



# GPMS Methodology & Progres to Date

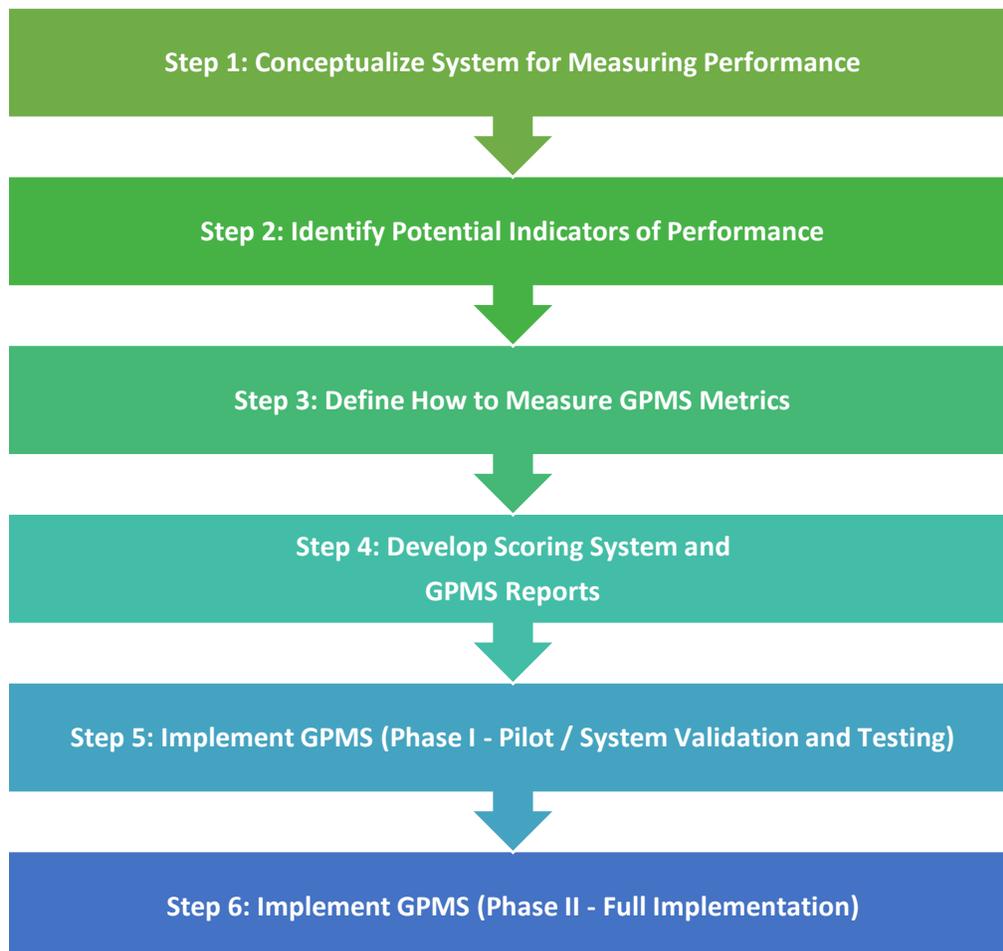
Prepared for: The Office of Head Start,  
August 2020

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subcontract to DLH

# GPMS Development Methodology & Progress-to-Date – August 2020

The Head Start Grantee Performance Management System (GPMS) is designed to provide the Office of Head Start (OHS) with a systematic approach to measuring and tracking grantee performance over time, enabling OHS to more effectively and efficiently direct resources to lower performing grantees and simultaneously to identify and leverage effective practices of high performing grantees. To develop the GPMS, the Lewin/DLH team has engaged in a development methodology grounded in expertise and the research literature from the areas of regulatory compliance, performance measurement, measure development, and quality assessment (monitoring, licensing, accreditation & professional development) in both the health care and early childhood education/child care sectors.

This document details the methodology we are implementing to develop the GPMS. The graphic below outlines the steps in development of the Grantee Performance Management System (GPMS). The steps outlined below were not executed in a strictly linear fashion. Rather, steps and products interact and inform one another throughout the development process. The methodologies, procedures, and products



associated with each step are detailed on the pages that follow, with interim products and results presented in Appendices.

To briefly overview our approach, after conceptualizing the system's core components and design (Step 1), we have adopted an iterative process of first identifying candidate performance metrics for inclusion in the GPMS, then engaging in a series of analyses to assess the strength of each potential performance predictor (Step 2). The analyses include:

- qualitative comparisons between the candidate metrics and quality indicators from other systems;
- statistical analyses to determine correlations between these metrics and grantee performance (i.e., CLASS, monitoring); and
- gap analyses to explore performance trends of specific cohorts (e.g., terminated and relinquished grantees) to identify any constructs or metrics that might have been overlooked.

We have identified candidate metrics from within the monitoring system; from other quality systems (e.g., licensing, QRIS, early care and education professional development, health, and early care and education system accreditation); and from exploratory analysis of cohorts of grantees (e.g., relinquished and terminated grantees; grantees receiving an FA2 in FY2020). For identified candidate metrics, we conduct correlational analyses to determine their relationship to monitoring performance data (CLASS, compliance), as well as compare these candidate metrics to those used in other quality systems to identify potential gaps in our GPMS measures. These analyses enable us to determine those indicators most strongly or consistently related to Head Start grantee performance, and those that appear least impactful for understanding performance.

Our analyses also inform our recommendations for strengthening measurement of the risk and performance indicators ultimately included in the GPMS (Step 3). Step 3 focuses on recommending as objective, accurate, and meaningful measurement of each risk and performance indicator as is feasible to collect. Step 4 highlights the GPMS team's development of the initial conceptualization of the GPMS scoring system and reporting processes and templates for the GPMS. This activity focuses on considering various approaches for weighting performance metrics within the GPMS to determine grantee performance scores, as well as how to share performance data with grantees, OHS leadership, and other stakeholders (e.g., central office staff, Regional Offices, Training and Technical Assistance system). Steps 5 and 6 entail a multi-phased approach for implementation, wherein we pilot test the GPMS through Phase I implementation in FY2021 monitoring, validate, test and refine the GPMS' performance measurement and over the course of FY2021, and launch the finalized GPMS in FY2022 (Step 6).

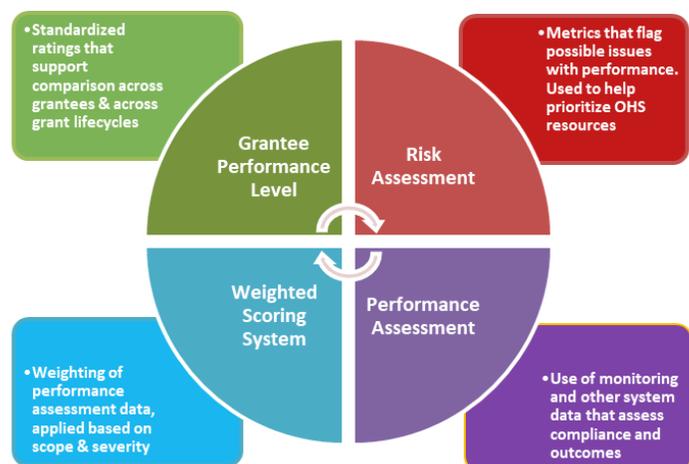
## Step 1: Conceptualize System for Measuring Performance

**Purpose:** The first step in developing the GPMS was to develop the conceptual design for the system. This entailed defining the conceptual basis for the performance measurement system, including what the system is designed to achieve, the core components of that system, a frame for how these components interact, and the expected output of the system.

**Methodology:** To define the conceptual frame for the GPMS, we assembled a small team with targeted expertise in measurement system development; regulatory compliance; performance measurement; quality in early childhood settings and in the health care system; and Head Start program operations and data. The group identified both performance and risk as critical components of a performance management system. Weighted scoring was introduced in acknowledgement that not all performance measures may be treated equally in the system; some would be prioritized (i.e., more heavily weighted). The outcome of the system would be a standardized rating, overall and by content area that would support comparison of grantees among each other and across grant lifecycles.

**Product/Result:** The conceptual model that grounds GPMS (see inserted graphic). The conceptual model integrates risk and performance components into the monitoring system.

- **Risk Component:** Includes a series of indicators that could impact a program’s ability to provide quality services. The system uses these indicators to generate a grantee risk profile. Ultimately, OHS and ROs use the risk profile to determine how best to support each grantee based on the level of risk, with options ranging from RO and T/TA support to scheduling a Special Review to more deeply explore the extent to which identified risk concerns are impacting program performance.
- **Performance Component:** Based on data availability, initially the performance component focuses on metrics from monitoring data, including Performance Measure ratings and data, other derived metrics (e.g., CLASS, achieving desired outcomes, having repeat findings, ability to correct findings, and volume of findings). Over time, however, the GPMS can incorporate data from external sources (e.g., licensing, QRIS) or based on other tools (e.g., standardized measures such as ECERS) either for validation purposes or to replace monitoring performance metrics where data integrity and availability permit. GPMS applies weights to performance metrics based on OHS priorities of those metrics, and calculates grantee performance scores.



To conceptualize the GPMS we also considered the components and measures used in other compliance and quality systems within the early childhood setting, as well as those implemented within the health care system. We note several highlights based on our research review, expertise and experience:

- Existing compliance and performance management approaches implemented in early childhood education and childcare systems do not systematically and concurrently focus on both compliance and performance; systems focus on either compliance with regulations or assessment of program quality (performance). Compliance systems are measured on a nominal scale, wherein a grantee is either in compliance or out of compliance on a particular standard. Compliance systems have difficulty in distinguishing between “high” and “mediocre” performers. Most performance management approaches utilize an ordinal level of measurement. The challenge for the GPMS is combining the two approaches into a comprehensive approach incorporating the value added from both nominal and ordinal measurement paradigms.
- Health care systems do approach both quality and compliance monitoring, providing practices and health systems with compliance and performance feedback. However, health care systems’ performance data typically are based on existing, quantitative data, such as claims, standardized utilization metrics, established quality measures such as performance on disease-specific metrics (e.g., diabetes) or the standardized CAHPS survey (assessment of patient experiences and satisfaction with services).
- Our approach for conceptualizing and developing the GPMS incorporates approaches from health care, but acknowledges that early childhood education and child care are in a different space in terms of availability of standardized data that concurrently address Head Start compliance monitoring requirements and performance assessment needs.

