Underlying Causes for Common Licensing Rule Non-compliances

3 main categories of underlying causes of licensing violations have been identified:

A. **Operational:** The daily procedures, actions, processes, etc. are insufficient in predicting or being able to prevent the rule violation. Routines, habits and the environment are inconvenient or make it more difficult to follow rules or staff are not sufficiently trained or supervised.
B. **Policy Related:** The management practices and/or program policies are insufficient or unresponsive in preventing the licensing violation. They don't account for unexpected events or the policies aren't communicated effectively with families or staff to prevent rule violations.
C. **Behavioral:** The beliefs/attitudes of program leadership or staff doesn't understand the importance of the rule, is an area the provider/director doesn't prioritize addressing, is in conflict with personal or parental preferences, or believe the violation is of little consequence because it is only for a short period of time.

The following table lists some possible underlying causes for specific licensing rule non-compliance or violations.

Non-compliance or rule violation	Possible Underlying Causes		
	A. Operational Daily procedures, actions, processes, etc.	**B. Policy related** Management practices, program policies	**C. Behavioral** Beliefs, attitudes
Ratios: The number of children exceed the number allowed per caregiver. **Group Size:** The program exceeds the maximum number of children allowed in a group. **Capacity:** The program is caring for more children than allowed in the program.	1. Parent drop-off or pick-up schedules are erratic and unpredictable. 2. The staff are not alerting the Provider/Director of changes/trends in the timing of children's attendance. 3. Parents are not alerting the program when they have a schedule change.	1. Staff schedules are inadequate and don't meet the needs of enrollment or attendance in the program. 2. Staff hiring processes are not responsive to meet the needs. 3. Staffing plans are risky (not prepared for unexpected events). 4. Provider/Director is not mindful in planning or lacks a program plan. 5. Provider/Director is not aware of staffing needs in each space at each hour of the day. 6. Parent agreements or policies lack content on schedule agreements (arrival and departure). 7. Staff orientations do not contain enough information on staff responsibilities. (Notifying when over ratios/group size, or staff tardiness, attendance, etc.) 8. Methods and opportunities to remind families and staff of policies are missing.	1. Provider/Director and staff may downplay the violation: • "It's not a big deal to be out of ratios (or group size/capacity)." • "It's only a few minutes (or other denomination of time). 2. Provider/Director and staff may not understand the rationale of the rule or the consequences of being out of compliance. • "Why is this a serious issue anyway?" • "Why is this a rule anyway?" 3. Provider/Director and staff may not know how to avoid unexpected events that result in this violation. • It wasn't my fault. The parent… the staff…, etc.

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CBR: Staff expired or not enrolled in the CBR at the time of employment.	1. Staff (or individuals) lack understanding of the importance and consequence of expired CBR to the program, self, and other staff. 2. Staff don't have reminders or ways to remember due dates associated with employment in child care.	1. The Provider/Director is not elevating CBR content in the hiring process, staff interviews, new staff orientation, or the staff handbook. 2. CBR dates for all individuals in the program are not maintained in an organized manner so that tickle files, calendars, posted lists can be viewed quickly to determine upcoming expiration dates. 3. Provider/Director lacks understanding or processes of how and when to verify CBR enrollment and dates.	1. Provider/Director/staff doesn't feel urgency regarding this rule and may downplay the violation: • "It's not a big deal if they are not enrolled exactly when they start (or if they are expired). • "We can fix this later." • "The staff/individual was fine yesterday but expired today, so it's not a big issue."
Toxins: Cleaning supplies, medications, etc. not secured under childproof lock.	1. Staff lack understanding of the rule rationale and risk to children's safety. 2. Routines and habits are lacking in the environment. 3. Storage locations are inconvenient and inhibit compliance. 4. Staff lack the motivation to stay compliant. 5. Staff are unsure of which items are considered toxins and uncertain of the processes or procedures of handling toxins.	1. Staff orientation or handbook, or both, lacks information regarding expectations of securing toxins under childproof lock. 2. The program lacks protocols or processes to remind staff of rules and rationale for the expected practice. 3. Leadership is not seeking active problem-solving with staff when problems arise.	1. Lack of understanding of the serious nature, consequences, or rationale of the rule.

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Guidance and Discipline: The program is not appropriately guiding children through their day in the environment.	1. The curriculum, activities, environment are not stimulating to children. 2. Age-appropriate materials are inadequate. 3. The environment is not meeting the needs of the ages of children in care. 4. Staff do not possess or use skills and techniques to prevent behavior challenges.	1. New staff orientation lacks clear expectations for guidance and discipline. 2. The program's guidance and discipline policy are unknown to some or all staff, and the expectations and processes may be unclear. 3. Ongoing training expectations and PD plans for staff are not planned and designed to help staff meet challenges in the child care environment. 4. Core foundational training is lacking in the program (reasonable expectations, ages/stages, etc.)	1. The program staff have a view that children are planners of misbehaving adventures. 2. Staff view children's behavior as a personal affront. 3. Staff may feel that it's not their fault that these issues arise or that the parents are the issue.
Health and Safety Guidelines: The program is not implementing one or more of the Guidelines.	1. The program is currently operating on survival mode due to staffing shortages, unpredictable enrollment, etc. An outside view to the institute practices. 2. The program has not encouraged or motivated staff, parents, or children in health practices.	1. The Provider/Director lacks a health and safety guide for staff to follow. 2. The program has not trained staff on the reasons, rationale, and processes of the guidelines. 3. Health and Safety Guidelines are not clearly described in the parent or staff handbook(s). 4. The program does not have routines and processes for updating parents and sending reminders.	1. There is no value to the importance of compliance. 2. Staff may believe that Covid is more about political hype than it's about true health". 3. The staff have "COVID weariness." 4. The staff may feel overwhelmed or that this is beyond their skills. 5. The program may be more permissive than before Covid- due to enrollment scarcity.

