



Monitoring Redesign Task Force Work Group Preliminary Recommendations January 5, 2017

Introduction

At the invitation of the Office of Head Start, NHSA's Monitoring Redesign Task Force (MRTF) was created to develop recommendations for the redesign of the Head Start monitoring system, in light of the new federal Head Start Program Performance Standards (HSPPS) which will be implemented over the next several years. The MRTF builds on the work of NHSA's 2012 Monitoring Task Force, which first raised the issue of differential monitoring—a strategy for streamlining the monitoring process and identifying ways to encourage programs to pursue even higher levels of performance.

These preliminary recommendations represent the work of five subgroups (Performance Standards, Tools, Differentiating Quality, Leveraging Data, and Finances). Their work is presented in outline form for discussion with the Office of Head Start, to be fleshed out further by the MRTF in the months ahead.

Common Feedback

- The new monitoring system should recognize the transformative shift of the new Head Start Program Performance Standards wherein compliance drives quality. That is, a program meeting the new standards is inherently a quality program.
- Practitioners should be involved throughout the process of creating a new monitoring system and need an opportunity to review the new protocol before it is used for high-stakes monitoring.
- The success of a new monitoring system is dependent on the reviewers' ability to evaluate grantee process and progress comprehensively.

Performance Standards

Principles

- We believe that meeting the HSPPS is a certification of quality.
- We support the work of identifying which standards are important for monitoring, as can be done empirically through the use of risk assessment and key indicator statistical methodologies.
- There is a definite and continuous need to look at research literature in order to determine what is most meaningful to measure. Program elements that are known to yield positive outcomes for children and families should be the focus of monitoring.
- Monitoring, by its nature, is not typically a way to identify strengths. Strengths are best identified by the program. As such, monitoring should be a joint process in which all stakeholders play a role.



Recommendations

- There are some standards that may be more amenable to a range of compliance. Therefore, standards need to be identified that fall into two categories: standards that are essential for basic compliance and program operation, and standards that are drivers of high quality, where growth is allowed. Standards that are identified as high-risk if noncompliance is determined (e.g., lack of supervision) must be in place, while those standards that are more low-risk (e.g., curricula type) can be approached as a negotiation or scored on a Likert scale.
- The authentic review of and use of a program's self-assessment should be an important part of monitoring.
- In the area of health and safety, *Caring for Our Children Basics* is an excellent set of standards that can be used for risk assessment and is based on key indicator research methodologies.
- Empirical risk assessment and key indicator research should be used to determine which standards are critical for monitoring.

Considerations

- What evidence is used to determine which standards get monitored?
- Should standards about systems be evaluated as the determinant between compliance and high quality?

Tools

Principles

- Tools should support grantees as they focus on comprehensive child development, including school readiness, and comprehensive family development, including self-sufficiency, while also evaluating the overall "health" of the grantee.
- Monitoring, and therefore the tools used to monitor, need to be culturally sensitive.
- Tools should first inform grantees' pursuit of compliance, then excellence.
- The data that is used must be valid and reliable.

Recommendations

- Critical Success Indicators (CSIs) are a small number of measures (7-12) that lend themselves to being tracked on a regular basis.
- We are proponents of continuing the development and use of a dashboard that serves as a database for CSIs. This approach should be used to constantly track performance.
- Each indicator should be clearly defined and formulas should be provided. For example, staff turnover is tracked differently from agency to agency, making it impossible to compare apples to apples.
- Training and technical assistance (T/TA) could provide support in ensuring consistency in measurement to enable grantees to provide accurate CSI data.
- The CSI approach may serve as a tool to identify when an on-site visit is necessary and may inform the necessary content/staffing of the visit itself.

Possible Indicator	Frequency of Reporting
1. Attendance <ul style="list-style-type: none"> • Percent of children deemed at risk of chronic absenteeism • Percent of children who are chronically absent 	Quarterly with Monthly Breakdown
2. Enrollment <ul style="list-style-type: none"> • Percent of full ACF-funded enrollment • Percent of turnover of enrolled children • Total number of children vs. funded enrollment to date • Percent of completion of locally defined recruitment priorities 	Quarterly with Monthly Breakdown
3. Health <ul style="list-style-type: none"> • Percent of children with established medical homes • Percent of children with established dental homes • Percent of children with health coverage • Percent of children up-to-date on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) periodicity schedule 	at 30, 45, and 90 days; Quarterly thereafter
4. Finances <ul style="list-style-type: none"> • Percent of non-federal share raised (budget to actual) • Budget to actual targeted expenditure levels for the month 	Quarterly with Monthly Breakdown
5. Progress toward child outcomes <ul style="list-style-type: none"> • Percent of children meeting school readiness benchmarks (to be defined) • Number of children referred to follow-up and percent of children who received follow-up early intervention services. • Percent of classrooms meeting classroom measurement goals (Classroom Assessment Scoring System [CLASS] or equivalent measure) 	Three Times Annually (Pre/Mid/Post) Reported with the Quarterly Report
6. Family Engagement <ul style="list-style-type: none"> • Percent of families with family engagement goals identified • Percent of Family Partnership Agreements completed • Percent of families meeting family outcomes (to be defined) • Percent of fatherhood or male involvement (to be defined) 	Quarterly
7. Human Resources <ul style="list-style-type: none"> • Percent of staff turnover • Percent of teacher and assistant teacher turnover • Percent of senior manager turnover • Percent of staff meeting required staff qualifications and/or degrees • Number of teachers with early childhood education degrees, either at the AA or BA level • Number of home visits scheduled and percent completed • Percent of staff projected to meet a minimum of 24 hours of in-service training/year 	Quarterly
8. Parent satisfaction ratings	Semiannual



