temporary overloads, deployment of positions, and team inspections.
Needs Attention	The organization does not conduct a licensing workload assessment.

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1.4 Staffing

- **1.4.5. Develops and maintains a staffing plan based on licensing workload assessment.**

Exceeds	The organization utilizes a licensing workload assessment to develop its staffing plan every 3 years.
Meets	The organization utilizes a licensing workload assessment to develop its staffing plan every 5 years.
Needs Attention	The organization does not have a staffing plan.

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1.4 Staffing

- **1.4.6. Develops and implements a telecommuting policy.**

Exceeds	The organization's policy is reviewed annually and revised as needed.
Meets	The organization ensures all staff follow written policy.
Needs Attention	The organization has no policy.

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1.4 Staffing

- **1.4.7. Conducts organizational orientation and initial training program.**

Exceeds	An orientation is conducted before staff work independently and training includes a mentoring program.
Meets	An orientation is conducted within 6 months of employment.
Needs Attention	The organization has no formalized training program for new staff.

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1.4 Staffing

- **1.4.8. Monitors staff performance systematically for correct implementation and response.**

Exceeds	The organization has a staff performance review system that includes monthly individual meetings and quarterly unit meetings.
Meets	The organization has a staff performance review system that includes quarterly individual meetings and biannual unit meetings.
Needs Attention	The organization holds meetings with individual staff less than quarterly or with the unit less than biannually.

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1.5 Professional Development System for Organization Staff

- **1.5.1. Identifies an individual within the program responsible for oversight and management of the staff professional development system.**

Exceeds	The organization has a position dedicated to this function and training includes external learning opportunities.
Meets	The organization includes this position along with other job duties and training is mostly developed in-house.
Needs Attention	The organization has no job description including these duties.

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1.5 Professional Development System for Organization Staff

- **1.5.2. Performs needs and effectiveness assessment to guide professional development activities so that staff remain current on programmatic and industry practices.**

Exceeds	A needs and effectiveness assessment is performed annually.
Meets	A needs and effectiveness assessment is performed every 3 years.
Needs Attention	The organization does not perform a needs or effectiveness assessment.

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1.5 Professional Development System for Organization Staff

- **1.5.3. Creates and monitors staff professional development plans.**

Exceeds	Professional development plans monitored annually.
Meets	All staff have professional development plans.
Needs Attention	Only staff with performance issues have professional development plans, or no staff have professional development plans.

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1.5 Professional Development System for Organization Staff

- **1.5.4. Plans the staff development services to assure that training is timely and accessible.**

Exceeds	The organization has options for staff training to be accessible when and as soon as needed.
Meets	Services are scheduled within 6 months of need.
Needs Attention	No staff development services plan exists.

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1.5 Professional Development System for Organization Staff

- **1.5.5. Ensures qualified individuals conduct professional development activities.**

Exceeds	Professional development activities are conducted by qualified individuals who have degrees or certifications in instructional design or adult learning and content area background.
Meets	Professional development activities are conducted by qualified individuals who have an instructional design and content background.
Needs Attention	Professional development activities are conducted by individuals with content background but no instructional design or adult learning training.

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1.5 Professional Development System for Organization Staff

- **1.5.6. Follows instructional design and adult learning best practices.**

Exceeds	The organization conducts an external review to ensure courses are designed utilizing instructional design and adult learning best practices.
Meets	The organization conducts an internal review to ensure courses are designed utilizing instructional design and adult learning best practices.
Needs Attention	The organization does not conduct a review to ensure instructional design or adult learning best practices are being used.

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1.5 Professional Development System for Organization Staff

- **1.5.7. Confirms professional development activities include assessment and evaluation to ensure the learner has achieved intended outcomes.**

Exceeds	Multiple methods of assessment and at least three levels of evaluation are used.
Meets	A single comprehensive assessment and two levels of evaluation are used.
Needs Attention	The organization does not use assessment or evaluation methods.

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1.5 Professional Development System for Organization Staff

- **1.5.8. Ensures appropriate follow-up during and after professional development activities.**

Exceeds	Post activity follow-up is conducted to guide future opportunities.
Meets	Follow-up identified during professional development activity is completed.
Needs Attention	The organization does not provide follow-up.