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Supervision: The program was unaware of where a child was for a period of time. Children are to be within sight and sound at all times.	1. Rooms, inside or outside, or both, have arrangements with too many "hidden spots." 2. Routines and schedules are laisser-faire or haphazard. 3. The program lacks strong transition practices as children move around in the environment.	1. The program lacks a supervision policy or procedures known by all who are part of the program. 2. The program has a weak or missing playground supervision policy. 3. The program may lack other policies (use of personal cell phones, informal visits with other staff, etc.) that allow gaps in supervision to occur. 4. The Provider/Director has not provided core foundational supervision training in the program.	1. Staff may view outdoor play as a chance to visit with other staff. 2. Staff may check personal cell phones as they find "slow" time in care. 3. Staff have a lax attitude toward "watching" children. 4. Perhaps the day has become very routine, and staff are not as attentive as needed.
Safe Sleep Practices: The program violated one or more of the OCC rules. It could include sleep surfaces, sleep position, bedding loose, items in the crib (toys, blankets, bottles, etc.), or swaddling.	1. Visuals and reminders of safe sleep practices are not present in the program. 2. The program may be within appropriate ratios for infants but not with appropriate ratios for the skill level of the staff. 3. The program does not have enough of the appropriate sleep surfaces needed. 4. Staff haven't developed good safe sleep habits.	1. Safe Sleep practices are not clearly outlined in parent and program handbooks. 2. Safe Sleep guidelines are not adequately presented in the new staff orientation. 3. Safe sleep foundational training is lacking in the program. 4. The program has not established a modeling or supervision oversight process. 5. The provider/director hasn't set up the environment to be successful in applying safe sleep practices.	1. Staff do not believe that safe sleep practices are necessary. 2. Staff feel that some safe sleep practices are not good for the baby. Ex. If there isn't a blanket covering the baby, they will get cold. 3. The staff may feel they need to honor the parents' wishes for how a baby should be put to sleep.

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Fire or safety hazards: The environment has safety risks.	1. Fire drills and emergency practices are not routinely scheduled or documented. 2. Staff are not questioning or talking to the director about potential problems in the environment or near accidents. 3. Staff are not aware of potential dangers and how to mitigate hazards.	1. New staff orientation lacks adequate information on emergency drills, medication administration, injury prevention, and reports, etc. 2. Provider/Director has not facilitated an environment where program health and safety is everyone's responsibility. 3. Provider/Director has not provided clear directions and expectations of staff's roles and responsibility in recordkeeping. 4. The program has not established a modeling or supervision oversight process.	1. Provider/Directors may feel that this is easy to put aside till another day. 2. Provider/Directors may lack understanding or rationale of the importance of these topics. 3. Staff may view the environment as unmovable or intended to be structured in a particular way. 4. Program staff may feel the environment is similar to a home, and everyone learns to be careful around specific items.
Record Keeping: The program cannot demonstrate compliance on issues that require strong methods and processes to organize and maintain documentation. Several areas of the child care program can be affected by this issue.	1. The staff lacks routines, timelines, schedules, and habits to maintain required records. 2. The program uses complex, inconvenient or haphazard recordkeeping strategies that are difficult to foster follow-through.	1. The program's staffing orientation or handbook, or both, lacks clear direction on who is responsible for the upkeep of which documents. 2. The program lacks the leadership to monitor required documentation regularly to identify problems before a licensing visit. 3. The Provider/Director lacks program protocols, schedules, methods, locations, materials, or structures to keep track of required documentation.	1. Provider/Director does not have the desire or patience for dealing with paperwork. 2. The paperwork is given the lowest priority. 3. The Provider/Director does not know how best to manage documentation and feels that they are just not good with paperwork. 4. Provider/Director and staff may not understand the rules related to recordkeeping and the rationale for some records as a health and safety issue.

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Incomplete Training: Training requirements have not been completed within the required timeframe.	1. Staff are not talking about their training needs and making plans with the provider/director to fulfill those requirements. 2. Staff may not be sure who is responsible for finding the training or know what type of training is required.	1. The Provider/Director has not provided the staff with clear expectations and schedules of training requirements. 2. The lack of required training completed on time may be directly related to the leader's skills and recordkeeping behaviors. 3. The Provider/Director is not using professional development plans to assist staff in seeking specific content and addressing timelines.	1. Provider/Director may feel comfortable with being issued a temporary for lack of training. 2. Provider/Director may feel frustrated by staff who are slow in completing training requirements and wait till the last minute.