

Coordinated Monitoring Systems for Early Care and Education



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Overview

Early care and education providers are subject to monitoring by multiple agencies and organizations. In this brief, we first provide an overview of monitoring and the major early care and education monitoring systems. We then offer possible goals for a coordinated monitoring system and describe some approaches to addressing those goals. We also describe 11 dimensions that are important to consider in planning monitoring coordination efforts. We highlight the efforts of two states, Ohio and Rhode Island, that are working to coordinate their early care and education systems. The appendix provides an overview of eight major early care and education monitoring systems. This publication has a companion tool, *Mapping the Early Care and Education Monitoring Landscape* (Maxwell, Sosinsky, & Tout, 2016), to help leaders better understand the current monitoring systems and plan future coordination efforts.



Coordinated Monitoring Systems for Early Care and Education

Early care and education providers often receive multiple sources of funding, and each funding stream typically has its own standards and monitoring requirements. For instance, about 75% of early care and education centers report receiving funds from multiple sources (National Survey of Early Care and Education Project Team, 2014). This suggests that many providers are monitored by various programs. The growth of early care and education programs or initiatives, like Quality Rating and Improvement Systems (QRIS) and state-funded pre-kindergarten, has added more monitoring requirements to many early care and education providers. Although QRIS has provided an opportunity to align some program standards (e.g., licensing, Head Start, national accreditation), monitoring of the program standards is often conducted by separate entities in an uncoordinated approach (Trivedi, 2015).

Monitoring is emphasized in the 2014 Child Care Development Block Grant (CCDBG) reauthorization, with expanded monitoring requirements for license-exempt providers who receive subsidy funds. The proposed regulatory changes to the Child Care and Development Fund (CCDF) include specific language about coordinating similar monitoring efforts across agencies (see Section 98.42b(2)(iii); Office of Child Care, 2015a).

This confluence of factors has brought us to a place of reflection. Can we re-think monitoring, in order to better support children's health, safety, and optimal development? Instead of doing more of the same, can we approach monitoring in a more coordinated fashion that would reduce the burden on providers, move us closer to a unified early care and education system, and use resources more effectively and efficiently? Can we move toward a more coordinated monitoring system in early care and education that promotes adherence to basic regulations, fosters attainment of quality standards, and ultimately supports children's development?

This brief provides a framework and offers considerations to support state/territory discussions and planning of coordinated monitoring efforts. We do not offer one single way to move forward, as there are not clearly defined models in use nor is there any research evidence suggesting that particular strategies

are more effective than others. Individual state/territory factors influence the usefulness of particular approaches, and moving toward a coordinated monitoring system will be an iterative process. Our intention is to frame the issues and support ongoing discussions about monitoring efforts. The ultimate goal of coordinated monitoring is to create a system that more effectively promotes children’s health, safety, and optimal development through clarity of goals and improved leveraging of available resources. The looming question is: How do we get there from here?

In this brief, we first provide an overview of monitoring and the major early care and education monitoring systems.¹ We then offer possible goals for a coordinated monitoring system and describe some approaches to addressing those goals. We also describe 11 dimensions that are important to consider in planning monitoring coordination efforts. We highlight the efforts of two states, Ohio and Rhode Island, that are working to coordinate their early care and education systems. Finally, we present a companion tool, *Mapping the Early Care and Education Monitoring Landscape* (Maxwell, Sosinsky, & Tout, 2016), to help leaders better understand the current monitoring systems and plan future coordination efforts.

Background

Monitoring, in general, is regular oversight or systematic review of something. In early care and education, providers may be monitored for compliance with basic regulations or for demonstrating markers of higher quality (American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education, 2011).² State/territory child care licensing agencies monitor child care providers to determine whether they meet foundational, mandated regulations to protect children’s health, safety, and well-being. The federal Child Care Development Fund (CCDF) statute requires states to license child care providers, and each state statute authorizes a licensing system that grants permission for child care providers to operate legally in a state (National Center on Child Care Quality Improvement, 2014a).

Other monitoring is voluntary, often tied to receipt of additional funds (e.g., pre-kindergarten, Head Start, Quality Rating and Improvement Systems), and may or may not require a provider to be licensed. These monitoring systems may determine whether a provider meets higher-quality standards in areas considered critical to effective practice and child outcomes.

For the purposes of this brief, **early care and education** refers to the provision of care and education to young children, birth to 5, prior to school entry. **Provider** refers to an individual or organization that provides direct care and education services to children; providers may include child care centers, family child care homes, an individual caregiver, home visitors, or other direct care providers. **Program** or **funding stream** refers to a system of services or line of designated funds that is typically restricted to categories of service providers who meet certain eligibility criteria. Programs or funding streams may be public or private. Participation in a program and/or receipt of funds is dependent on provider adherence with the standards and requirements of the program or funding stream.

¹ Although we do not describe Department of Defense, Tribal CCDF grantees, Migrant and Seasonal Head Start, or Tribal Head Start programs, we reference them as possible partners to involve in coordinated monitoring discussions in the *Mapping the Early Care and Education Monitoring Landscape* tool.

² *Caring for our Children* (American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education, 2011 p. xxi) defines three types of requirements: regulation, standard, and guideline. **Regulation** is defined as “a standard or guideline that is a requirement for legal operation. A regulation originates in an agency with either governmental or official authority and has the power of law. Such authority is usually accompanied by an enforcement activity...Because a regulation prescribes a practice that every agency or program must comply with, it usually is the minimum or the floor below which no agency or program should operate.” **Standard** is defined as “as a statement that defines a goal of practice. [A standard] differs from a recommendation or a guideline in that it carries greater incentive for universal compliance. It differs from a regulation in that compliance is not necessarily required for legal operation.” **Guideline** is defined as “a statement of advice or instruction pertaining to practice.”