## Step 2: Identify Potential Indicators of Performance



Our next step in the GPMS development process focuses on identifying and assessing the validity of candidate indicators of performance to be integrated into the GPMS. The GPMS team has engaged in an iterative process of identifying candidate metrics, then assessing their statistical relationship to other performance measures within the monitoring system. Indicators from several sources have been considered for inclusion and prioritization in GPMS, including indicators existing within monitoring, indicators used in other quality and licensing systems, de novo measures of performance, and indicators specific to risk.

The process for assessing potential measures includes:

- Analyzing the monitoring system's Performance Measures
- Exploring other quality system's measures
- Critically examined additional grantee data to probe for conceptual gaps in existing measures
- Exploring indicators of risk

The following describes each of these key activities in our GPMS development process.

### I. Identifying and Testing Indicators within Monitoring System

#### a. Performance Measure (PM) Rating and Ranking

**Purpose:** To leverage existing data and the existing structure of monitoring, the GPMS team assessed potential indicators within the monitoring system. These included FA1/FA2 PMs, findings (including scope and severity), and CLASS results. Recognizing the breadth of performance concepts covered by the FA1/FA2 PMs, the GPMS team prioritized assessment of the PM indicators first.

**Methodology:** The GPMS Team identified unique concepts across the FA1/FA2 protocols, resulting in 23 PMs to be evaluated. SMEs and stakeholders, including OHS staff, content leads, Regional Program Managers, and Supervisory Program Specialists, rated PMs against a set of criteria and ranked them in order of importance for understanding grantee performance. In total, 64 reviewers participated in the rating and ranking activity.

Each PM was assessed against the following criteria, formulated with OHS to support a more systematic rating process:

- The PM focuses on ensuring health and safety or promoting school readiness
- The PM contributes to sustainability
- The PM aligns with OHS priorities
- The PM addresses results and outcomes

Justifications for ratings and rankings were analyzed to confirm appropriateness of criteria and to understand rationale for outlier rankings. The team analyzed the rankings to determine which

demonstrated consistency across raters, with the goal of identifying which PMs are consistently ranked either high or low as important for understanding grantee performance according to the above criteria.

**Product/Results:** Analyses indicated that 8 PMs were consistently ranked highly by stakeholders and favorably assessed against criteria. The GPMS team identified these 8 PMs as the initial group of candidate performance indicators for prioritization in the GPMS. Exhibit 1 indicates the 8 PMs ranked as most strongly related to grantee performance, based on the rankings provided by the stakeholder raters. Exhibit 2 shows the PMs consistently ranked lowest in term so f importance for understanding grantee performance. Appendix A provides additional detailed results from the Performance Measure Rating and Ranking Analysis.

**Exhibit 1. PMs Consistently Ranked as Important for Understanding Grantee Performance**

Content Area	PM #	Performance Measure (PM) Text
PMQI	1	The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff.
Fiscal	1	The grantee develops and implements its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families. This entails relating financial data to accomplishments of the grant award and an awareness of program progress, lessons learned, and needed improvements.
PMQI	2	The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development.
PDM	1	The grantee’s program structure and design is informed by the community’s strengths and needs.
Fiscal	2	The grantee plans and implements a fiscal management system that supports the organization’s ongoing capacity to execute its budget over time and meet the needs of its organization.
PMQI	3	The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation.
Fiscal	3	The grantee’s financial management system provides for effective control over and accountability for all funds, property, and other assets.
ECD	2	Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children.

Additionally, 7 other PMs were consistently ranked low among stakeholders. This group of PMs that were consistently ranked as less important for understanding performance also can help inform the scoring system and how various PMs are included in the GPMS as performance indicators.

**Exhibit 2: PMs Consistently Ranked with Lower Importance for Understanding Grantee Performance**

Content Area	PM #	Performance Measure (PM) Text
ECE	1	School readiness efforts align with the expectations of receiving schools*, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.
ERSEA	3	The grantee maintains and tracks enrollment for all participants, including pregnant women.

<b>ERSEA</b>	2	At least 10% of the grantee’s total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.
<b>Health</b>	3	The grantee maintains and monitors for effective oral health practices and nutrition services that meet the nutritional needs and accommodate feeding requirements and allergies.
<b>Fiscal</b>	4	The grantee complies with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds.
<b>Health</b>	5	For programs serving pregnant women, the grantee provides and monitors for quality services that facilitate enrolled pregnant women’s access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being.
<b>ECE</b>	4	The grantee ensures home-based program services provide home visits and group socialization activities that provide high-quality learning experiences.

**b. Correlational Analysis**

**Purpose:** To test the candidate performance metrics to determine their fit and weight in the GPMS. The analysis focused on assessing the bivariate relationships between the 23 PMs and (1) regulatory compliance; and (2) CLASS scores.

**Process:** We conducted correlational analyses of compliance scores, CLASS, and PM ratings from FA2 analyses. Regulatory compliance scores were derived from findings data. Correlations identified the ability of PMs to distinguish between high and low levels of compliance. CLASS scores were selected as a valid and reliable measure of quality that theoretically should correlate highly with PMs prioritized in the GPMS.

**Product/Results:** The analyses showed strong correlations between the PMs that the rankings process initially identified as most impactful to grantee performance and regulatory compliance and CLASS scores. In addition to supporting the 7 PMs identified through stakeholder consensus, this statistical analysis identified 3 additional PMs that were statistically significantly ( $p < 0.05$ ) correlated with regulatory compliance and CLASS. The findings are particularly noteworthy in light of the small sample size. The correlations are based on 20 grantees that received both a CLASS review and an FA2 review in FY2020. Exhibit 3 identifies the additional 3 PMs prioritized in GPMS and provides the correlations this analysis yielded. Appendix B provides the full set of correlational analysis results. These results are highly significant in that these PMs were statistically related to overall compliance as well as CLASS scores, suggesting that these PMs are excellent candidates as Key Indicators as defined in the compliance research literature. Also, since many of these PMs were also highly ranked, they meet the other test of regulatory compliance and performance by being judged as most important.

**Exhibit 3. PMs Prioritized in GPMS based on Strong Correlations with CLASS and Compliance**

Content Area	PM #	Performance Measure (PM) Text	Emotional Support	Classroom Organization	Instructional Support	Monitoring Compliance
<b>ECD</b>	3	The grantee ensures teachers are prepared to implement the curriculum and support children’s progress toward school readiness.	.41	.69*	.87*	.71*
<b>FCE</b>	3	The grantee’s education and child development services recognize parents’ role as children’s lifelong educators and encourage parents to engage in their child’s education.	.37	.69*	.58*	.53*

Content Area	PM #	Performance Measure (PM) Text	Emotional Support	Classroom Organization	Instructional Support	Monitoring Compliance
HEA	1	The grantee effectively monitors and maintains timely information on children’s health status and care, including ongoing source of health care, preventive care and follow-up.	.46	.99*	.73*	.56*

**c. Indicators of findings scope and severity**

**Purpose:** The GPMS Team identified indicators of scope and severity as important for inclusion in GPMS during the conceptualization phase. We hypothesize that these indicators capture areas of systemic weakness in both compliance and performance, and conceptually reflect on different aspects of performance than the PMs.

**Methodology:** Historic data going back to 2012 will be used to identify repeat findings (i.e., those that occur in standards linked to the same PMs) within a 5-year grant cycle and across two 5-year grant cycles. Frequency tables will help us understand how many grantees are affected by repeat findings and correlation analysis will help us understand how/whether repeat findings are related to performance. The Follow Up Dashboard will be leveraged to understand the prevalence of uncorrected findings across grantees and correlation analysis will help us understand the relationship between uncorrected findings and performance.

**Product/Results:** Pending.

**d. Exploration of Indicators in Other Systems**

**Purpose:** In order to ensure that the 23 FA1/FA2 PMs adequately cover key concepts for understanding performance, the GPMS Team investigated indicators of quality in use in other systems in early childhood quality systems. Through this environmental scan and analyses we sought to examine conceptual overlap between the Head Start monitoring system and other early childhood systems’ quality indicators, as both face validity for the GPMS’ candidate measures and to identify gaps in and opportunities for strengthening FA1/FA2 performance measures.

**Methodology:** The GPMS team conducted an environmental scan to review measures in use in *Caring for Our Children Basics* (CFOCB), National Association for the Education of Young Children (NAEYC) Accreditation and Professional Development Standards, and Quality Rating and Improvement Systems (National Center for Early Childhood Quality Assurance). We cross-walked the performance and quality indicators implemented in other systems against the FA1 and FA2 protocols’ performance measures to validate the PM subset of the monitoring system’s existing indicators and look for conceptual gaps in the monitoring system’s PMs.

**Product/Results:** The team produced an environmental scan summary describing the various approaches to performance assessment adopted by each system and the conceptual overlap amongst indicators incorporated in each system. The results of the scan affirmed the breadth and depth of Head Start PMs, identifying no major content gaps in the full set of 23 PMs. Exhibit 4 summarizes the overlap. Appendix C summarizes our environmental scan of other systems’ quality measures.

**Exhibit 4. Summary of overlap between top 11 Head Start PMs and indicators in other systems**

Other System Indicators	TOP 11 HEAD START PMs										
	PDM PM 1 Prog Design	PMQI PM 1 Org structure	PMQI PM 2 Data Use	PMQI PM 3 Prog Gov	FIS PM 1 Budget	FIS PM 2 Fis mgmt. system	FIS PM 3 Internal controls	FCE PM 3 Parent engage in lrng	ECD PM 3 Teacher support	ECD PM 2 Teaching practices	HEA PM 1 Child health status
1 – Relationships											
2 - curriculum									P	P	
3 - teaching										P	
4 – child progress									P		
5 –health											P
6 – staff comp/support									P		
7 – families											
8 – community	P										
9 – physical environment									P		
10 – Idsp and mgmt		P		P	P	P	P				
11 – quals/PD									P		
12 – curric / learning									P	P	
13 – admin / bus practices		P			P	P	P				
14 – family engagement								P			
15 –health & safety											P
16 – CQI			P	P							
17 - staffing											
18 – prog activity for healthy dev								P			
19 – hlth promotion											P
20 – nutria and food svc											
21 – fac, eqp, safe env											
22 – play areas / transp											
23 – infect. Disease											P
24 – learning environment											
25 – Fam/tchr partnership	P							P			
26 – Child obs and assmt									P	P	
27 – Teaching practices									P	P	
28 - Apply curriculum									P	P	
29 - Professionalism											

**Legend:**

P = PRESENT; BLANK = NOT PRESENT; ACC = Blue (1-9); QRIS = Green (11-16); LIC = Yellow (17-23); PD = Red (24-29)

**II. Identification and Development of New Performance Indicators**

The GPMS team has engaged in several analyses to explore existing grantee data to consider potential conceptual gaps among the set of candidate GPMS performance and risk indicators. These analyses also are designed to provide additional face validity for the candidate measures. These analyses provide

additional input into the GPMS by helping identify some measurement strengths and challenges of some of the candidate GPMS measures.