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1.6 Communication

- **1.6.1. Establishes and maintains a clear communication plan, which includes the following:**
- 1.6.1.1. Protocols for external sharing of required or best practices affecting the industry with leadership, legislative offices, and government officials.

Exceeds	Procedures exist for information sharing with legislative offices and government officials, including other agencies.
Meets	Protocols exist for information sharing with the organization's executive leadership.
Needs Attention	The organization has no written protocols.

1.6 Communication

- **1.6.1. Establishes and maintains a clear communication plan, which includes the following:**
- 1.6.1.2. Procedures for gathering and sharing information internally with staff.

Exceeds	Procedures exist to exchange information with the regulatory management staff on a monthly basis.
Meets	Procedures exist to exchange information with the regulatory management staff on a quarterly basis.
Needs Attention	The organization has no written procedures.

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1.6 Communication

- **1.6.1. Establishes and maintains a clear communication plan, which includes the following:**
- 1.6.1.3. Processes for gathering input and feedback as well as being responsive to providers, advocates, communities, families, and the media.

Exceeds	Procedures exist to exchange information with external parties on a regular basis.
Meets	Procedures exist to exchange information with external parties on an annual basis.
Needs Attention	The organization has no written procedures.

1.6 Communication

- **1.6.1. Establishes and maintains a clear communication plan, which includes the following:**
- 1.6.1.4. Providing outreach to the public.

Exceeds	Public outreach is proactive in nature and for educational purposes.
Meets	Public outreach is reactive to situations.
Needs Attention	The organization does not conduct public outreach.

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1.6 Communication

- **1.6.2. Uses a structured process to coordinate with legal staff.**

Exceeds	The written process includes legal consultation to support agency decision making in statutory guidance and policy development.
Meets	A written process exists to coordinate with legal staff for legal-risk decisions, enforcement, and litigation.
Needs Attention	The organization has no written processes.

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1.6 Communication

- **1.6.3. Develops and monitors process for reporting critical incidents.**

Exceeds	The organization uses information from monitoring to guide quality assurance and technical assistance initiatives.
Meets	The organization has a written monitoring process to ensure critical incidents are reported.
Needs Attention	The organization has no written processes.

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1.6 Communication

- **1.6.4. Creates protocols for staff communication that address timeliness and content control.**

Exceeds	The organization responds within 48 hours with a second-person content review as applicable.
Meets	The organization responds within 5 workdays and critical issue communications are reviewed by a second person.
Needs Attention	The organization has no written protocols.

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1.6 Communication

- **1.6.5. Monitors compliance with public records request requirements.**

Exceeds	The organization uses the information from monitoring to guide program improvement.
Meets	The organization monitors compliance of public records requests regularly.
Needs Attention	The organization does not monitor public records requests.

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1.6 Communication

- **1.6.6. Establishes time boundaries for response to applicants.**

Exceeds	One-hundred percent of licenses are issued by the legal deadline or within 90 days.
Meets	Ninety-five percent of licenses are issued by the legal deadline.
Needs Attention	Less than 95 percent of licenses are issued by the legal deadline.

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2. Regulatory Management

1. Statutory Provisions
2. Standards Development
3. Programmatic Policy
4. Legal Enforcement
5. Quality Assurance for Improvement and Control
6. Technical Assistance

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2.1 Statutory Provisions

- **2.1.1. Identifies authority, responsibility, and protective intent.**

Exceeds	
Meets	All three components (authority, responsibility, and protective intent) are addressed in statute.
Needs Attention	At least one of the three components (authority, responsibility, and protective intent) are missing in statute.

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2.1 Statutory Provisions

- **2.1.2. Defines distinctions in types of licenses.**

Exceeds	Within broad distinctions, subsets are defined.
Meets	Broad distinctions are defined.
Needs Attention	The organization does not define distinctions.

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2.1 Statutory Provisions

- **2.1.3. Affords similar protections to populations in similar risk categories or settings.**

Exceeds	
Meets	No exemptions are allowed.
Needs Attention	Exemptions are allowed.