Monitoring in early care and education is often duplicative, sometimes contradictory, administered in ways that overburden some early care and education providers, and not necessarily supportive of quality improvement. For example, in a series of focus groups with early care and education facility directors, family child care providers, teachers, and education managers in Rhode Island (Lehoullier, 2012), participants expressed a range of concerns. They expressed concern that standards were not aligned across programs/funding streams (e.g., there were differences between public school and child care licensing minimum health and safety requirements). Providers also reported feeling overburdened by multiple inspections and paperwork submission requirements (e.g., providers were required to send the same Occupational Safety and Health Administration inspection certificates to different agencies, and providers participating in QRIS and Department of Education initiatives were required to have two quality observation visits, one from QRIS monitors and one from education monitors). Providers also thought that standards were applied inconsistently by different individual monitors and that the consequences of monitoring were misaligned (e.g., the observational measure results were used differently by QRIS and Education). These examples highlight some critical issues in monitoring early care and education providers and raise questions about whether improvements or new approaches could address these issues.

The 2014 reauthorization of the Child Care Development Block Grant (CCDBG) may also be an impetus for considering new approaches to monitoring (Office of Child Care, 2014). The law requires states and territories to expand their monitoring of legally exempt providers to protect the health and safety of children receiving subsidized child care (Office of Child Care, 2015b). Thus, monitoring of providers is expected to grow and evolve in the coming years.

In *Caring for Our Children* (2011)—a set of performance standards and guidelines for early care and education facilities—the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education recommend that monitoring agencies work as a team to collaboratively safeguard children, reduce burden on providers and teachers, minimize complicated procedures and conflicting requirements, eliminate duplication, and maximize use of resources. Developing a more coordinated monitoring structure could address these issues as well as improve consistency in standards and monitoring across program types, reduce burden on early care and education providers, reduce or eliminate duplication in monitoring across funding streams or programs, and increase efficiency and improve the quality of monitoring systems (Trivedi, 2015).

A *coordinated monitoring system* differs from monitoring by individual programs or funding streams in that the agencies and organizations with monitoring responsibilities coordinate roles and activities and share data and results. To develop a coordinated monitoring system, several elements must be considered across programs, such as *who* is being monitored,³ *what* is being monitored (e.g., standards), and *how* monitoring is happening. There is no one best way to approach coordination. Depending on the context of the state/territory, there are several paths to coordinated early care and education monitoring.

An ultimate purpose of coordinated monitoring is to create a system that more effectively promotes children's health, safety and optimal development through clarity of goals and improved leveraging of available resources. The aim of this brief is to support discussion and planning among state leaders as they coordinate their monitoring systems.

³ The 2014 CCDBG reauthorization contains several provisions that apply to providers caring for children receiving CCDF funds, regardless of whether they are licensed or license-exempt, and contains several provisions that apply to providers regardless of whether they care for children receiving CCDF funds (e.g., all states will be required to use the same set of comprehensive background checks for all child care teachers and staff). Similarly, *Caring for Our Children* guidelines emphasize the importance of standards that apply to children in care regardless of the setting on the principle that "every child has a right to protective care that meets the regulations and rules".

Overview of the Early Care and Education Services that Monitor Facilities

Several programs or funding streams have oversight or monitoring responsibilities for early childhood (birth to age 5) providers. The purpose of monitoring activities by each of these programs varies, but essentially, each program monitors providers for compliance with the regulations or standards required by that program or funding stream. As mentioned previously, licensing is mandatory for the operation of child care centers and family child care homes. Other programs, though, may require providers to be licensed to participate in or receive funding.

Each monitoring system varies in terms of the specific elements or standards it monitors. Standards may address:

- the physical environment (e.g., fire and building safety, indoor and outdoor learning environment),
- people (e.g., staff characteristics, family or child eligibility, ratios of children to adults),
- practices (e.g., caregiver- or teacher-child interaction, adequate supervision),
- policies (e.g., written contracts with families, provisions for children with special needs), and
- other provisions (e.g., administrative management, disbursement of funds).

The agency or organization responsible for monitoring varies as well. Some programs or funding streams are monitored by federal agencies (e.g., Head Start and Early Head Start), some by state agencies (e.g., state-funded pre-kindergarten, Quality Rating and Information Systems), and some by private organizations (e.g., accreditation).

Monitoring systems rely on various tools, such as record review, checklists, or interviews that may either require site visits or be completed as a desk review. Monitoring tools and the frequency of monitoring for similar funding streams (e.g., pre-K) vary from state to state. The tools vary, in part, because of the different standards monitored. Frequency of monitoring varies based on the statutory requirements or purpose (e.g., ensuring safety of children versus determining a quality rating).

Table 1 briefly summarizes eight major early care and education monitoring systems in terms of authority (e.g., federal or state); whether monitoring responsibility is at the federal, state, or community level; types of facilities that are monitored; what is monitored; the area of emphasis (e.g., health and safety, classroom quality) in monitoring; the tools and frequency of monitoring; and the consequences of monitoring. For more detail, please see the Trivedi report (2015) or the appendix for this brief, which includes a more detailed description of these elements for each of the major monitoring systems.

Table 1. Key features of eight major early care and education monitoring systems

	Authority	Responsibility for monitoring providers	Types of providers monitored	What is monitored*	Area of emphasis	Tools**	Frequency of monitoring	Consequences
Licensing	State	State/ community; May include multiple agencies	All center-based facilities and some home-based facilities serving children B-12; Mandatory	Environment, People, Practices, Policies	Foundational quality including health and safety; Legal permission to operate	Varies; May include on-site inspections, background checks, investigations, and other tools	Varies but must be at least once annually; May also be required prior to issuing license	(+) Permission to operate; May be eligible for other funds; (-) Range from warnings up to closure
CCDF-subsidy	Federal	State/ community	Providers serving children receiving subsidies; includes those exempt from licensing	Environment, People, Practices, Policies, Other	Health and safety; Fiscal practices	Varies; May include caseload audits, on-site visits, reviews of provider records	Varies but must be at least once annually for licensed and exempt providers	(+) Eligibility for funding; (-) Loss of funding; licensing enforcement actions
QRIS	State/ community	State/ community	Typically voluntary; May include centers, family child care homes, public schools, Head Start, and others	Environment, People, Practices, Policies, Other	Facility and classroom quality	Varies; May include document review, on-site visits, self-assessment, quality observational tools, other	Varies by state; may vary by facility rating or type	A public multi-tiered rating (not just a pass/fail); (+) Eligible for funds, TA, or services; (-) Loss of funding or access to services