#### **a. Review Lead Reflection**

**Purpose:** The GPMS team engaged Review Leads to reflect on the performance of grantees for which they conducted FA2 Reviews in 2020, with the goal of identifying concepts associated with performance that are not currently captured in FA1/FA2 PMs.

**Methodology:** Review Leads were asked to rate the performance of each grantee with which they conducted an FA2 review in 2020 on a scale of 1-5, with no additional guidance provided on characteristics of low (1) versus high (5) performance in Head Start grantees. They were also asked to rank order their grantees by performance and provide a rationale for their ratings and rankings, describing the factors they thought contributed to their perception of high versus low grantee performance.

The GPMS Team content coded the Review Leads' rationales for ratings and rankings to determine whether the justifications they provided for their assessments were already conceptually captured in the then 10 prioritized PMs, or whether new concepts were identified. Identification of new concepts suggests the need to consider developing additional indicators to augment those previously identified as candidates for the GPMS.

**Product/Results:** The GPMS Team summarized themes in Review Lead justifications for high versus low performance, and implications for improving measurement of existing PMs. In total, Review Leads rated performance for 93 grants based on their FA2 FY2020 monitoring review event. Analysis of the data identified 3 additional concepts for potential inclusion as performance metrics in the GPMS, based on Review Leads' ranking justifications. These concepts reflect factors that Review Leads deemed to be important indicators of high performance that were not already captured by the PMs that comprise the current monitoring protocols. The additional concepts for consideration included:

- Support for teachers with regard to special populations (e.g., DLL, behavioral health issues)
- A program's responsiveness to incidents and challenges that arise
- A program's data sharing or standards sharing with receiving schools

Appendix D provides detailed results from the Review Lead Reflections analysis. In addition to content coding justifications, the GPMS team also analyzed Review Lead scores before and after providing definitions for each score. Results suggested that the provision of definitions refined Review Lead's initial scores and created greater distinctions in grantee scores. This finding influenced the GPMS team's approach to strengthening existing data, described in further detail under Step 3.

#### **b. Analysis of Relinquished and Terminated Grants**

**Purpose:** To explore additional potential gaps in the set of performance indicators identified as candidates for inclusion in the GPMS, we analyzed data from grantees with relinquished or terminated grants. We explored factors contributing to lower quality and weaker grantee performance.

**Methodology:** Review Leads conducted an exploratory analysis of 84 grants that were relinquished or terminated between 2011 and 2019. They reviewed data available regarding grantees' monitoring events and more general information available in HSES (e.g., grant application materials and correspondence) to

identify trends in the factors that contribute to relinquishment and termination. As part of this review, they documented the data sources used to understand the grantee’s performance in order to inform our team’s effort to strengthen data collection, where appropriate, for FY2021 monitoring. The GPMS team moderated three discussions with Review Leads to identify emerging themes and findings during the analysis phase.

**Product/Results:** The relinquished and terminated grant analysis identified several potential additions to candidate risk indicators (see Step 2, Section 4) and also identified several potential areas of measurement that could be added to existing performance measures or developed into standalone indicators. These include:

- Facility maintenance scheduling
- Review of policies and procedures (e.g., for medication administration, fiscal management processes)
- Review of documentation concerning staff training indicators
- Measurement of fringe benefits distribution
- Measurement of payment timeliness
- Verification of major purchases

**Full Set of Indicators (Steps 1 and 2):** The GPMS team is currently exploring the viability of all indicators identified to date for potential inclusion in the GPMS. Our analysis includes assessment of the viability of each measure as an indicator of grantee performance, the indicator’s potential utility as a risk indicator, and the availability and quality of related data. After further analysis we will make a recommendation on how to best leverage these indicators in the GPMS’ risk and performance components. Exhibit 5 provides a comprehensive list of indicators we are currently evaluating. We also are continuing to assess the remaining PMs to determine their role and weighting within the GPMS.

**Exhibit 5. GPMS performance indicators and how they were identified**

Performance Indicator being considered for inclusion in GPMS	Identification source of indicator
1. The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff.	PMQI PM1 – Stakeholder ranking
2. The grantee develops and implements its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families. This entails relating financial data to accomplishments of the grant award and an awareness of program progress, lessons learned, and needed improvements.	FIS PM1 – Stakeholder ranking
3. The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development.	PMQI PM2 – Stakeholder ranking
4. The grantee’s program structure and design is informed by the community’s strengths and needs.	PDM PM1 - Stakeholder ranking

Performance Indicator being considered for inclusion in GPMS	Identification source of indicator
5. The grantee plans and implements a fiscal management system that supports the organization’s ongoing capacity to execute its budget over time and meet the needs of its organization.	FIS PM2 – Stakeholder ranking
6. The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation.	PMQI PM3 – Stakeholder ranking
7. The grantee’s financial management system provides for effective control over and accountability for all funds, property, and other assets.	FIS PM3 – Stakeholder ranking
8. Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children.	ECD PM2– Stakeholder ranking
9. The grantee ensures teachers are prepared to implement the curriculum and support children’s progress toward school readiness.	ECD PM3 – correlational analyses
10. The grantee’s education and child development services recognize parents’ role as children’s lifelong educators and encourage parents to engage in their child’s education.	FCE PM3 – correlational analyses
11. The grantee effectively monitors and maintains timely information on children’s health status and care, including ongoing source of health care, preventive care and follow-up.	HEA PM1 – correlational analyses
12. Support for teachers with regard to special populations (e.g., DLL, behavioral health issues)	<ul style="list-style-type: none"> <li>• Review Lead Reflection</li> <li>• Potential integration into existing PMs</li> </ul>
13. A program’s responsiveness to incidents and challenges that arise / sustainability	<ul style="list-style-type: none"> <li>• Review Lead Reflection and GPMS conceptualization</li> <li>• Potential new Indicator to focus on responsiveness and sustainability</li> </ul>
14. A program’s data sharing or standards sharing with receiving schools	<ul style="list-style-type: none"> <li>• Review Lead Reflection</li> <li>• Potential integration into PMs</li> </ul>
15. Lack of self-awareness and capacity to address identified weaknesses <ul style="list-style-type: none"> <li>a. self-assessment lacks strategies for addressing current or past findings;</li> <li>b. T/TA plan lack strategies to address current or past findings;</li> <li>c. Lack of alignment between self-assessment, monitoring findings, and T/TA plans</li> </ul>	<ul style="list-style-type: none"> <li>• Relinquished/terminated analysis</li> <li>• Potential new Performance Indicator or integration into existing PMs</li> </ul>
16. Repeat findings within and/or across grant cycles	<ul style="list-style-type: none"> <li>• Identified through multiple activities</li> <li>• Potential new Performance Indicator</li> </ul>
17. A loss of USDA/CACFP funding	<ul style="list-style-type: none"> <li>• Identified through multiple activities</li> <li>• Need to determine whether serves as Risk or Performance Indicator</li> </ul>

Performance Indicator being considered for inclusion in GPMS	Identification source of indicator
18. Audit findings	<ul style="list-style-type: none"> <li>• Identified through multiple activities</li> <li>• Need to determine whether serves as Risk or Performance Indicator</li> </ul>
19. Total number of findings obtained during monitoring events – possibly other findings (e.g., audit findings, loss of funding)	<ul style="list-style-type: none"> <li>• Identified during GPMS conceptualization</li> </ul>
20. Program’s ability to achieve desired outcomes	<ul style="list-style-type: none"> <li>• Emerged from GPMS discussions</li> </ul>

### III. Risk Indicators

**Purpose:** Risk assessment is a key component of the GPMS, wherein risk indicators flag potential threats to grantee performance. As conceptualized in the GPMS, risk does not signal an actual change in performance. Rather, risk identifies a potential threat to be examined in order to assess and mitigate its potential impact on grantee performance. Once flagged, risks can be used to prioritize OHS resources.

**Methodology:** Based on the initial conceptualization of the risk component developed under Step 1, the GPMS team has further defined the risk identification and assessment processes as part of the GPMS. The risk component of the GPMS focuses on collecting data from grantees on a set of risk indicators, which forms the basis of the grantee’s Risk Profile. The Risk Profile provides a summary of identified risks – to aid OHS in understanding whether the grantee is at risk of performance challenges and what type of support might be needed. The Risk Profile will be shared with designated central and regional office staff to determine how best to mitigate the risks to quality performance. As an example, the Risk Profile would “flag” several risks for an HS grantee that acquired a new grant last year to provide EHS services, and whose director and fiscal officer both resigned within the past 3 months. OHS and the RO would review the Risk Profile and determine how best to further explore and address the risk(s):

- Central office can conduct a Special Review to more deeply assess the impact of the risk on the program’s performance, then provide the RO and T/TA systems with feedback to target support
- Regional office program specialist can explore the issue(s) with the grantee and provide direct support accordingly
- T/TA specialists can explore the issue(s) and provide direct support to the grantee

The GPMS team also has identified a set of indicators to consider including in the Risk Profile. These risk indicators were identified through GPMS subject matter experts’ experience, collaboration with OHS, and analysis of themes across the subset of grantees with relinquished or terminated grants.

The team is continuing to examine the availability of data on each proposed risk indicator, the indicators’ optimal role in the GPMS in terms of its relationship to grantee performance, and the methodology for collecting and using risk indicators in the GPMS and sharing the Risk Profile.

**Product/Results:** The GPMS team has identified a list of indicators for potential inclusion in the GPMS. This list was derived through collaboration with OHS representatives on the GPMS development team. Our separate analysis of the relinquished and terminated grantees’ data affirmed that several of the

indicators the group identified were identified as themes across the relinquished and terminated grant data we explored. The relinquished/terminated grant analysis also identified additional indicators that had not yet been raised by the group. The GPMS team is analyzing these results to determine how best to integrate these factors into the GPMS – as scored measures of grantee performance or as elements of the grantee’s risk profile. Some of these indicators might be most impactful as performance metrics in the GPMS; others might be risk indicators that flag OHS’ attention to focus on one or more aspects of the grantee that might prompt a need for deeper exploration and remediation or support.