Possible Additional CSIs:

- Percent of completed home visits
- CLASS scores (or equivalent)
- Being current with required reports to the Office of Head Start (OHS), state licensing, etc.
- Use of data to drive instruction
- The indicators identified in the HSKI-C protocol
- Use of data to drive program activities

School Readiness: OHS should explore the possibility of using a stratified random sample as opposed to measuring all one million children multiple times each year, dramatically reducing cost while still providing valid and reliable data. To do this, OHS could look for evidence of curricular/assessment fidelity and evidence of informed teaching to indicate whether promoting school readiness is intentional. In this way, fidelity and intentionality could be tangible evidence of a productive continuous improvement process.

Program Information Report (PIR) should be modified to acknowledge grantees who provide initial physical exams instead of meeting all EPSDT (including lead), as many practitioners do not do this initially.

All grantees could undergo a “regular” review in which they are scored on a rubric (1-5)—a process that might lend itself to identifying levels of quality, matching the flexibility of the new HSPPS. A five-point scale limits the difficulty in ensuring reliability between raters. During the off years, or after receiving a high score, grantees would go through a less strenuous or less in-depth process. This is a possible use for the HSKI-C Protocol.

In determining scores, the size and scope of grantee services must be considered in order to ensure fairness in the application of monitoring.

Using a sampling methodology reduces the burden on grantees in the review process.

While achieving and measuring parent self-sufficiency is incredibly important, working with parents to gain skills as their child’s first teacher, increase self-confidence, learn about nutrition, and develop many other self-identified needs are equally important, and should be considered in a new monitoring system.

A new monitoring system should be strongly linked to grantees’ planning cycles. Under the new HSPPS, grantees will need to answer a question to the effect of: “How can you demonstrate the connections between your Community Needs Assessment, goals, action steps, Policy Council (or Policy Committee) and Board involvement, measurement, linkages to training and professional development, and vision-driven improvement?” The program planning cycle from Program Management and Fiscal Operations (PMFO) should help grantees develop and OHS monitor this aspect.



Considerations

- There is an instrument called [RISE](#) that may be utilized in a new monitoring system, as well as other tools, including those from [Boulder](#), [Crittenden's Women's Union](#), and a new PFCE practitioner tool that is tied to the OHS Parent Engagement Principles.
- As trust builds, parents become more open and honest in sharing what is going on in their lives. This can lead to outcome measures that drop from September through December, as parents begin sharing more of their life realities as a trusting relationship develops.
- The presence of monitors disrupts work with parents and children both before *and* during a visit.
- Community needs assessments will have to be strengthened dramatically.

Differentiating Quality

Principles

- Quality is a sequential process, (1) beginning with effective systems and compliance around health and safety, (2) ascending next to compliance with regulations around areas other than health and safety, and (3) finally reaching a top tier by demonstrating positive impacts for children and families as measured by evidence and data.
- When there's a visible link between the data management system, program goals, and continuous improvement, outcomes are enhanced.

Recommendations

The Foundations for Excellence (FFE): Planning for Head Start document links goals with objectives, outcomes, and continuous improvement. It asks key questions that link critical operational pieces together that could serve as monitoring protocol, for example:

- Do program goals exist?
 - Who was involved in their development?
 - Is there evidence from the community assessment that supports these goals?
 - Do objectives and expected outcomes align with program goals?
- Do the systems designed to evaluate the objectives have established standards of fidelity?
- Who collects the data? How often is the data collected? How is the data collected associated with professional development?
- Are outcomes analyzed against historical, national, or norm-referenced data?
- Do program improvement plans consider budgets, professional development, and research-based interventions?
- Is data analyzed by a collaborative group?
- How is the data shared with all involved parties?