	Authority	Responsibility for monitoring facilities	Types of providers monitored	What is monitored	Areas of emphasis	Tools	Frequency	Consequences
Pre-kindergarten	State	State/community	Varies; May include public schools and community-based child care centers	Environment, People, Practices	Classroom structural quality (e.g., group size, staff qualifications)	Varies; May include collection of facility records, site visits, quality observational tools	Varies	(+) Eligibility for funding; (-) Loss of funding
Head Start/ Early Head Start	Federal	Federal	Grantee organizations (Head Start: Center-based services for 3- and 4-year-old children; Early Head Start: Home- and/or Center-based for pregnant women and children B to 3)	Environment, People, Practices, Other	Grantee quality; Comprehensive services	Checklists and reviews in specific areas of performance; May include CLASS for classrooms serving 3- and 4-year-old children	5-year cycle	(+) Eligibility for funding; (-) Range from more frequent or intense review to loss of funding
IDEA Part B Section 619	Federal	State	Providers serving eligible children 3-21 with disabilities	Practices, Policies, Child Skills, Other	Improved results for children with disabilities	Varies; May include monitoring the information database system; record review; on-site monitoring visits	Varies	(+) Eligibility for funding; (-) Range from corrective actions to loss of funding

	Authority	Responsibility for monitoring facilities	Types of providers monitored	What is monitored	Areas of emphasis	Tools**	Frequency	Consequences
IDEA Part C	Federal	State	Providers serving eligible children B through age 2 with developmental delays or diagnosed physical or mental conditions	Practices, Policies, Child Skills, Other	Improved results for infants and toddlers with disabilities	Various; May include monitoring the information database system; record review; on-site monitoring visits	Varies	(+) Eligibility for funding; (-) Range from technical assistance and corrective actions to loss of funding
CACFP	Federal	State/community	Licensed center- or home-based providers that meet family or provider income eligibility	Practices, Other	Nutritional standards; Fiscal practices	Records review via a site visit	One third of providers must be reviewed annually	(+) Eligibility for funding; (-) Range from corrective action to loss of funding
Accreditation	National or State	National/state accreditation organization	Facilities within the organization's purview that voluntarily participate	Environment, People, Practices, Policies	Facility quality	Varies; May include self-assessment, on-site observational visit, review of evidence	Varies; Often 3 to 5 years	(+) Public recognition of accreditation; (-) Loss of accreditation

* Includes standards that are monitored regarding physical environment (e.g., fire and building safety, environmental health, indoor and outdoor learning environment), people (e.g., staff characteristics, family or child eligibility, ratios of children to adults), practices (e.g., caregiver- or teacher-child interaction, adequate supervision), and policies (e.g., written contracts with families, provisions for children with special needs), as well as other provisions (e.g., administrative management, disbursement of funds, child outcomes). More details are provided in the appendix.

**Monitoring systems often rely on various tools. On-site visits may be included but may vary widely in terms of the content and methods of data collection (e.g., emphasis on instruction or on health and safety; interviews or classroom observations). Monitoring systems may also rely on other tools, such as review of administrative records, teacher registry data, or review of college transcripts. Monitoring tools and the frequency of monitoring for similar funding streams may vary from state to state. The tools vary, in part, because of the different standards monitored. Frequency of monitoring varies, in part, by statutory requirements, purpose (e.g., ensuring safety of children vs. determining a quality rating), or availability of resources. More detail is provided in the appendix.

Understanding the landscape of monitoring within a state/territory is an important early step in the process of coordinating early care and education monitoring. (See the *Mapping the Early Care and Education Monitoring Landscape* by Maxwell, Sosinsky, & Tout, 2016.) Other important steps include considering the goals of a coordinated monitoring system and the approaches to meet those goals.

Goals of a Coordinated Monitoring System

Various goals may drive efforts to coordinate monitoring.

- 1. Improve consistency across programs or funding streams.** States may decide to revise early care and education monitoring systems as a way to more broadly align standards across multiple early childhood programs or funding streams. Standards from different programs may require or promote different and sometimes contradictory practices (e.g., mobiles hung from the ceiling may be useful in helping facilities score well on the QRIS learning environment standard but may be considered a fire hazard as part of licensing). Alignment of standards across multiple programs could yield a shared, single vision of quality that is communicated consistently to early care and education providers.
- 2. Reduce the burden on early care and education providers.** In the current system, a provider often has to meet multiple sets of standards (some of which may be contradictory) and work with staff from multiple agencies. The different monitoring systems may include similar content (e.g., staff qualifications), which might mean that monitoring staff from different programs may ask providers for similar information. A more coordinated monitoring system could reduce the burden or workload of providers by reducing the inconsistencies and duplication across the multiple sets of standards, reducing the number of monitoring staff working with a provider, or reducing the number of monitoring visits.
- 3. Increase efficiency.** State leaders may be motivated to revise monitoring systems because they want to be more efficient in their use of monitoring resources. The reauthorization of CCDBG requires states/territories to develop plans to inspect, at least annually, all providers receiving CCDF funds. For most states/territories, this new requirement will expand their monitoring responsibilities. Additionally, as providers rely on a growing number of funding streams (e.g., subsidies, pre-K, Head Start), a coordinated monitoring system across the various funding streams will be more efficient. Many states have limited resources to accomplish their various goals. Thus, increased efficiency may be a driving force in changing monitoring policies and practices.
- 4. Support continuous quality improvement.** Although not necessarily an explicit goal, a possible additional benefit of a more coordinated monitoring system would be support for continuous quality improvement. If leaders are interested in shifting monitoring so that it supports quality improvement rather than solely focusing on compliance, then a coordinated monitoring system will likely help. Data shared across monitoring systems could, for example, inform the type of technical assistance needed by providers. Sharing data across monitoring systems may also help the state, overall, strengthen its early care and education system by identifying issues that arise across multiple programs that may require a broader, systems-level change.