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2.1 Statutory Provisions

- **2.1.4. Provides flexibility to enable the organization to deal effectively with changes in the industry.**

Exceeds	The statutes provide framework and parameters but are not prescriptive.
Meets	The statutes allow some flexibility and limited prescriptive language.
Needs Attention	The statutes allow some flexibility and limited prescriptive language.

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2.1 Statutory Provisions

- **2.1.5. Delineates the licensure fee and fine parameters.**

Exceeds	Fee and fine parameters provide guidelines for establishing licensing fees and noncompliance fines.
Meets	Fee and fine parameters are prescriptive by providing the specific licensure fee and noncompliance fines.
Needs Attention	The organization has no fee and fine parameters.

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2.1 Statutory Provisions

- **2.1.6. Requires a minimum inspection frequency including unannounced inspections.**

Exceeds	The organization conducts more than two inspections per year with at least one unannounced inspection.
Meets	The organization conducts two inspections per year with at least one unannounced inspection.
Needs Attention	The organization conducts one or no inspections per year OR all inspections are announced.

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2.1 Statutory Provisions

- **2.1.7. Establishes sanction guidelines that serve as a basis for consistent enforcement and discretionary waivers.**

Exceeds	The statutes provide a framework and parameters but are not prescriptive.
Meets	The statutes allow some flexibility and limited prescriptive language.
Needs Attention	The statutes are prescriptive.

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2.1 Statutory Provisions

- **2.1.8. Outlines due process rights and court engagement.**

Exceeds	
Meets	The statutes outline due process rights.
Needs Attention	The statutes do not outline due process rights.

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2.2 Standards Development

- **2.2.1. Uses processes and methods to develop and revise effective regulations.**

Exceeds	Internal staff and external partners are engaged in guiding standards development as well as the use of monitoring data.
Meets	The standards development process is limited to internal staff and a limited number of key stakeholders.
Needs Attention	The organization does not use processes or methods to develop regulations.

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2.2 Standards Development

- **2.2.2. Develops standards that are clearly written and measurable, addressing at a minimum: applications, background screening, behavior and guidance, environment, family engagement, food preparation and service, health, personnel training, ratio and group size, safety requirements, supervision, and transportation.**

Exceeds	Standards include all 12 categories and are clearly written and measurable.
Meets	Standards include 9 of the 12 categories and are clearly written and measurable.
Needs Attention	Standards include less than 9 categories.

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2.2 Standards Development

- **2.2.3. Develops and maintains an up-to-date interpretive guide for use in applying regulations consistently.**

Exceeds	An interpretive guide is developed for internal and external use.
Meets	An interpretive guide is developed and used with internal staff.
Needs Attention	The organization does not have an interpretive guide.

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2.3 Programmatic Policy

- **2.3.1. Uses structured cycles to comprehensively review and develop effective regulations.**

Exceeds	A comprehensive review is conducted every 3 years and targeted revisions are made as needed.
Meets	A comprehensive review is conducted every 5 years.
Needs Attention	The organization does not maintain a structured review cycle.

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2.3 Programmatic Policy

- **2.3.2. Develops procedures and protocols to achieve consistent enforcement.**

Exceeds	Enforcement is prescriptive for each standard and substandard with limited flexibility based on severity of noncompliance.
Meets	Procedures are prescriptive at the broad category level.
Needs Attention	The organization has no procedures and protocols for consistent enforcement.

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2.4 Legal Enforcement

- **2.4.1. Establishes and maintains an automated regulatory data collection system and uses standard file-organization methods for case files and office records.**

Exceeds	The organization has an automated system with additional data collection, such as administrative actions, illegal operations, closures, and fines.
Meets	The organization has an automated system for inspection reports, with reporting capabilities.
Needs Attention	The organization does not have an automated system established for data collection.

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2.4 Legal Enforcement

- **2.4.2. Conducts licensing inspections.**

Exceeds	The organization conducts additional onsite inspections that exceed the minimum statutory requirement.
Meets	The organization conducts onsite inspections twice a year within program expectation timeframes.
Needs Attention	The organization does not conduct unannounced onsite inspections, or conducts one inspection a year without a reliable system to determine the need for additional inspections for compliance, or inspections are not conducted within program expectation timeframes.