Considerations

The building blocks of high quality should be documented based on research and may include:

- Accreditation



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- Quality Rating and Improvement System (QRIS), if the state is implementing one
- Well-educated and experienced teachers (teacher retention) and administrators
- Smaller ratios and group sizes
- Use of a child-centered, play-based curriculum that supports the research that states children learn best through play
- Sound strategic plan (Year 1 Funding Application) and the demonstrated use (incremental changes based on child data) of this document to achieve quality outcomes
- CLASS scores above 5
- Unrestricted fund development
- NHTA Program of Excellence: NHTA's Quality Initiative facilitates a self-study process by Head Start programs across multiple domains, with programs' work reviewed and validated by outside experts. Successful completion earns formal recognition as Program of Excellence.

Leveraging Data

Principles

Data exists in complicated systems that vary state by state in some cases and that, in many cases, will require policy changes. We encourage OHS to pursue a multi-year strategy that could incorporate changes in data use over time.

Recommendations

We recommend that OHS leverage new external data sources with the intent of both reducing the burden on grantees and enabling monitors to better assess grantee impact.

Areas where external data could reduce the burden on programs through an integrated monitoring approach include:

- Health and Safety: Currently, state licensing departments significantly overlap with OHS health and safety monitoring in their site visits and data collection. While not all state licensing systems meet Head Start requirements, those that do meet the standard could be used in lieu of separate OHS monitoring teams.
- USDA Food Programs: Most grantees receive subsidized food through the Child and Adult Care Food Program (CACFP) which, in turn, requires fiscal monitoring. To the extent that this monitoring overlaps with OHS data, coordination on the federal level could reduce duplication of efforts.
- QRIS: In some states, there is already coordination between the HSPPS and QRIS systems, where a state recognizes a program at a particular performance level because they meet the HSPPS. Because this varies by state, stronger coordination between the state and federal level could make this even more efficient. Office of Planning, Research & Evaluation (OPRE) is actively seeking a good measure related to their work with QRIS. What does this mean for Head Start monitoring (especially given the new requirement regarding QRIS)?



Considerations

Areas where external data could enhance the effectiveness of monitoring:

- Medicaid: Currently, Head Start programs are not able to determine what services a child is receiving through Medicaid (health screening or mental health services, for example), making follow-up and coordination difficult. If Medicaid and Head Start data were linked, it would allow both programs and monitors to measure follow-up and impact.
- K-12 Longitudinal Data: Whether it is kindergarten transition or longer-term outcomes, Head Start programs can be more effective if they understand longer-term child outcomes. This depends on school districts sharing child identifiers and coordinating data systems. Leveraging K-12 data would enable the system to look at outcomes rather than just outputs.
- Additional Administrative Data: Other federal programs, such as the Department of Housing and Urban Development (HUD) or Temporary Assistance for Needy Families (TANF), could mutually benefit from data coordination with Head Start.

Finances

Principles

The comprehensive audit is a far more in-depth study of finances and financial systems than any site visit by OHS monitors. An OHS monitoring team has many fewer days of time to review, and its reviewers lack the same depth of qualifications.

Recommendations

Areas that should be monitored:

- Grantee procurement process
- Grantee oversight of delegates/subrecipients
- Non-federal share
- OHS awards compared to requests and budget amendment requests and applications
- Indirect rate
- Reporting system
- Delegate management system
- Insurance requirements to safeguard federal dollars

Areas that should not be monitored:

- Delegate procurements or other detailed transactions that the grantee already monitors and reviews. This wastes valuable review time. If the grantee can provide evidence that they are reviewing transactions and monitoring delegates, then to have OHS also review is duplicative.
- Test delegate contracts with the grantee for alignment with grant applications, grantee's procurement process, and OHS-issued award letters.
- Other items that the grantee is not monitoring of the delegate agency.



Budget CSIs:

- Non-federal share
- Budget vs. actual (execution rate), for both grantee *and* delegate agencies, by budget category
- Administrative cost rate for grantee *and* delegate agencies
- Indirect cost rate for grantee and delegate agencies
- Number of delegate agencies
- Number of children served at each delegate
- Cost per child for each funded delegate (could be automated based on other input data)
 - Total budget divided by number of children
- Funding per child per capita at the grantee level
- Number of licensed sites
- Certifications and assurances for Executive Level II pay limit, etc.
- Feature to upload annual and other audits
- Insurance coverage (building, employee) and/or certificates
- Amount of Payment Management System (PMS) drawdown at a given date versus federal expenditures at the same point in time (speaks to cash management issues or lack thereof)
- Number of non-delegate contracts exceeding \$100,000

Considerations

Collecting data on the monetary investment in each CSI (for example, school readiness or CLASS) may help explain the difference between a successful program and an unsuccessful program.

Any costs saved or incurred should also consider the impact on delegate agencies. For example, in the case that the A-133 audit were expanded, grantees *and* delegates would need to pay additional fees. Would this funding be subsidized by OHS cost savings due to reduced monitoring?

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