



**Monitoring Redesign Task Force  
Update of 2012 Report  
January 5, 2017**

The Monitoring Redesign Task Force 2016 (MRTF16) maintains the overall recommendations made by the Monitoring Task Force 2012 (MTF12). MRTF16 recommends the continued development of a risk management dashboard using key indicator tools that leads to differentiated monitoring and training and technical assistance (T/TA), and the expanded use of program annual audits to monitor compliance with standards. These MRTF16 “Initial Reactions” include revisions and updates to the original recommendations.

Much has happened since the MTF12 report. The Office of Head Start (OHS) has made many significant improvements to the monitoring system. MRTF16 thanks OHS for its hard work to improve Head Start programs.

MRTF16 applauds OHS for the new standards and the emphasis on flexibility and continuous quality improvement. We are excited about the possibility of developing a monitoring system that assures basic program functioning and compliance with the Head Start standards, *and* that is strength-based, collaborative, and recognizes and rewards high-quality programming.

We agree with OHS that the Head Start Program Performance Standards (HSPPS) should not be seen as being basic compliance standards. Head Start is a premier early education program; what sets us apart from many other early childhood education programs are the standards we must meet. Our “basic compliance” is *quality*. This must be continuously emphasized.

MRTF16 believes that the Dashboard, Critical Success Indicators (CSIs), and on-site monitoring protocol should be the foundation of the first phase of a new monitoring system. Together, these elements will evaluate quality, identify low performers, assist grantees in intentional quality improvement, and effectively target T/TA resources. The 2012 report proposed a second phase, a Certification System that could be implemented as the mechanism for rewarding high performers. The MRTF16 feels strongly that the new system needs to recognize, celebrate, and reward high-quality Head Start programs. We believe that the Certification System is one possible way this could happen, but are open to other ways of meeting this important goal.

In reviewing the 2012 report, MRTF16 sees these priorities for implementing a new monitoring system:

1. Identify CSIs by comparing the HSPPS requirements with practices that are indicative of long-term success.
2. Develop a dashboard system, including CSI measurements and process for review, as well as the development of corresponding targeted T/TA.



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3. Collaborate with the Office of Management and Budget (OMB) to provide guidance on expanded A-133 audits. Evaluate acceptable substitutes for grantees that do not participate in the A-133 audit.
4. Align on-site health and safety reviews with *Caring for Our Children Basics*.
5. Convene early childhood care and education stakeholders to establish an inclusive vision for a Certification System that would reduce duplicative efforts through integrated monitoring.

### **Proposed Critical Success Indicators**

MRTF16 maintains MTF12's report recommendations for critical success indicators one through nine. MRTR16 has offered updates to indicators #s 1-9 to reflect the new HSPPS. MRTF16 no longer believe that indicators 10 and 11 are appropriate for use as CSIs.

### **Recommendations for Expanded Auditing**

MRTF16 maintains the recommendation that the Office of Head Start expand the guidance for audits of Head Start programs to include areas of evaluation that are currently optional and add other areas. MRTF16 has amended the proposed suggestions to exclude ERSEA information from this recommendation. MRTF16 would like to emphasize the critical importance that OHS provide detailed explanations or training opportunities for auditors to ensure they have a deep understanding of the purpose and function of Head Start programs. Expanded program performance auditing would reduce the amount of time and energy invested by OHS in on-site reviews by providing annual, independent documentation of each program's performance.

### **Recommendations for Expanded Auditing Implementation**

MRTF16 maintains the following recommendations for implementation:

1. Involve stakeholders in the design of an expanded compliance supplement applicable to both A-133 audits and other types of common program audits.
2. Provide guidance for auditors to familiarize themselves with Head Start.
3. Create a procedure for timely review of audits and follow-up for programs with findings to address issues, support programs in resolving them, and take action if necessary.
4. Support regional offices in disseminating clear and consistent T/TA to programs about the changes to the auditing process.
5. Consider the varied needs of tribal programs and those not typically evaluated with an OMB A-133 audit.

### **Certification System**

MRTF16 maintains the assertion that there is a strong need to recognize and encourage high-quality performance. MTF12 proposed that the National Head Start Association (NHSA), the National Indian Head Start Directors Association (NIHSDA), the Migrant/Seasonal Head Start



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Association (MSHSA), the Office of Head Start, and partners working to serve young children at the community, state, and national levels collaborate to create a Certification System. The purpose of the Certification System would be twofold: to recognize high-quality programming and to advance an integrated monitoring system.

The System would allow grantees participating in the certification process to submit ratings, inspection reports, and licenses, substantially reducing duplicative efforts and assessments. Based on the crosswalk articulation, the grantee would receive aggregate scores for areas of performance. Ultimately, the Certification System would reward grantees' strengths and alignment with other systems through a certification that would allow for a schedule of differentiated monitoring. Adopting a Certification System would afford Head Start and the early learning community opportunities to systematically coordinate, maximize resources, and inspire improvements in quality.