Approaches to Coordinating Monitoring Systems

States/territories can use one of two major approaches to coordinating their early care and education monitoring systems: one focused on the standards that are monitored and one focused on the monitoring itself. Activities within each approach are described in this section. When possible, state examples from Ohio's and Rhode Island's efforts to coordinate monitoring are provided, based on interviews with key state leaders or review of existing reports.

Approaches to coordinating standards

Two activities focus on coordinating standards from two or more early care and education monitoring systems:

1. **Align standards across monitoring systems.**

States can compare or crosswalk standards from multiple programs or funding streams to identify areas of duplication and inconsistency. Once inconsistencies or duplications have been identified, leaders can revise the wording of particular standards to eliminate or reduce problems. In 2013, Rhode Island simultaneously reviewed and revised its standards for child care licensing, QRIS, and state-funded pre-kindergarten and kindergarten (Rhode Island Department of Children, Youth & Families, Rhode Island Department of Human Services, & Rhode Island Department of Education, 2014). In doing so, the state created a continuum of quality standards across three agencies that share the same six dimensions of quality: health, safety and nutrition; enrollment and staffing; staff qualifications and ongoing professional development; administration; early learning and development; and family engagement.

2. **Use or develop a single set of standards for multiple programs or funding streams.**

States can coordinate their monitoring by developing and applying the same set of standards across multiple programs. States that have built the QRIS into their child care licensing system have done this: the standards for licensing and QRIS are the same. It is also possible to use one set of program standards as part of the requirements for another program. For instance, states could adopt *Caring for Our Children Basics* (2015) health and safety standards across multiple programs/funding streams (e.g., licensing, pre-kindergarten). Pre-kindergarten programs could require providers to participate in the QRIS and receive a particular rating level. States could also, for example, use all or part of the Head Start Program Performance Standards as the standards for other programs (e.g., pre-K, top tier of QRIS).

There is no single right way to coordinate standards across multiple programs. The examples here are intended to spark discussions about the strategies that would best meet the needs of the state/territory.

States are increasingly using *differential monitoring* approaches to improve child care licensing efficiency and effectiveness (National Center on Child Care Quality Improvement, 2014b). These approaches may include monitoring a smaller subset of standards (e.g., key indicators) as well as adjusting the frequency of monitoring based on an assessment of risk. If an abbreviated set of standards is monitored, then it may be useful to consider monitoring this set of standards consistently across programs/funding streams as one strategy for coordinating monitoring. If the frequency of monitoring visits varies, then state leaders will need to review the frequency of various monitoring visits and possibly adjust timing to accommodate a coordinated approach.

Resource: A crosswalk or comparison of several national set of standards, including Head Start and the National Association for the Education of Young Children, is available at <https://occgrisguide.icfwebservices.com/?do=crosswalk>

Approaches to coordinating monitoring

Four activities focus on changing how standards are monitored across multiple monitoring systems:

1. **Staff in one agency monitor multiple programs within the agency.**

Monitoring can be more efficient if the same staff monitor standards for multiple programs. In Ohio, the Department of Job and Family Services (ODJFS) combined its child care licensing and QRIS units so that a single staff member is responsible for monitoring both sets of regulations for an individual provider. Previously, two ODJFS staff members would visit the same provider to monitor the two different sets of standards. Now, providers prepare for only one ODJFS staff member to monitor both sets of standards. With this approach, it is important for monitoring staff to clearly understand the different requirements

and purposes of the various program standards they monitor, and to balance these varying purposes with the need for efficiency. Ohio found that two visits are necessary for providers who are applying for one of the upper rating levels in their QRIS, because of the amount of time needed and the different foci of the two monitoring visits. The first visit focuses on basic licensing standards, and the second visit focuses on high-quality standards, including an observational assessment of classroom quality.

2. Multiple agencies share responsibility for monitoring the same standards in different settings.

Another approach to coordinating monitoring is to have staff from multiple agencies share responsibility for monitoring the same set of standards in different settings. In Ohio, early care and education providers who receive state funds are required to participate in the QRIS. While most of the early childhood providers are licensed by the ODJFS, schools are licensed by the Ohio Department of Education. The two agencies worked together to revise the QRIS and train their respective monitoring staff to consistently use the QRIS standards when monitoring providers. Thus, the ODJFS QRIS staff do not monitor schools in addition to their regular caseload, but instead rely on Department of Education staff to monitor the QRIS standards. Staff from both agencies receive the same training and are required to meet the same reliability standards for conducting the observational measure of quality.

3. Monitoring data from one program are used by monitoring staff in another program.

It is also possible to coordinate monitoring by sharing monitoring data from one program with another program. In Rhode Island, for example, the QRIS and preschool standards both require an Early Childhood Environment Rating Scale-Revised (Harms, Clifford, & Cryer, 2005) observation. The two programs are housed in two agencies (QRIS is in the Department of Human Services and preschool/pre-K is in the Rhode Island Department of Education), and each is responsible for monitoring its own programs, but they share data across monitoring systems. The RI Department of Human Services, which oversees QRIS, and the RI Department of Education (RIDE), which oversees pre-kindergarten, have developed a shared set of guidelines for completing the ECERS-R, use the same pool of ECERS-R assessors, and, when possible, share the ECERS-R data. For instance, if RIDE has completed an ECERS-R as part of the preschool monitoring process, the QRIS monitors will use the RIDE score if that classroom is one of those randomly selected for observation as part of the program's rating assessment (rather than completing the ECERS-R again). QRIS monitors also rely on RIDE staff to determine whether providers meet the top-tier curriculum standard. Finally, they accept compliance with Head Start Performance Standards and National Association for the Education of Young Children accreditation as evidence for having met particular QRIS standards (e.g., family communication and involvement). This sharing of data reduces duplication of effort across multiple monitoring systems.