Exhibit 6 provides the current list of risk indicators being considered. Note that the list includes the indicators the GPMS team and OHS have identified to date for consideration in the GPMS system. An asterisk (\*\*) in the exhibit identifies those indicators that emerged as themes from the relinquished and terminated grant analysis.

**Exhibit 6. List of Indicators for Exploration and Consideration in Grantee Risk Profiles**

<b>Operational Changes and Program Level of Experience: Could lead to challenges in providing consistently high quality services and achieving desired outcomes</b>
Turnover – hast there been a high rate of staff turnover, turnover in key positions, or agency reorganization? **
Inexperienced staff – Are the staff assigned to the program inexperienced with the program (e.g., less than 2 years) **
Staff filling multiple roles (e.g., staff filling teacher role; managers covering multiple content areas) **
New grant or service area – Has an existing grantee acquired a new grant or expanded into a new service area or program options?
Program does not have the Director or Executive Director role filled
<b>Fiscal and ERSEA Risk Flags: Indicate potential misuse of funds, waste, and fraud</b>
Audit findings **
Late in submitting applications, amendments, fiscal reporting, drawdowns, budgets/revisions (e.g., SF 429A)
Repeated carryover balance, HS funds used for unauthorized activities
Fluctuations in enrollment
Under enrollment
10% disabilities waiver
Lack of source documents or statements, including declarations
Cut in funding (e.g., USDA, CACFP) **
Number of times budget submissions are edited
<b>Performance-based: Signals potential limitations in program’s capacity to perform</b>
Concerns or risks identified by RO, T/TA, or program staff
Prior performance (including results and outcomes)
Number of complaints
Large (0.5-1.0) fluctuations in CLASS scores in a domain
Repeat findings **
Prohibited activity (e.g., RAN findings)
<b>Characteristics of Grant: Complexity that could lead to challenges in management, oversight, and consistent quality. Is the program unusually complex (e.g., programs, funding, matching requirements)?</b>
Non-federal share matched (met versus unmet)
Multiple funding streams **
Waivers (e.g., transportation, teacher qualifications)
Number of grants
Spread of grants (geographic, service area) – e.g., grants across multiple states
OHS is the majority or sole funding source

**Other Potential Risk Areas**

Unrealistic consistency in data (e.g., enrollment is always 100%; no changes at all to PIR data)

Lack of awareness and capacity to address identified weakness (e.g., lack of alignment between self-assessment, monitoring findings, and T/TA plans)\*\*

Community- or state-level factors such as licensing exemptions, use of lack of use of EPA 3Ts for reducing lead in water

Extenuating Circumstances (e.g., natural disaster): Threats to program operations, facilities, and health and safety

Output of predictive analyses (under development)

\*\* denotes indicator that emerged as a theme from analysis of relinquished and terminated grants.

### Step 3: Define How to Measure GPMS Metrics



**Purpose:** Data collection strategies must ensure collection of valid data for use in the GPMS in analyzable formats for testing and reporting purposes. Step 3 focuses on identifying conceptual and data-related strengths and weaknesses in the performance indicators being considered for inclusion in the GPMS, and strengthening data collection tools and methodologies to optimize the data's utility in the monitoring system.

**Methodology:** Given the importance of the FA2 PMs for identifying regulatory compliance issues and assessing grantee performance, the GPMS team worked with Review Leads to re-score the PMs from all FA2 reviews. Through the previously described Review Lead Reflection, Review Leads also analyzed all available data for each of the 10 priority PMs for all 59 grants that received FA2 Reviews in FY 2020. To ensure sufficient differentiation in the performance ratings for the priority PMs in existing data (FA2 data from FY2020), it was important that all available data, including narrative data in the Guides, be assessed and used to determine performance ratings. The GPMS team created a tool to extract and analyze discrete data elements from narrative Guide data, using a scale with definitions for each level, to determine a 1-5 performance rating for each PM. Review Leads were trained on the scale and the use of the tool. Multiple raters determined the revised score for each performance measure, providing for reliability in the new PM rating scores.

In addition to the PM rescoring activity, we are leveraging insights gained from the relinquished/terminated grant analysis, notes from the OHS stakeholder PM ranking task, exploration of other standardized tools and other systems' quality indicators, and extensive discussions to conceptualize the GPMS and identify performance indicators in order to refine existing data collection tools and methodologies and define new ones.

**Product:** The PM rescoring analysis tool is informing our development of the FY2021 monitoring protocols and guides. The analysis tool and the information gathered from Step 2 analyses have helped identify opportunities to strengthen PM language and assessment criteria. The team is leveraging these opportunities in the FA2 protocol and FA1 and FA2 guides. In addition, the refined 1-5 performance ratings resulting from the Review Lead Reflection rescoring task will be used for further testing during GPMS development. Specifically, the team will re-run the correlational analyses described in Step 2.b.

To further strengthen data collection for the GPMS, we are building into the protocols opportunities to collect information on results and outcomes, with FA1 being used to collect information about which metrics grantees are using to capture results and outcomes and FA2 being used to collect data on those metrics and the outcomes that grantees have achieved. Finally, Step 4 affirmed the need to re-establish a set of Evidence Assessment System (EAS) criteria to help standardize data collection and findings determination analysis. Data collected for the GPMS will use an approach similar to the Evidence Assessment System (EAS), where discrete data elements under each performance measure determine the overall score for that PM.

**Product:** FY2021 monitoring protocol, in progress.

Step 4: Develop Scoring System and  
GPMS Reports

This step focuses on determining the desired weights for performance indicators included in the GPMS to generate scores for grantee performance at the PM, content area, and overall monitoring review event levels, as well as an overall score that integrates all available data to yield an assessment of the grantee’s performance.

**Purpose:** To provide OHS with performance scores that enable comparisons across grantees, and provide grantees, ROs and T/TA with meaningful performance data to guide resources and continuously elevate grantee performance. This step will also provide the relative significance that each component of the GPMS contributes to the overall performance score.

**Methodology:** Step 4 includes developing and evaluating different options for weighting performance indicators and scoring grantee performance. This step also includes finalization of weights and development of reporting templates/prototypes. We are analyzing existing data to determine data distributions. We also are reviewing various weighting model (e.g., those used in QRIS, CLASS, ECERS, health care accreditation systems, health care payment models and performance systems). For PM-level scoring, we will use the EAS criteria to determine PM-level criteria assessment and PM-level rating scores. For weighting GPMS performance indicators, we have identified four approaches for weighting measures to calculate overall grantee performance scores. Exhibit 7 overviews these options; Exhibit 8 describes key pros and cons of each approach.

**Exhibit 7. Description of Approaches for Weighting GPMS Indicators and Scoring Grantees**

Approach	Brief Description	How Weighting Is Done/Points Are Awarded
Equal Weighting	All indicators are equal based on the raw score for each indicator	Points are equally distributed across all indicators. They all have the same weight and total points possible
Percentiles	Establish distributions of performance (using percentiles) for each indicator based on data to determine the indicator score and award points	Points are awarded based on the percentile in which the grantee score falls relative to its cohort (similar to CLASS)
Prioritization	Use stakeholder ratings/rankings to determine weights AND/OR a data driven approach that uses correlation of indicators with other established indicators already deemed to be correlated of high performance (e.g., CLASS)	Points are awarded based on stakeholder prioritization of indicators AND/OR the ranking of the indicators based on their correlation coefficient. Indicators that are highly prioritized (or highly correlated) have higher weights.
Hybrid	Develop weighting that is specific to the types of data/ (e.g., prioritization for PMs and percentiles for other indicators, such as CLASS)	Points are awarded based on the approach most suitable to the indicator (e.g., prioritization for some, percentiles for others)

**Exhibit 8. Comparison of Pros and Cons of Potential Approaches for Weighting and Scoring**

Weighting Method	Pros	Cons
Equal weighting	<ul style="list-style-type: none"> <li>Fairly straight forward to interpret</li> <li>Fairly straight forward to program</li> </ul>	<ul style="list-style-type: none"> <li>Grantees will look more similar than they likely are</li> <li>Does not account for differences in types of data (e.g., self-reported vs. monitoring) or types of indicators (i.e., some PMs are more indicative of performance than others)</li> </ul>
Percentiles	<ul style="list-style-type: none"> <li>More standardized/objective approach</li> <li>Approach adopted in health care</li> <li>Allows for control of cohort effects</li> </ul>	<ul style="list-style-type: none"> <li>More complicated to design and program</li> <li>Less straight forward to explain – less intuitive</li> <li>Might be less agile than other approaches</li> </ul>
Prioritization 1 (stakeholders)	<ul style="list-style-type: none"> <li>Stakeholder buy-in</li> <li>Likely intuitive to grantees</li> </ul>	<ul style="list-style-type: none"> <li>More subjective</li> <li>Still need to determine points and scoring</li> </ul>
Prioritization 2 (data driven)	<ul style="list-style-type: none"> <li>Easy to explain to grantees</li> <li>More objective than stakeholder prioritization</li> </ul>	<ul style="list-style-type: none"> <li>Not all indicators have sufficient data available or data that is suitable to use in this type of approach</li> </ul>
Hybrid	<ul style="list-style-type: none"> <li>Offers flexibility - takes the best of all options</li> </ul>	<ul style="list-style-type: none"> <li>Need to track and manage multiple approaches</li> <li>Potentially more complicated to explain/less transparent, because so many diff. approaches</li> </ul>

Additional decisions to be made include which components of GPMS are external- versus internal-facing, the timing and mechanisms for reporting to grantees, approaches to handling exceptions and score overrides, and a plan for developing score targets (i.e., benchmarking).

**Product:** The GPMS team currently is developing prototypes for the grantee monitoring report and a GPMS annual performance report. We are conceptualizing a monitoring event report that provides grantees with both compliance findings and performance feedback related to that specific event. We envision a separate, annual GPMS report that provides grantees with feedback over the year’s performance and, over time, integrates data from other quality systems. We also are considering the option of consolidating these reporting efforts into a single report to grantees. We will provide OHS with several options for report templates.

The GPMS team concurrently is developing a scoring algorithm to generate grantee performance scores, which will include a calculator tool with examples of weights for PMs, CLASS, content areas, and other performance indicators. We will provide OHS with several options for recommended approaches to weighting and scoring grantee performance, noting the benefits and considerations for each proposed approach. Testing the scoring system on existing grantee performance data, as well as testing the selected approach(es) throughout FY2021 will be critical for ensuring fine tuning the system’s weights and scoring algorithm. Steps 5 through 7 provide additional information about our methodology for testing the scoring system.