### **On-Site Monitoring Visits**

Since the 2012 report there has been tremendous improvement in on-site monitoring; many of the recommendations of the 2012 report for on-site monitoring were implemented effectively by OHS. MTF12 proposed that OHS require annual health and safety inspections to assess compliance with health and safety standards. MRTF16 recommends that a more efficient, less time-consuming review replace the current protocol, perhaps in the form of random sampling of classrooms and desk reviews to reduce the burden on programs experiencing high numbers of on-site reviews. The CSI dashboard, alignment with *Caring for Our Children Basics*, and expanded use of A-133 audit should all be used to reduce on-site monitoring. MRTF16 commends OHS's implementation of additional and/or unannounced visits to assist grantees with identified areas of concern.

### **Health and Safety Standards**

At the time of MTF12, Head Start Health and Safety standards overlapped with the *Stepping Stones* standards in some areas but not others. MRTF16 no longer supports the use of *Stepping Stones*. Further, MRTF16 recommends the use of the *Caring for Our Children Basics* tool as a standard for assessing the quality of early learning programs.

MRTF16 supports monitoring of health and safety through random sampling of program sites to reduce the numerous, burdensome monitoring visits experienced by large grantees.

### **Training and Technical Assistance**

MRTF16 continues to believe that T/TA needs revision and greater involvement in the monitoring process. It supports the 2012 report recommendations.



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T/TA during implementation would focus on helping programs implement the dashboard and integrate it with the grantees' existing internal data and self-assessment systems. Ultimately, however, T/TA would be targeted in two ways. First, programs would create their own improvement plans and request specific T/TA in order to meet targets. Secondly, OHS would use trends in dashboard data to efficiently identify programs in need of compliance support. These two methods are intended to make the most effective use of T/TA time and funding while preventing noncompliance and supporting program excellence.

MRTF16 recommends that OHS, via the National Centers, create a system to support program continuous quality improvement through establishing a feedback loop about key program processes that are essential to quality (for example, self-assessment, community assessment, annual audit, T/TA plan, ERSEA, Program Information Report (PIR) data, family engagement outcomes, program annual report, and school readiness goals). Implementing this recommendation would create a clear, supportive mentoring relationship between Head Start programs and OHS to improve program quality.

### **State Quality Rating and Improvement Systems**

There continues to be significant variation in Head Start's role in state Quality Rating and Improvement Systems (QRIS), both in terms of input and evaluation. A primary goal of the Certification System is to align and incorporate state and nationally recognized validating systems; as such, the Task Force intends for the proposal of a Certification System to complement the work being done to develop QRIS, not supplant it. Furthermore, the proposed Certification System would recognize how each state with a QRIS system validates programs' quality. For states just beginning to develop their QRIS or alignment, the System would serve as a strong basis for collaboration and integration.

Since 2012, the issue of how Head Start programs fit into their state QRIS systems has continued to grow as state QRIS systems become more complicated. In addition, the new HSPPS requiring Head Start programs to participate in their QRIS system if the system recognizes Head Start monitoring, has put an even greater importance on the relationship between Head Start program monitoring and state QRIS systems.

### **American Indian/Alaskan Native Head Start Programs**

**Unannounced Reviews** Indian law must be taken into consideration in the redesign of monitoring. Unannounced federal on-site reviews are not conducted due to the government-to-government relationship between the federal government and sovereign nations.

**State Licensure** The majority of American Indian/Alaskan Native (AIAN) grantees are not state-licensed because state jurisdiction in the early learning and child care field is non-existent for AIAN grantees. A number of tribes are located in multiple states and as a result are located within multiple state jurisdictions that have no or limited jurisdiction within Indian country.



**Federal Monitoring** The system must be culturally relevant, responsive, and reliant. Incorporating culturally responsive and relevant practices should be a quality indicator. Federal on-site reviews should not be limited to health and safety issues.

**Audit** Tribes' annual single agency audits, or a comparable supplement, should be agreed upon by OHS in collaboration with AIAN grantees, as well as NIHSDA, to ensure that these meet the requirements covered by the expanded A-133 audit.

**Health and Safety** For AIAN grantees, the Indian Health Service or tribally operated environmental services perform health and safety inspections. OHS should collaborate with AIAN grantees, as well as NIHSDA, to ensure that OHS's efforts are not duplicative and that relevant CSI data is shared.

### **Migrant and Seasonal Head Start Programs**

Any new system of monitoring must take into consideration programming that is often dictated by growing and harvesting demands and seasons, including short program years and uncommon hours of operation.

The self-assessment should be included in the Dashboard and should serve as a basis for federal on-site reviews, informing target key indicators for conducting federal reviews. Federal reviews, then, would serve to verify and document grantees' compliance with the Head Start Program Performance Standards.

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