4. One agency is responsible for monitoring all, or almost all, early care and education program standards.

If a single agency houses multiple early care and education programs and funding streams, then it is possible to have one agency monitor almost all programs. Co-location and shared administration make it easier to coordinate monitoring activities across multiple programs, but there may still be a need to coordinate across different staff within the agency, as well as other agencies that monitor other programs (e.g., public school preschool special education, early intervention).

Examples from two states: Ohio's and Rhode Island's efforts to coordinate monitoring within the early care and education system

This section highlights the work of two states, Ohio and Rhode Island, in moving toward a more coordinated approach to monitoring within early care and education. The information was gathered from interviews with key state leaders. Information about Ohio's efforts was provided by Jeff Van Deusen, Bureau Chief, Child Care Licensing and Monitoring, Ohio Department of Job and Family Services; and Stephanie Carlton, Assistant Race to the Top-Early Childhood Director, Office of Early Learning and School Readiness, Ohio Department of Education. Information about Rhode Island's efforts was provided by Michele Palermo, Associate Director, Early Childhood Education, Rhode Island Department of Education; and Lisa Hildebrand, Executive Director of BrightStars and the Rhode Island Association for the Education of Young Children. Additional information about Rhode Island's coordination efforts was gathered from a report of their alignment process (Rhode Island Department of Children, Youth & Families, Rhode Island Department of Human Services, & Rhode Island Department of Education, 2014).

Ohio

Ohio has implemented two major efforts to coordinate monitoring: the first is a collaborative effort across two agencies and the second is a merging of two units within the same agency. Each is highlighted below.

Coordination across agencies

The federal Race to the Top - Early Learning Challenge (ELC) grant—and the child care provider community—spurred Ohio leaders to coordinate monitoring across the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Education (ODE). ODE is required by statute to regulate preschool and school-age facilities operated by school districts, education service centers, developmental disabilities, joint vocational schools, and chartered non-public schools. ODJFS is required by statute to regulate all other child care and family child care facilities (Head Start

is also licensed by ODJFS). As part of their ELC grant application, Ohio leaders proposed to have ODJFS and ODE jointly develop and implement a new, five-tiered Quality Rating and Improvement System (QRIS), Step Up to Quality. This joint effort enabled them to create a single definition of quality that applies to all state-regulated early care and education settings.

Multiple steps were needed to coordinate monitoring across agencies. State leaders, including the governor's office, communicated a vision and emphasized the importance of the coordination work. Leaders and staff from the two agencies met regularly to better understand the other agency and develop relationships. They then co-developed policies and procedures to ensure consistent implementation of Step Up to Quality. The two agencies are also using a Step Up to Quality module in their data system, which allows staff to see basic information about the facilities regulated by the other agency (e.g., it allows ODE to see basic information about child care centers). Although the agencies have been able to coordinate much of their work, there have been some limitations because of the different licensing statutory requirements for regulating facilities (e.g., they have not been able to develop a unified application due to statutory differences).

Monitoring of the QRIS standards is done by staff in both ODE and ODJFS. To ensure consistency in understanding and monitoring the standards, staff from both agencies are jointly trained, communicate regularly, and undergo periodic inter-rater reliability checks with each other. Questions from field staff are also reviewed by both agencies so that the answers are appropriate for both agencies and all types of regulated settings.

To ensure strong communication among the staff in both agencies, there are daily calls between the two agency leaders, weekly in-person meetings with leadership teams from both agencies, and joint biannual staff meetings. All Step Up to Quality external communications are reviewed by both

agencies before distributing or posting. Though working together takes more time, it ensures a unified front in communicating a single definition of quality and approach to monitoring.

Coordination within an agency

Within ODJFS, leaders have also worked to coordinate monitoring between licensing and Step Up to Quality. Previously, ODJFS had separate units for licensing and QRIS. Although this allowed monitoring staff to specialize in one set of standards, it was not as efficient as they would have liked (i.e., two different staff visited the same facility) and it was burdensome to child care facilities. Beginning in 2011 with the award of the ELC grant, ODJFS has worked to combine the licensing and QRIS staff into one unit, with staff assigned to monitor licensing and QRIS for the same set of facilities. Cross-training of staff began in 2014. This effort produced efficiencies (e.g., two people are not traveling to the same facility; facility administrators have one person to contact who understands both licensing and QRIS), allowed for a richer understanding of licensing and QRIS among agency staff, reduced the number of staff visiting facilities, and improved consistency in communicating issues related to licensing and quality.

ODJFS leaders acknowledge the challenge in asking monitoring staff to monitor from both a minimum health and safety regulation lens as well as a continuous quality improvement lens, and staff have needed support in expanding their role to monitor multiple sets of standards. They have also realized that monitoring facilities at the upper tiers of the QRIS may require two visits—one to focus on licensing and one to focus on the QRIS standards, which include an observational measure of classroom quality. While the same person still conducts both visits, they have found, so far, that it is too much—and the topics are too different—to cover licensing and QRIS rating assessment in a single visit. (This is less of a challenge for facilities at the lower tiers of the QRIS.)