## Step 5: Implement GPMS (Phase I - Pilot / System Validation and Testing)



Step 5's Phase I implementation of GPMS is ongoing and iterative, repeated to continually evaluate the system even after the Phase I implementation in FY 2021.

**Purpose:** To test the reliability and validity of scores, ensure precision of indicator specifications, determine the relationship between indicators, and ensure efficiency in the technical and programmatic implementation of the GPMS.

**Methodology:** Extract and assemble data for each indicator and component of GPMS, run descriptive statistics on indicators, and calculate GPMS indicator-level, content area, and risk scores. This process also includes assessment of data collection reliability and tests of convergent validity with external sources (e.g., QRIS). We will make our best effort at remaining flexible to validate GPMS with unpredictable and potentially limited data from FY2021 monitoring, recognizing that a phased approach to validation of components may be needed to reflect changes in the breadth and depth of services grantees will deliver in FY2021, as well as the likelihood that service delivery may shift over the course of the year due to the pandemic. We will work with OHS to ensure rigor in the validating and testing the GPMS, and will re-evaluate mid-year to assess any unanticipated impact of the pandemic-related shifts in FY2021 monitoring on the GPMS validation process.

**Future Product:** Testing report that includes descriptive statistics on indicators and GPMS content area and risk scores, reliability metrics, and correlations with external data.

## Step 6: Implement GPMS (Phase II - Full Implementation)

**Purpose:** To incorporate lessons learned from the Step 5, and to ensure appropriate use of GPMS and its output during full system implementation. For at least the first year of implementation and possibly for a second year, there will be ongoing formative evaluation of the GPMS to fine tune the system. For the last year of the five-year cycle, a summative evaluation will be conducted testing grantee performance with outputs and outcome data.

**Methodology:** Implementation includes developing a work plan that includes 1) timing of key implementation activities, including a roll-out strategy, 2) education and training to OHS staff, regional offices, grantees, and other stakeholders, and 3) production and delivery of GPMS scores and reports.

**Future Product:** Implementation work plan, training materials, GPMS scores and reports (including both grantee-facing and OHS-facing products), formative evaluation reports and a summative evaluation report.

## **Appendix A**

### **Performance Measure Rating and Ranking Analysis Results**

**Performance Measure Rating and Ranking Analysis Results**

PM	PMs Consistently Ranked as MOST Important for Understanding Grantee Performance	Rank All	Mean All	Max All	Min All
2	The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff.	1	5.078	20	1
5	The grantee develops and implements its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families. This entails relating financial data to accomplishments of the grant award and an awareness of program progress, lessons learned, and needed improvements.	2	6.219	22	1
3	The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development.	3	6.312	23	1
1	The grantee’s program structure and design is informed by the community’s strengths and needs.	4	7.391	23	1
7	The grantee plans and implements a fiscal management system that supports the organization’s ongoing capacity to execute its budget over time and meet the needs of its organization.	5	9	23	1
4	The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation.	6	9.219	23	1
8	The grantee’s financial management system provides for effective control over and accountability for all funds, property, and other assets.	7	10.44	23	3
18	Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children.	8	10.45	22	1

PM	PMs Consistently Ranked as LEAST Important for Understanding Grantee Performance	Rank All	Mean All	Max All	Min All
16	School readiness efforts align with the expectations of receiving schools*, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.	17	14.11	23	2
11	The grantee maintains and tracks enrollment for all participants, including pregnant women.	18	14.61	23	4
10	At least 10% of the grantee’s total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.	19	15.53	23	2
20	The grantee maintains and monitors for effective oral health practices and nutrition services that meet the nutritional needs and accommodate feeding requirements and allergies.	20	15.92	22	4
6	The grantee complies with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds.	21	16.23	23	2
23	For programs serving pregnant women, the grantee provides and monitors for quality services that facilitate enrolled pregnant women’s access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being.	22	17.55	23	2
22	The grantee ensures home-based program services provide home visits and group socialization activities that provide high-quality learning experiences.	23	18.78	23	5

## **Appendix B**

### **Performance Measure Correlational Analyses**

### Performance Measure Correlational Analyses

The chart below shows correlations between Performance Measures and (1) CLASS domains (Emotional Support, Classroom Organization, and Instructional Support), and (2) Regulatory Compliance (RC).

PM	ES	CO	IS	RC
ECD1	-.21	-.05	-.13	.27
<b>ECD3</b>	<b>.41</b>	<b>.69*</b>	<b>.87*</b>	<b>.71*</b>
ECD4	---	---	---	.27
ERSEA1	.59	.17	.36	<b>.52*</b>
ERSEA2	.26	.10	.43	.34
ERSEA3	.32	<b>.99*</b>	.41	<b>.44*</b>
FCE1	.25	-.05	.40	.36
FCE2	.32	.08	.41	<b>.49*</b>
<b>FCE3</b>	<b>.37</b>	<b>.69*</b>	<b>.58*</b>	<b>.53*</b>
FIS1	.25	-.05	.40	.16
FIS2	.03	-.08	-.19	.26
FIS3	---	---	---	.21
FIS4	.10	.10	.24	.21
<b>HEA1</b>	<b>.46</b>	<b>.99*</b>	<b>.73*</b>	<b>.56*</b>
HEA2	.21	.05	.13	<b>.42*</b>
HEA3	-.25	.05	-.40	---
HEA4	---	---	---	---
HEA5	---	---	---	.16
<b>PMQ1</b>	<b>.52</b>	<b>.69*</b>	<b>.73*</b>	<b>.56*</b>
PMQ2	.25	<b>.99*</b>	.40	<b>.44*</b>
PMQ3	.32	.08	.41	<b>.38*</b>
PMQ4	---	---	---	.28

\*p<.05

## Appendix C

### Environmental Scan of Early Care and Education System Quality and Compliance Indicators

**A Model for the Relationship of Head Start Performance Standards and Measures with Licensing, QRIS, Accreditation and Professional Development Systems**

**Richard Fiene, Ph.D.**

**May 2020**

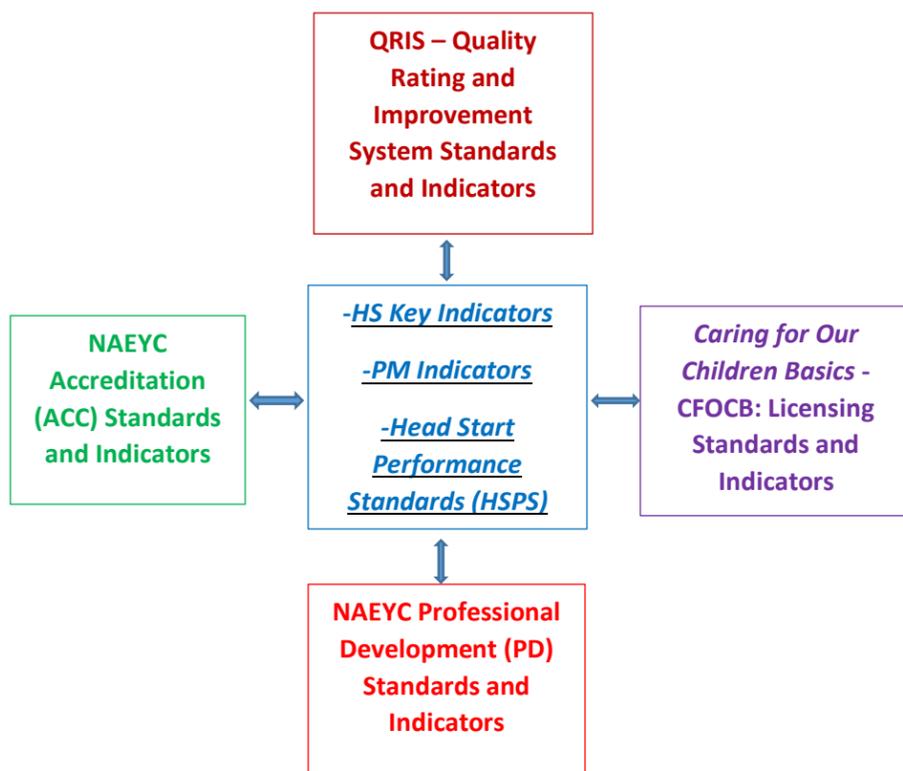
The purpose of this paper is to provide an environmental scan of the major Early Care and Education (ECE) systems and how they fit at an indicators level with the Head Start Performance Monitoring (HSPM) System at the performance measures/indicator level. The major systems to be scanned are the following: Licensing, QRIS – Quality Rating and Improvement Systems, Accreditation (National Association for the Education of Young Children), and Professional Development (National Association for the Education of Young Children) systems. For purposes of this paper the following specific documents will be used for doing this scan: *Caring for Our Children Basics* (CFOCB), National Association for the Education of Young Children (NAEYC) Accreditation Standards, Quality Rating and Improvement Systems (National Center for Early Childhood Quality Assurance), and NAEYC Professional Development Standards.

See Graphic 1 which depicts the relationship amongst the various systems as listed above and how they interact with the Head Start Performance Monitoring (HSPM) system. Each ECE system intersects with the HSPM system at some level, for example, QRIS standards intersect with HSPM at the Family Engagement Indicator level forming a series of key common indicators where these two systems abut. The professional development system intersects with HSPM at the qualifications for ECE teachers Indicator level forming a series of key common indicators where these two systems abut. The NAEYC Accreditation system intersects with HSPM in the design and implementation of developmentally appropriate curriculum Indicator level forming a series of key common indicators where these two systems abut. And lastly, the *Caring for Our Children Basics* (CFOCB) standards intersect with the HSPM at the health and safety Hazard Free and Supervision Indicator level forming a series of key common indicators where these two systems abut. See the Appendix for a listing of these key indicators.