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2.4 Legal Enforcement

- **2.4.3. Ensures that inspection documentation is clear, accurate, and objective.**

Exceeds	The automated inspection system uses standardized language templates and includes tools such as spelling and grammar check to promote professionalism.
Meets	Inspection documentation is written in plain language using complete sentences and is professional in nature and monitored for quality assurance.
Needs Attention	The inspection system has poor documentation that may include use of slang, illegible comments, or shorthand.

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2.4 Legal Enforcement

- **2.4.4. Ensures that licensing decisions are appropriate and actions are timely, fair, objective, and consistent.**

Exceeds	A quality assurance review is conducted to ensure decisions are appropriate, timely, and consistent.
Meets	Procedures clearly identify the decision-making process, timeframes, and circumstances for review.
Needs Attention	The organization has no processes.

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2.4 Legal Enforcement

- **2.4.5. Investigates complaints and reports of illegal operations.**

Exceeds	A quality assurance review is conducted to monitor that investigations are appropriate, timely, and consistent.
Meets	The organization has established timeframes based on severity and risk.
Needs Attention	The organization has no established timeframes.

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2.4 Legal Enforcement

- **2.4.6. Requires corrective actions be based on cause and monitored systematically for compliance.**

Exceeds	A quality assurance review is conducted to monitor that corrective actions are completed and licensing staff have followed up.
Meets	The organization has established guidelines for appropriate, timely, and consistent corrective actions to be applied based on noncompliance situations.
Needs Attention	The organization has no established corrective action guidelines.

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2.4 Legal Enforcement

- **2.4.7. Maintains close monitoring and regular management review for high-risk cases.**

Exceeds	A quality assurance review is conducted to ensure that decisions are appropriate, timely, and consistent.
Meets	Procedures clearly identify the decision-making process, timeframes, and circumstances for review.
Needs Attention	The organization has no processes.

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2.4 Legal Enforcement

- **2.4.8. Develops a process for handling interagency reports with regard to licensure.**

Exceeds	Communication is automated and electronic.
Meets	The process includes regularly scheduled communication with partners.
Needs Attention	The organization has no processes.

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2.5 Quality Assurance for Improvement and Control

- **2.5.1. Develops and manages an integrated quality assurance system.**

Exceeds	The system uses monitoring data to guide staff professional development, policy development, and program improvements.
Meets	The quality assurance system monitors consistent implementation of standards and enforcement.
Needs Attention	The organization has no quality assurance system.

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2.5 Quality Assurance for Improvement and Control

- **2.5.2. Assesses the enforcement system for identification of trends and programmatic strengths and weaknesses.**

Exceeds	The organization conducts data analysis annually and uses the data for program improvement.
Meets	The organization conducts data analysis every 3 years and uses the data for program improvement.
Needs Attention	The organization conducts no data analysis.

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2.6 Technical Assistance

- **2.6.1. Provides inquirers with access to timely information and orientation on compliance expectations to assist their decision-making on whether to apply for licensure.**

Exceeds	Orientations are held more than once a year and frequently enough to meet community need.
Meets	Orientations are held annually.
Needs Attention	The organization provides no technical assistance.

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2.6 Technical Assistance

- **2.6.2. Establishes plans and guidance to provide appropriate technical assistance and other support services to providers.**

Exceeds	Technical assistance is ongoing and available to providers on a regular schedule as well as on an as-needed basis.
Meets	Technical assistance includes providing resources and annual training opportunities.
Needs Attention	The organization provides no technical assistance.

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2.6 Technical Assistance

- **2.6.3. Ensures that all personnel make referrals to other agencies as appropriate.**

Exceeds	The organization conducts a quality assurance review and periodic training updates to ensure referrals are appropriate and timely.
Meets	Information about making referrals is provided formally to staff through orientation and resource documentation.
Needs Attention	The organization provides no information formally to staff.

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Benchmark:

Status:	☐ Exceeds	☐ Meets	☐ Needs Attention

Notes:

Resources Needed:

Strategic Activities	Lead Staff	Timeframe

National Association for Regulatory Administration

National Center on Child Care Quality Improvement, A Service of the Office of Child Care   2

Thank you

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