Rhode Island

As an early step of their system-building efforts

through the Race to the Top - Early Learning Challenge grant, Rhode Island's early childhood leaders completed a comprehensive review and alignment effort across their three sets of programs standards: licensing regulations, QRIS (BrightStars), and Comprehensive Early Childhood Education (CECE) standards for preschool approval. The alignment process was led by the agency leaders with oversight for licensing (Department of Children, Youth, and Families), BrightStars (Department of Human Services), and CECE standards approval (Rhode Island Department of Education or RIDE). They gathered public input about standards that needed better alignment and developed a collective framework that would be used to structure all three sets of standards. They completed a comparison of all three sets of standards and examined monitoring tools used to measure the standards, in order to identify common tools as well as areas of misalignment or inconsistency. As described more fully in a 2014 report, this 18-month review and alignment effort produced a unified continuum of quality that included a similar set of components across all three sets of standards (Rhode Island Department of Children, Youth & Families, Rhode Island Department of Human Services, & Rhode Island Department of Education, 2014). The continuum describes six dimensions of quality: health, safety, and nutrition; enrollment and staffing; staff qualifications and ongoing professional development; administration; early learning and development; and family engagement. For each dimension, specific indicators were developed to form seven levels of quality. Licensing provides the first level, followed by the five levels, or tiers, of quality in BrightStars, with the highest level included in the CECE standards for approval. A few highlights about alignment of the standards are listed here:

- NAEYC accredited and Head Start facilities automatically meet the top-tier BrightStars criteria for the curriculum, assessment, and family engagement standards.
- The child care licensing regulations were compared with the Basic Educational Program compliance regulations for public schools to identify inconsistencies across the minimum

regulations for child care and public schools. The CECE standards were then modified to address these inconsistencies and ensure that any CECE-approved public school classroom met both the BEP compliance and licensing regulations that define the *floor*, or first tier, of quality.

In addition to aligning standards and monitoring, Rhode Island leaders have accomplished several other coordination efforts to improve consistency across programs or funding streams:

- A set of common staff titles (e.g., administrator, teacher) and role descriptions are used across all three agencies and sets of standards.
- All three agencies use the same definition for “early childhood education or related coursework” when reviewing staff qualifications.
- Rhode Island is developing a common application for licensing, BrightStars, and CECE approval so that facilities do not need to complete separate applications for each program.
- BrightStars and RIDE developed a job description and assessor reliability policies for ERS and CLASS assessors that will be used across both agencies.
- RIDE staff, rather than BrightStars staff, review and assess the curriculum framework for facilities applying for a Level 5 BrightStars rating (the top), because the framework is required as part of the CECE approval process managed by RIDE. They use the same rubric and review process for BrightStars as they do for facilities seeking CECE Approval. At Level 3, BrightStars requires that the curriculum be aligned with RI Early Learning and Development Standards. For this, BrightStars and RIDE staff review the facility’s curriculum documents together to determine whether the standard is met. These curriculum documents are products of RI Early Learning and Development Standards training, which is managed by RIDE.
- BrightStars and RIDE also coordinate monitoring of some other standards. For instance, both BrightStars and RIDE conduct observational measures of classroom quality using the Early Childhood Environmental Rating Scales-Revised

(ECERS-R). The two agencies developed a shared set of guidelines and training expectations and use the same group of consultants to conduct the assessments for both programs, which allows them to confidently share ECERS-R data across agencies rather than gathering duplicate observational data from the same facility. Thus, if the randomly selected classroom in a facility has had a recently completed ECERS-R visit for preschool approval, the BrightStars team accesses that data rather than completing another ECERS-R in that classroom.

As a next step, Rhode Island is developing an integrated data system that will allow data to be shared across the Departments of Human Services, Education, and Children, Youth and Families. They have developed data-sharing agreements to specify which data each agency will be able to view. The joint data system also benefits facilities. When facility administrators apply for particular programs (e.g., BrightStars), the data that are already in the data system will pre-populate parts of the application (e.g., staff qualifications data will be automatically pulled from the workforce registry).

In order to support the implementation of this aligned continuum, agency leaders also offered a series of training to all front-line staff from the three agencies, focusing on topics such as curriculum, health and safety, and family engagement. The goal of these trainings is to develop a shared understanding of the dimensions of quality and to foster collaborative relationships among staff.

Conclusion

Ohio and Rhode Island are at the forefront of coordinating early care and education monitoring within and across agencies. They are investing significant time in these efforts because they believe it will strengthen their early care and education system and support children’s health, safety, and optimal development. Leaders from both states highlight the importance of having a shared vision, focused on quality, across all settings for young children. Lessons learned from these early efforts will inform other states’ work in moving toward a coordinated monitoring system.

A Framework for Coordinated Monitoring

The previous sections reviewed the goals and two approaches for moving toward a more coordinated monitoring system. This section describes 11 dimensions drawn from the literature that must be considered, regardless of the selected approach. Although many of these dimensions are important for broader early childhood systems-building efforts, we focus specifically on the issues pertinent to monitoring. These dimensions should not be thought of as a list of ordered steps or as categories of activities with rigid boundaries. Developing a coordinated monitoring system is a dynamic, iterative process. Some dimensions will be more applicable to some goals or activities than others.

1. Goals and purposes

States/territories may find it useful to have an agreed-upon set of goals for a coordinated monitoring system. Collaborations across sectors in other areas (e.g., public health) are more likely to be successful if stakeholders and leaders come to agreement on the purpose of the effort (Crosby & Bryson, 2010; Stecher et al., 2010).

A coordinated system should be considered a strategy for reaching a particular goal, not a goal in itself. It is important that the particular approaches to coordinate early care and education monitoring are connected to the goals. This may be challenging, as the various monitoring activities are likely to be somewhat different in purpose and scope (e.g., monitoring for regulatory compliance versus for a higher standard of quality; monitoring to determine whether a provider is allowed to continue to operate versus receives additional funding; the types of providers that are monitored; Trivedi, 2015). Even if each monitoring system reflects different purposes, the standards themselves may still overlap in ways that would benefit from coordination.

It is important to recognize the different goals of the particular monitoring systems that are being coordinated, particularly if coordination includes monitoring systems that are intended for enforcement of regulations (e.g., licensing, pre-K) as well as those focused on voluntary support of quality improvement (e.g., QRIS). Leaders should discuss how the coordination efforts can appropriately address the goals of the individual monitoring systems as well as support the newly-defined goal related to a coordinated monitoring system.