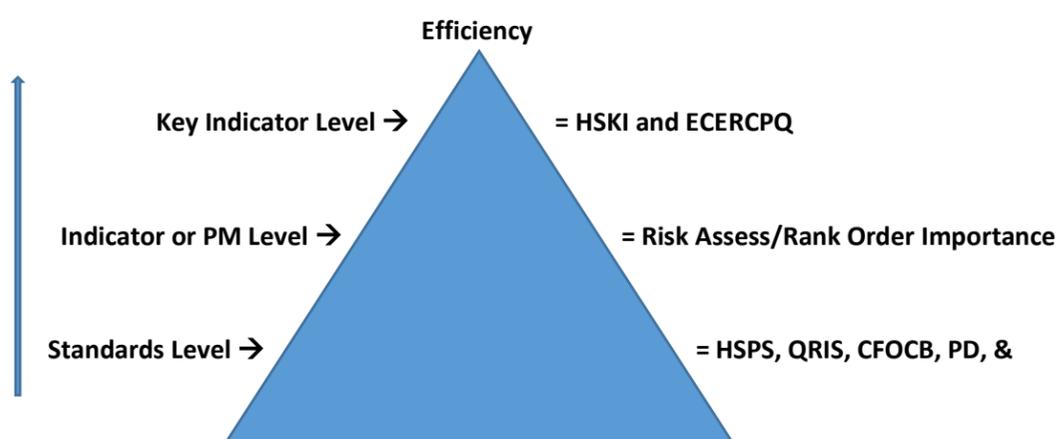
Each of these ECE systems have many other standards that apply to their respective delivery and monitoring systems, but only those key common indicators that have appeared in the research literature are highlighted above. What still remains is for the HSPM to identify their specific key indicators that are drawn directly from the Head Start Performance Standards (HSPS). The key indicators from the other ECE systems were drawn from their respective systems and then cross-referenced to the HSPM. Performance Measures or Indicators have been identified with the HSPM but key indicators in the form of a Head Start Key Indicators (HSKI) tool have not been.

For additional information about the relationship between key indicators, performance indicators and standards, please see Graphic 2 for a depiction of this relationship.

**Graphic 1: Relationship of HSPS/PM with CFOCB, QRIS, NAEYC/ACC, NAEYC/PD**



**Graphic 2: Hierarchical Depiction of Key Indicators, Indicators/PMs, and Standards**



## Accreditation

### Effectiveness

Graphic 2 clearly demonstrates how a monitoring system can be designed and implemented in moving from the more comprehensive standards level (effectiveness level) to a more efficient level involving indicators or performance measures to finally a short list of key indicators. These methodologies have been tried and tested in many venues (Licensing, Accreditation, QRIS) and have formed within the regulatory compliance research literature an alternative monitoring approach entitled “differential monitoring” which involves the use of “abbreviated or targeted inspections”.

The following section contains the specifics and details of the four major systems that impinge upon the Head Start Performance Monitoring (HSPM) system. The common indicators identified in each of these systems are representative of a larger pool of system examples. For example, in accreditation there are several accreditation systems being employed throughout the USA. NAEYC was selected because of its long history, comprehensiveness and use. This is the case with the other ECE systems as well.

When reviewing these performance measure indicators from the other ECE systems, pay particular attention to how each of the PM indicators fit with the major content areas within the Head Start Performance Monitoring System and the respective Head Start performance measures: health and safety; child development program and learning; eligibility and recruitment; fiscal and management; and family & community engagement. A grid (Table 1) comparing these is provided later in this paper along with a listing of the 23 Head Start Performance Measures.

### **Specifics/Details of Each System (Performance Measure Indicators (N=29))**

#### ***NAEYC Accreditation (ACC)***

##### 1. Relationships:

The program promotes positive relationships among all children and adults. It encourages each child’s sense of individual worth and belonging as part of a community and fosters each child’s ability to contribute as a responsible community member. Warm, sensitive, and responsive relationships help children feel secure. The safe and secure environments built by positive relationships help children thrive physically, benefit from learning experiences, and cooperate and get along with others.

##### 2. Curriculum:

The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive. A well-planned written curriculum provides a guide for teachers and administrators. It helps them work together and balance different activities and approaches to maximize children’s learning and development. The curriculum includes goals for the content that children are learning, planned activities linked to these goals, daily schedules and routines, and materials to be used.

##### 3. Teaching:

The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child’s learning and development in the context of the curriculum goals. Children have different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using instructional approaches that are appropriate for each child, teachers and staff help all children learn.

##### 4. Assessment of Child Progress:

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results benefit children by informing sound decisions, teaching, and program improvement. Assessments help teachers plan appropriately challenging curriculum and tailor instruction that responds to each child’s strengths and needs. Assessments can also help teachers identify children with disabilities and ensuring that they receive needed services.

##### 5. Health:

The program promotes the nutrition and health of children and protects children and staff from illness and injury. Children must be healthy and safe in order to learn and grow. Programs must be healthy and safe to support children’s healthy development.

##### 6. Staff Competencies, Preparation, and Support:

The program employs and supports a teaching staff with the educational qualifications, knowledge, and professional commitment necessary to promote children’s learning and development and to support families’ diverse needs and interests. Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to provide positive interactions, richer language experiences, and quality learning environments.

##### 7. Families:

The program establishes and maintains collaborative relationships with each child’s family to foster children’s development in all settings. These relationships are sensitive to family composition, language, and culture. To support children’s optimal learning and development, programs need to establish relationships with families based on mutual trust and respect, involve families in their children’s educational growth, and encourage families to fully participate in the program.

##### 8. Community Relationships:

The program establishes relationships with and uses the resources of the children’s communities to support the achievement of program goals. Relationships with agencies and institutions in the community can help a program achieve its goals and connect families with resources that support children’s healthy development and learning.

##### 9. Physical Environment:

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development. An organized, properly equipped, and well-maintained program environment facilitates the learning, comfort, health, and safety of the children and adults who use the program.

#### 10. Leadership and Management:

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, and fiscal, and program management so all children, families, and staff have high-quality experiences. Effective management and operations, knowledgeable leaders, and sensible policies and procedures are essential to building a quality program and maintaining the quality over time.

### **QRIS – Quality Rating and Improvement Systems**

#### 11. Staff Qualifications and Professional Development:

Most QRIS have standards for qualifications for classroom teachers and family child care (FCC) home providers. Most QRIS include a bachelor's degree for center-based classroom teachers as the standard for achieving the highest QRIS level. However, only a few have a bachelor's degree as the highest level for FCC home providers. Many states have the Child Development Associate (CDA) or a state credential as the highest qualification for FCC. All QRIS for FCC include training in early childhood/school-age content at the first quality level. Most QRIS for child care centers have the CDA or a state credential at the first level. QRIS also frequently require participation in professional development activities, participation in a state professional registry system, or achievement of a level on a state career ladder/lattice. Most QRIS have standards for ongoing professional development. Some QRIS also include criteria on the number of hours of ongoing training, often using the number of hours required by licensing as the lowest level and incrementally increasing the number of hours across QRIS levels. Most QRIS have standards for at least 15 hours of annual professional development at the highest quality level. A number of states require staff to have an annual professional development plan based on practitioner competencies, classroom observations, and supervisory input.

#### 12. Curriculum and Learning Activities:

Planned learning activities that are based on expectations for what children need to know and be able to do are associated with improved child outcomes. Nearly all states' QRIS standards support children's learning through the use of curricula/learning activities that are based on the state learning and development guidelines. Some QRIS require specific curricula, require curricula that align with the state's learning and development guidelines, or require that programs demonstrate that staff use the guidelines to shape program activities. Frequently, the content of these standards include requiring programs to: have a written plan of daily learning activities; use a planned or approved developmentally appropriate curricula; align curricula with learning and development guidelines; address multiple developmental domains; and use environment rating scales to document developmentally appropriate use of curricula/learning activities.

#### 13. Administration and Business Practices:

Many QRIS include content about administration and business practices in their standards. A review of states' standards reveals that the content covers a variety of administrative issues, including: Score on the Program Administration Scale (PAS) or Business Administration Scale (BAS); Financial record keeping systems; End-of-the-year financial statements for families; Annual budgets; Business plans for expenses, program improvements, and maintenance; Business liability insurance; Written program policies (e.g., employee and parent handbooks); Outside reviews or audits of business practices, and consultation with tax preparers; Compensation for employees (e.g., salary scales); Benefits for employees (often programs must offer a certain number of benefits from a list); Job descriptions; Policies and procedures for hiring and terminating staff; and Quality self-assessment and program improvement plans.

#### 14. Family Engagement:

Program quality standards can promote family engagement, support families' involvement with their children's learning, and strengthen partnerships with families. Standards often include criteria about regular communication with parents that supports children's learning and development. Standards also often cover opportunities for parents to participate in children's activities, parenting education activities, and activities that support social networking or connections. Another important element considered in more robust family engagement are standards related to providing culturally appropriate services for families and children.

#### 15. Health and Safety:

Very few QRIS have standards about health and safety. QRIS standards are built on a foundation of licensing, and all states have extensive health and safety standards in their licensing regulations for both child care centers and family child care homes. Therefore, many states choose to rely on licensing to ensure that programs provide healthy and safe environments for children. In the states that do have these standards, the following are some examples of the categories of criteria that programs must meet: Nutrition and physical activity; Policies for limiting screen time; Medical plans for children; Daily health checks; Health and developmental screenings; Health and safety training requirements; Use of nurses or health consultants; and Health and safety self-assessments and checklists.

#### 16. Continuous Quality Improvement and QRIS Standards:

Recently, there has been a focus on states using a continuous quality improvement (CQI) approach in their QRIS standards. CQI is a continuous cycle of quality improvement focused on improving outcomes for children and families. The child welfare field provides this definition: Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning. Continuous Standards and Criteria quality improvement is firmly grounded in the overall mission, vision, and values of the agency/system. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency/system, children, youth, families, and stakeholders throughout the process.

## **CFOCB – Caring for Our Children Basics (LIC)**

### **17. Staffing:**

Included in this section are the following: Ratios, background screenings, trainings, child abuse and neglect prevention education, pre-service training and orientation, first-aid and CPR training, and continuous training.

### **18. Programs Activities for Healthy Development:**

Included in this section are the following: Supervision, developmental assessment and tracking children's development, prohibited teacher/caregiver behaviors, supervision near water, personal relationships of caregivers/teachers with infants, toddlers, and preschoolers.

### **19. Health Promotion and Protection:**

Included in this section are the following: Hand hygiene, diapering, oral health, safe sleep practices, emergency procedures, medication administration, inclusion/exclusion of ill children, sun safety, recognizing child abuse and neglect, active opportunities for physical play, routine cleaning, sanitizing, and disinfecting, and care plan for children with special health needs.

### **20. Nutrition and Food Service:**

Included in this section are the following: USDA Child and Adult Care Food Program guidelines, care for children with food allergies, food preparation areas, preparing, feeding and storing human milk, preparing, feeding and storing infant formula, warming bottles and infant food, and foods that are choking hazards.