2. Stakeholder recruitment, engagement, and communication

Communication and discussion among program leaders, monitoring staff, contractors, early care and education providers, and other stakeholders are critical to developing a coordinated monitoring system, as they are to any early care and education system reform effort (BUILD Initiative, 2014; Head Start Monitoring Task Force, 2012; Trivedi, 2015). Stakeholder buy-in is essential to goal development as well as the success of the planning process and eventual system being developed (Bryson, Crosby, & Stone, 2006; Holzscheiter, Walt, & Brugha, 2012; Wulczyn, Orlebeke, & Haight, 2009). No matter how the planning process is executed, stakeholders' input throughout is necessary for encouraging buy-in, building trust, and ensuring the success of the system changes (Crosby & Bryson, 2010). For example, choosing a goal and an approach will be more successful if the discussion includes stakeholders throughout the early care and education system. If stakeholders' perceptions of the problem and the need for a more coordinated monitoring system are part of the planning process, then stakeholders might be more likely to be part of, and commit to, the system being developed. Engaging monitoring staff within each agency is critical because developing a coordinated monitoring system will directly affect their roles. They can provide critical input into the feasibility and sustainability of proposed plans. Similarly, if some providers feel standards are not applicable or fair to all providers that would be monitored, the monitoring system may be less likely to meet its goals (Stecher et al., 2010). Meaningfully involving a range of stakeholders throughout the planning and implementation process will increase the likelihood that the planned changes will be implemented successfully.

Stakeholders also include federal and local organizations that monitor early care and education providers. It is easier to coordinate monitoring that is under a state's direct control (e.g., licensing, QRIS, pre-K). Coordination with a federal program, such as Head Start, is more difficult. Within the QRIS context, some states have aligned the QRIS standards with Head Start standards and adjusted the QRIS monitoring to accommodate Head Start (rather than expecting the federal Head Start program to adjust its monitoring system). A well-coordinated monitoring system will likely eventually require modifications from all early care and education monitoring processes. Thus, it is important for state leaders to raise and discuss monitoring issues with federal (e.g., Head Start, Office of Child Care) and local partners (e.g., county building inspectors) as they move toward coordination across the full early care and education system.

3. Governance

States vary in their governance and administrative organization of the broad early childhood system, and this broader governance may impact decisions about coordination. Regenstein and Lipper (2013) described three early childhood governance approaches: 1) coordinated governance, where programs are housed in multiple agencies (with or without much real coordination); 2) consolidated governance, where programs are housed in a single agency; and 3) creation of a new agency to house early childhood programs. The broader system's governance structure may impact efforts to coordinate monitoring. It may be easier, for example, to coordinate monitoring efforts if all early childhood programs are housed in a single agency. For states/territories that house early childhood programs in multiple agencies, the strength of coordination and collaboration across those agencies may influence the extent to which coordinated monitoring strategies can be implemented. Leaders developing monitoring coordination plans need to consider the broader early childhood system context when selecting particular coordination activities.

Leaders also need to establish a governance structure for the coordinated monitoring system. In some states/territories, a lead agency may be identified to house all early care and education monitoring. In other instances, several agencies may share monitoring responsibilities. Regardless of the approach taken, leadership and clear decision-making authority are necessary to provide support and management while ensuring trust between programs or agencies (Crosby & Bryson, 2010; Holzscheiter, Walt, & Brugha, 2012). Does a leader or leadership team in one agency oversee monitoring across multiple agencies? Is there a cross-agency team that provides oversight and makes key decisions? Does a neutral party provide needed governance? Some research suggests that governance is more likely to be effective when it is coordinated by a relatively neutral and trusted body. This body can be either an existing one or a new one that was formed for a specific purpose (Crosby & Bryson, 2010; Holzscheiter, Walt, & Brugha, 2012).

Governance should address not only the policies and procedures related to the what, how, and when of monitoring but also the infrastructure, like data systems, needed to support the successful coordination of monitoring (e.g., what are the policies and procedures for sharing monitoring data across programs or agencies?). There is no one right way to provide governance. Each state will need to consider its own broader early childhood system governance and determine the best leadership structure to use in moving forward to coordinate monitoring. The decisions about governance structure for monitoring will depend, in part, on the governance structure of a state's broader early childhood system (Regenstein & Lipper, 2013).

4. Standards that are monitored

Standards—or the *what* of monitoring—are critical to consider when moving toward a coordinated monitoring approach. In some cases, different funding streams may each address a set of unique standards. In other cases, different funding streams may include the same general standard (teacher qualifications) but may define the requirements very differently (e.g., public school pre- or special education may require teacher licensure, whereas child care licensing may require a high school diploma and in-service training). When developing a plan to be more coordinated in monitoring, an important step is to review the various sets of monitoring standards to identify the similarities and differences in what is being monitored.

Section 3 of the Monitoring Landscape tool provides suggestions for reviewing standards across monitoring systems.

If a goal is to reduce the burden on providers or improve consistency across programs, the state/territory may work to align standards. This strategy involves reaching “consensus on the foundational components of monitoring” that are meant to keep children, families, and staff safe (Trivedi, 2015, p. 44), and on components that support “excellence in serving...children and their families” (Head Start Monitoring Task Force, 2012, p. 21). Standards can then be aligned across programs/funding streams by revising or editing the standards.

Alternatively, coordination can also be addressed by adopting a single set of standards for multiple programs and funding streams. As one example, *Caring for Our Children Basics* (Administration for Children and Families, 2015) is based on the *Caring for Our Children* report (American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education, 2011) and is intended to “represent the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes.” It also “seeks to reduce the conflicts and redundancy found in program standards linked to multiple funding streams” (p. 6). Thus, states could adopt *Caring for Our Children Basics* as the set of standards to use for multiple early care and education monitoring systems and designate one team to monitor all providers using these standards, rather than asking monitors of each individual program or funding stream to monitor the same (or very similar) standards.

5. Measurement tools and procedures

Monitoring requires the collection of data that corresponds to the standards being monitored (Wulczyn, Orlebeke, & Haight, 2009). Each monitoring system has its own tools and processes to collect data. Even when standards are the same or similar, the tools and procedures to monitor the standards may be different. Thus, it is important for leaders to discuss not only the *what* of monitoring (i.e., standards) but also the *how* (i.e., tools).