### **21. Facilities, Supplies, Equipment, and Environmental Health:**

Included in this section are the following: compliance with fire prevention code, environmental audit, guardrails and protective barriers, safety covers for electrical outlets, integrated pest management, use and storage of toxic substances, cribs and play yards, firearms, first aid and emergency supplies.

### **22. Play Areas/Playgrounds and Transportation:**

Included in this section are the following: Enclosures for outdoor play areas, child passenger safety, qualifications of drivers, interior temperature of vehicles, passenger vans, water in containers, life-saving equipment, and prohibited surfaces for placing climbing equipment.

### **23. Infectious Disease:**

Included in this section are the following: Immunization documentation, unimmunized children, immunization of caregivers and teachers.

## **NAEYC Professional Development (PD):**

### **24. Child Development and Learning in Context:**

Early childhood educators are grounded in an understanding of the developmental period of early childhood from birth through age 8 across developmental domains. They understand each child as an individual with unique developmental variations. Early childhood educators understand that children learn and develop within relationships and within multiple contexts, including families, cultures, languages, communities, and society. They use this multidimensional knowledge to make evidence-based decisions about how to carry out their responsibilities

### **25. Family–Teacher Partnerships and Community Connections:**

Early childhood educators understand that successful early childhood education depends upon educators' partnerships with the families of the young children they serve. They know about, understand, and value the diversity in family characteristics. Early childhood educators use this understanding to create respectful, responsive, reciprocal relationships with families and to engage with them as partners in their young children's development and learning. They use community resources to support young children's learning and development and to support children's families, and they build connections between early learning settings, schools, and community organizations and agencies.

### **26. Child Observation, Documentation, and Assessment:**

Early childhood educators understand that the primary purpose of assessments is to inform instruction and planning in early learning settings. They know how to use observation, documentation, and other appropriate assessment approaches and tools. Early childhood educators use screening and assessment tools in ways that are ethically grounded and developmentally, culturally, ability, and linguistically appropriate to document developmental progress and promote positive outcomes for each child. In partnership with families and professional colleagues, early childhood educators use assessments to document individual children's progress and, based on the findings, to plan learning experiences

### **27. Developmentally, Culturally, and Linguistically Appropriate Teaching Practices:**

Early childhood educators understand that teaching and learning with young children is a complex enterprise, and its details vary depending on children's ages and characteristics and on the settings in which teaching and learning occur. They understand and demonstrate positive, caring, supportive relationships and interactions as the foundation for their work with young children. They understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child. Early childhood educators use a broad repertoire of developmentally appropriate and culturally and linguistically relevant, anti-bias, and evidence-based teaching approaches that reflect the principles of universal design for learning.

### **28. Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum:**

Early childhood educators have knowledge of the content of the academic disciplines (e.g., language and literacy, the arts, mathematics, social studies, science, technology and engineering, physical education) and of the pedagogical methods for teaching each discipline. They understand the central concepts, the methods and tools of inquiry, and the structures in each academic discipline. Educators understand pedagogy, including how young children learn and process information in each discipline, the learning trajectories for each discipline, and how teachers use this knowledge to inform their practice. They apply this knowledge using early learning standards and other resources to make decisions about

spontaneous and planned learning experiences and about curriculum development, implementation, and evaluation to ensure that learning will be stimulating, challenging, and meaningful to each child.

29. Professionalism as an Early Childhood Educator:

Early childhood educators identify and participate as members of the early childhood profession. They serve as informed advocates for young children, for the families of the children in their care, and for the early childhood profession. They know and use ethical guidelines and other early childhood professional guidelines. They have professional communication skills that effectively support their relationships and work young children, families, and colleagues. Early childhood educators are continuous, collaborative learners who develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.

**Head Start Performance Measures (HSPM) (N=23 )(Content Areas)(CA) :**

1. The grantee's program structure and design is informed by the community's strengths and needs. (Program Management and Quality Improvement)(QI)
2. The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff. (Program Management and Quality Improvement)(QI)
3. The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development. (Program Management and Quality Improvement)(QI)
4. The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation. (Program Management and Quality Improvement)(QI)
5. The grantee develops and implements its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families. This entails relating financial data to accomplishments of the grant award and an awareness of program progress, lessons learned, and needed improvements. (Monitoring and Implementing Fiscal Infrastructure)(FIS)
6. The grantee complies with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds. (Monitoring and Implementing Fiscal Infrastructure)(FIS)
7. The grantee plans and implements a fiscal management system that supports the organization's ongoing capacity to execute its budget over time and meet the needs of its organization. (Monitoring and Implementing Fiscal Infrastructure)(FIS)
8. The grantee's financial management system provides for effective control over and accountability for all funds, property, and other assets. (Monitoring and Implementing Fiscal Infrastructure)(FIS)
9. The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements. (Monitoring (ERSEA)
10. At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver. (Monitoring (ERSEA)
11. The grantee maintains and tracks enrollment for all participants, including pregnant women. (Monitoring (ERSEA)
12. The grantee collaborates with families to support family well-being, parents' aspirations, and parents' life goals. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)
13. The grantee supports a program-wide culture that promotes mental health and social and emotional well-being, and uses mental health consultation to support staff. (Monitoring and Implementing Quality Health Services)(HS)
14. The grantee provides services that strengthen parent-child relationships and support parents in strengthening parenting skills. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)
15. The grantee's education and child development services recognize parents' roles as children's lifelong educators and encourage parents to engage in their child's education. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)
16. School readiness efforts align with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards. (Quality Education and Child Development Services)(ED)
17. The grantee ensures teachers are prepared to implement the curriculum and support children's progress toward school readiness. (Quality Education and Child Development Services)(ED)
18. Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children. (Quality Education and Child Development Services)(ED)
19. The grantee has an approach to ensuring delivery of high-quality health services. (Monitoring and Implementing Quality Health Services)(HS)
20. The grantee maintains and monitors for effective oral health practices and nutrition services that meet the nutritional needs and accommodate feeding requirements and allergies. (Monitoring and Implementing Quality Health Services)(HS)
21. The grantee has implemented a process for monitoring and maintaining healthy and safe environments. This includes ensuring all staff have complete background checks. (Monitoring and Implementing Quality Health Services)(HS)
22. The grantee ensures home-based program services provide home visits and group socialization activities that provide high-quality learning experiences. (Quality Education and Child Development Services)(ED)
23. For programs serving pregnant women, the grantee provides and monitors for quality services that facilitate enrolled pregnant women's access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being. (Monitoring and Implementing Quality Health Services)(HS)

**Table 1: HS Performance Measures (1-23)(Horizontally) x QRIS, ACC, PD, and LIC (1-29)(Vertically)**

CA = QI----- FIS----- ERSEA-----FCE HS FCE----- ED----- HS----- ED HS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1													P										
2																	P	P					
3																		P					
4																	P						
5																			P		P		
6																	P						
7												P		P									
8	P																						
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22																							
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24													P				P						
25	P											P			P								
26																	P	P					
27																	P	P					
28																P	P	P					
29																							

**Legend:**

P = PRESENT; BLANK = NOT PRESENT; ACC = Blue; QRIS = Green; LIC = Yellow; PD = Red

**Early Care and Education Systems Key Indicators (ECERCPQ)(N=13):**

It is clear from the Table/Grid (Table 1) above that there is a great deal of overlap between the Head Start Performance Measures and the Performance Measures taken from QRIS, ACC, PD, and LIC systems. By using the second graphic on page 2, it is possible to move from the Performance Measures level to the Key Indicator level for these other systems (ECERCPQ: Early Care & Education Compliance and Quality Key Indicators). The HSKI – Head Start Key Indicators still need to be developed from the HSPS – Head Start Performance Standards.

Here are the sampling of Key Indicators (N=13) taken from the intersection between the above systems (QRIS, Professional Development (PD), Accreditation (ACC), and Licensing (LIC)) as they intersect with Head Start Monitoring System/GPMS (this was depicted in the first graphic on page 2):

**Professional Development and Staffing Key Indicators (QRIS, PD, ACC, LIC):**

PD1. The number of ECE AA and BA teachers? This is a straightforward question in which assessors will review staff records in order to determine the number of staff who have AA or BA degrees in early care and education. These degrees can extend into human development, but elementary education degrees would not count in meeting this requirement.

PD2. The number of ECE in-service ECE coaching or reflective supervision opportunities engaged in by ECE teachers? Assessors will need to see either in staff records or if the information is not recorded there, the state professional development registry records to determine the number of opportunities staff have had related to in-service coaching or reflective supervision opportunities.

**Developmentally Appropriate Curriculum Key Indicators (QRIS, PD, ACC):**

DAP1. There is a developmentally appropriate curriculum that is individually based upon the developmental assessments of each child in the respective ECE classroom. The key for this question/standard is that the program is following an individualized prescribed planning document when it comes to curriculum. It does not mean it is a canned program, in fact, it shouldn't if it is based upon the individual needs of each child's developmental assessment. The assessor will ask to see what is used to guide the curriculum. There should be a written document that clearly delineates the parameters of the philosophy, activities, guidance, and resources needed for the particular curricular approach. There should also be a developmental assessment which is clearly tied to the curriculum. The developmental assessment can be home-grown or a more standardized off-the-shelf type of assessment, the key being its ability to inform the various aspects of the curriculum. The purpose of the assessments is not to compare children but rather to compare the developmental progress of individual children as they experience the activities of the curriculum. Make certain that developmental assessments are driving the curriculum planning for that specific child.

**Family Engagement Key Indicators (QRIS, ACC):**

FE1. The program provides opportunities for staff and families to get to know one another. There should be activities both within the center as well as off site where staff and parents have opportunities to meet and greet each other. Providers make home visits in order to learn about each family. Information is made available to families in their preferred language. Communication with family members is documented and enables early childhood providers to assess the need for follow-up. Early childhood providers hold regular office hours when they are available to talk with family members either in person or by phone. Family members are encouraged to lead the conversation and to raise any questions or concerns.

FE2. Families receive information on their child’s progress on a regular basis, using a formal mechanism such as a report or parent conference. Based upon #3 above, the information gleaned from the developmental assessments should be the focus of the report or parent conference. Parental feedback about the assessment and how it compares to their experiences at home would be an excellent comparison point. All these interactions should be done in a culturally and linguistically appropriate way representing the parents being served. Providers make home visits in order to learn about each family.

FE3. Families are included in planning and decision making for the program. There should be regular meetings where staff and parents can come together to talk about the overall curriculum for the program. This can act as an informal formative evaluation of the overall program looking at all aspects to how the center is being run. How communication is flowing from administration to staff to parents and the other way around. Families are always encouraged to visit and the program has an open-door policy for families.

Language-Based Interactions Key Indicators (QRIS, PD, ACC):

LB1. Teachers encourage children to communicate. Assessors will need to observe this item when they do their classroom observations. Initially you can ask teachers or the director how children are encouraged to communicate but in order to gather reliable and valid information regarding this question/standard, it needs to be observed in the various interactions of staff and children. Things to look for would be more back and forth conversations rather than one-way conversations where teachers are telling children what to do. Look for opportunities where children can describe what they are doing, how they feel about what they are doing, and why they are doing the particular activities. Teachers expand upon children’s conversations. These opportunities can occur anywhere in the classroom or outside, such as in dramatic play, table top activities or on the playground.

LB2. Teachers use language to develop reasoning skills. Assessors will need to observe very carefully because this standard can be difficult to determine because it is tying language and cognition together. Again this opportunity can occur in any setting in or out of the classroom because it is the basis for problem solving through the use of language. Also look for teachers redirecting children’s conversations when appropriate.

LB3. Teachers listen attentively when children speak. Children should have the undivided attention of the specific teacher they are addressing. Teachers should not be looking away or pre-occupied with others. They should be at the child’s level making eye contact.

LB4. Teachers speak warmly to children. Teachers do not use harsh language or commands in speaking to children, but rather again are on the child’s level making eye contact. Think of the way Fred Rogers would engage his audience where you always felt you were the most important person in the world when he talked into the TV.

Health and Safety Key Indicators (LIC):

HS1. Children’s immunizations are up to date. This is always an interesting standard but one that is very difficult to attain because of the level of detail. Check the children’s records for their immunizations. Determine the level of completeness and if they are up to date.

HS2. The program is a hazard free environment. A straightforward standard in doing an environmental scan to determine if any potential hazards are present from trip hazards, to toxic materials accessible to children. This is one of the most highly cited rules/regulations/standards when doing regulatory reviews.

HS3. There is proper supervision at all times. This standard will occur throughout the assessor’s observations at the center and the assessor should record any time a child or children are left un-supervised. This can be in or out of the classroom or in or out of the center. Pay particular attention to transition times when it is easy to lose sight of the number of children under supervision – moving from classrooms to the playground or going on a field trip either involving transportation or not.

Here is a proposed example of a potential scoring sheet for the above key indicators:

**Table 2: Key Indicators Identified from QRIS, PD, ACC and LIC Systems**

Key Indicators	Scoring*	Scale	Score**
PD1	Average Number of Teachers	QRIS, PD, ACC, LIC	
PD2	Average Number of Teachers	QRIS, PD, ACC, LIC	
DAP1	Percent	QRIS, ACC	%
FE1	Types of Activities	QRIS, ACC	
FE2	Types of Opportunities	QRIS, ACC	
FE3	Types of Activities	QRIS, ACC	
LB1	Number of Positive Observations	QRIS, PD, ACC	
LB2	Number of Positive Observations	QRIS, PD, ACC	
LB3	Number of Positive Observations	QRIS, PD, ACC	
LB4	Number of Positive Observations	QRIS, PD, ACC	
HS1	Percent	LIC	%
HS2	Violations	LIC	
HS3	Number	LIC	

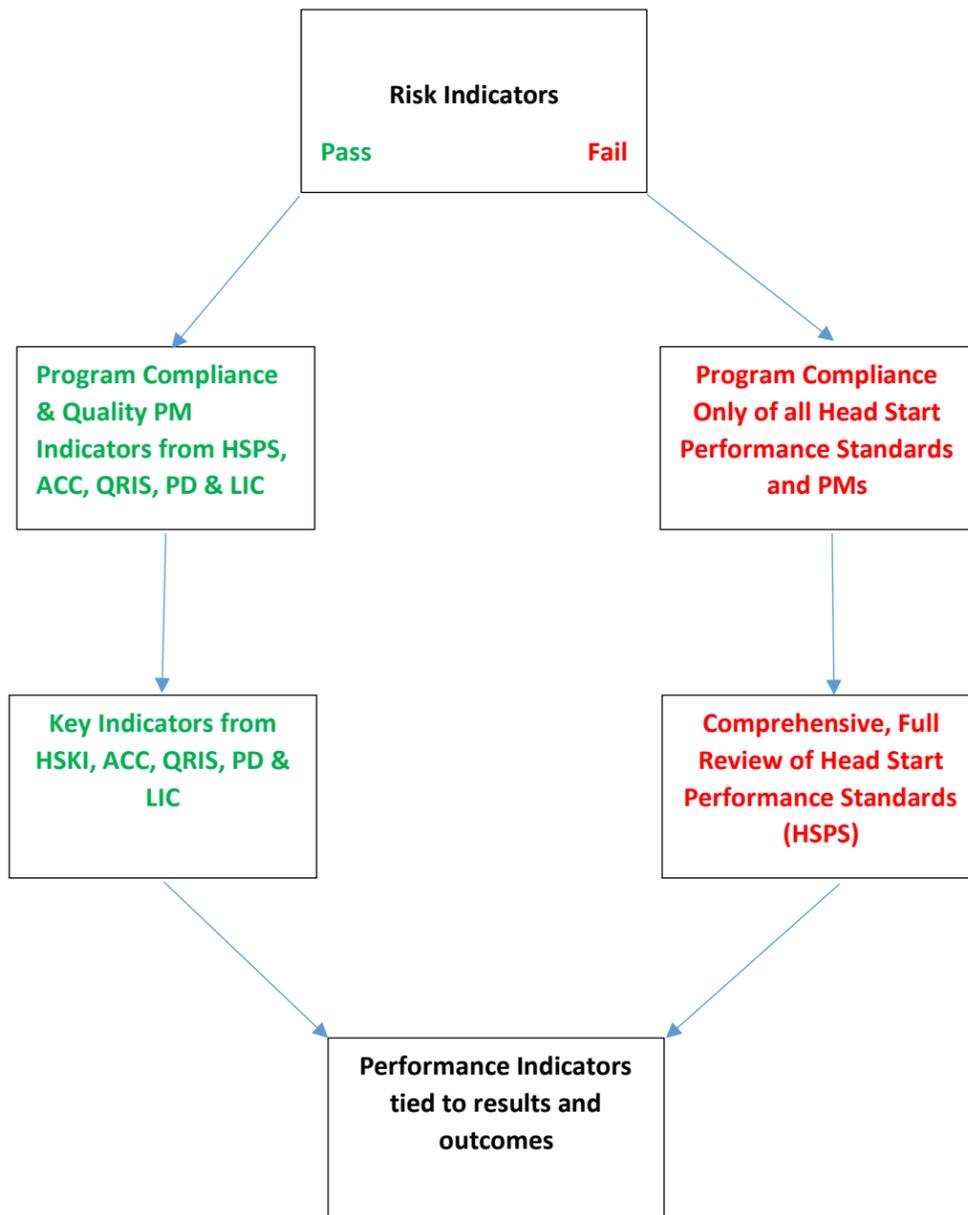
$$*Total\ ECERCPQ\ Score = PD(1+2) + (DAP1) + FD(1+2+3) + LB(1+2+3+4) + HS(1) - HS(2) - HS(3)$$

$$**ECERCPQ = \sum ((\bar{A} + \bar{A}) + (\%) + (\bar{n} + \bar{n} + \bar{n}) + (\bar{n} + \bar{n} + \bar{n} + \bar{n}) + (\%)) - \sum ((\bar{n}) - (\bar{n}))$$

A graphic (Graphic 3) on the next page depicts what the Enhanced Differential Monitoring (GPMS – Grantee Performance Management System) system for Head Start could potentially look like with all the above considerations. It demonstrates how there would potentially be two tracks, one for program compliance, the other for a balance between compliance and quality based upon a series of risk indicators. Both tracks would lead to the identification of performance indicators that would be tied to results and outcomes.

The Risk Indicators would be used as a screening tool to determine which program track is appropriate. Based upon the track, the programs would have very different types of reviews (compliance only versus compliance and quality) which is the essence of a differential monitoring program where targeted monitoring reviews are completed based upon previous results. Finally, these reviews would lead to a final determination of performance indicators which would be tied to specific results and outcomes for the Head Start program.

**Graphic 3: Head Start Enhanced Differential Monitoring Paradigm – GPMS**



## Appendix D

### Review Lead Reflection: Justification Content Coding Results

The table below shows the percentage of justifications for the scores that Review Leads gave to grantees in each content area that map to the performance measures that were identified as the “top ten” as of July 23, 2020. Reading down the PDM column, we see that 82.8% of the justifications that Review Leads provided for their grantees in the content area of program design and management mapped onto to PMQ PM1. Seventy-seven and fourth tenths percent map onto PMQ PM2, and so on. Overall, the table shows expected relationships between content areas and performance measures with justifications for fiscal content area scores most closely aligning with the two fiscal performance measures, etc.

Top Ten PMs	Content Areas					
	PDM	ECD	HEA	FCE	Fiscal	ERSEA
PMQ PM 1: “The grantee establishes a management structure...”	82.8%	34.4%	23.7%	6.5%	12.9%	38.7%
PMQ PM 2: “The grantee uses data...”	77.4%	51.6%	25.8%	36.6%	15.1%	32.3%
PMQ PM 3: “The grantee maintains a formal structure...”	66.7%	8.6%	5.4%	3.2%	7.5%	43.0%
PDM PM 1: “...informed by the community’s strengths and needs”	6.5%	15.1%	16.1%	40.9%	5.4%	2.2%
ECD PM 2: “Teaching practices intentionally promote...”	0.0%	73.1%	1.1%	2.2%	0.0%	0.0%
ECD PM 3: “The grantee ensures teachers are prepared...”	1.1%	64.5%	1.1%	1.1%	0.0%	0.0%
HEA PM 1: “...timely information on children’s health...”	11.8%	4.3%	92.5%	6.5%	0.0%	5.4%
FCE PM 3: “...parents’ roles as children’s lifelong educators”	11.8%	25.8%	20.4%	92.5%	0.0%	0.0%
FIS PM 1 “The grantee develops and implements its budget...”	5.4%	0.0%	0.0%	3.2%	89.2%	0.0%
FIS PM 2 “The grantee plans and implements a fiscal management system...”	9.7%	0.0%	0.0%	2.2%	91.4%	0.0%

\*\* Note: Columns total to greater than 100% because justifications could be associated with multiple PMs.