Section 4 of the Monitoring Landscape tool offers a strategy for reviewing tools and procedures across monitoring systems.

Tools. Some tools are used by more than one program or funding stream. For example, more than one program may collect classroom observation data using the same measure or more than one program may gather data on the qualifications of teachers and staff by reviewing transcripts. It may be easier to coordinate monitoring when similar tools or procedures are used. It is also possible that different programs monitor the same standard but use different tools to do so (e.g., using observation of the classroom environment to document the use of learning centers versus teachers’ self-report of whether they have learning centers). If different tools are used, then moving toward a more coordinated monitoring approach may be more difficult, and may require decisions about which tools will be prioritized and used consistently to measure particular standards. Technology may help support coordinated monitoring: if different monitoring systems use the same technology to gather data on the monitoring tools, it may be easier to a) ensure that data are collected similarly by monitoring staff and b) share the data across programs/funding streams.

Procedures. Even when the same tool is used across different programs, different procedures for using that tool may make it challenging to share the information. For instance, some states require a Classroom Assessment Scoring System (CLASS; Pianta, LaParo, & Hamre, 2008) observation as part of their QRIS rating (The Build Initiative & Child Trends, 2014). Head Start also uses CLASS as part of its monitoring system. Although the tools are the same, the processes for using the tools make it difficult to share information across QRIS and Head Start. In QRIS, the CLASS is typically completed in one or more preschool classrooms at a single facility so that CLASS scores could be created at the classroom level, which would then produce a facility-level score as part of the rating. In Head Start, the grantee (rather than a single site) is monitored, so a few cycles of the CLASS are completed across many classrooms, perhaps at different sites, in order to create a grantee-level CLASS score. Because Head Start cannot produce CLASS data at the classroom or facility level, it is difficult for QRIS administrators to use the CLASS data for the facility's rating. This example underscores the importance of discussing in detail not only the tools used for monitoring but also the processes for monitoring with those tools, to identify the range of issues to be resolved when moving toward a coordinated approach to monitoring.

The *frequency* of monitoring is also an important procedural dimension that may need to be addressed in moving toward a coordinated monitoring system. Even if different programs monitor the same standards in the same way, they may monitor on different schedules (e.g., annually versus every three years). Coordination may require adjustments in the frequency or timing of monitoring.

6. Planning and implementation

This dimension includes many of the key actions that will determine the success of efforts to coordinate various monitoring systems.

A team of leaders and stakeholders will need to develop a plan for implementing the selected strategies to move toward a more coordinated monitoring system. The plan will need to address items such as leadership (e.g., lead agency, person responsible), staffing, training, and supervision. Questions such as the following may need to be considered: Who's going to monitor what? If monitoring staff are expected to do something new, what is the skill set needed? Who is going to train monitoring staff? What needs to be included in the training? Who is responsible for ongoing supervision of monitoring staff, and how will it be carried out? The plan should address these questions and include steps to gather and review information periodically to ensure that the strategies delineated in the plan are being implemented as intended.

To learn more about the science of implementation, see [An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems \(Metz, Naom, Halle, & Bartley, 2015\)](#).

Ensuring the reliability of the monitoring system is critical and warrants special consideration when planning for implementation. Data must be collected from all providers and used in the same way by all monitoring staff for the system to be effective and fair. If a state/territory asks staff from one program to monitor standards from another program, these staff will need to be adequately trained on any new standards, tools, or procedures. If staff from multiple agencies monitor the same set of standards, they must receive the same training to ensure they can monitor providers similarly. Training must go beyond the content of the standards to also include training on the particular tools and procedures used (e.g., review of documents, classroom observation). Procedures must also be established to determine inter-rater agreement among monitoring staff. Periodic checks are needed to ensure that staff continue to interpret the standards and follow the monitoring procedures similarly.

7. Monitoring staff

Although the planning and implementation dimension addresses staff support, there are other staffing issues that are important when coordinating monitoring systems. Monitoring staff from different agencies or programs may have different qualifications, areas of expertise, job requirements, and caseloads. It may be helpful to review these various aspects of staffing across multiple programs, with a goal of becoming more consistent in expectations for monitoring staff. It may also be important to revisit expectations if monitoring staff are expected to monitor across multiple programs/funding streams (e.g., reduce caseloads).

Monitoring staff from different agencies or programs/funding streams may approach their task with different perspectives and skill sets. An enforcement lens is very different from a continuous quality improvement lens. It will be important for states to determine how best to bring these perspectives together, attend to the varying purposes of monitoring, and support staff in their changing roles. It also may be useful to develop or revise job descriptions to ensure that newly hired monitoring staff have the skills and expertise needed to monitor across multiple monitoring systems.

8. Data systems

Data systems are an integral part of a coordinated monitoring system. If monitoring data collected by one program are to be used by staff in another program, the data must be readily available and accessible. If multiple people enter data into the system, data entry and management must be consistent to ensure that the data are high quality. If data are housed in different data sets, procedures for merging or linking the two datasets will need to be established. If data are to be shared across agencies, data sharing agreements may need to be developed.

Once strategies have been developed to coordinate monitoring, it may be useful to 1) review the data to be gathered, 2) identify the data elements that will be entered into a data system, 3) develop procedures for ensuring that the data are collected and entered as intended, 4) determine where the data will be housed, and 5) develop policies and procedures for accessing and using the data. It may also be helpful to identify any common data elements that already exist in various monitoring data systems and ensure that they are defined consistently across systems. These common data elements may also identify areas to reduce duplication (e.g., where the data can be collected by only one monitoring system and shared with another). If new data elements need to be collected, it will be important to define the data elements and work to add the new data fields into the existing data systems.

Examining the data systems used by the various monitoring systems may also help identify a starting point for coordination efforts. If different funding streams rely on a shared data system (e.g., licensing and QRIS data are already in the same data system), it may be easier to begin coordinating monitoring across those funding streams.

9. Accountability

Accountability should be addressed on two levels. At one level, it is important for the team working on

Data system resources:

- [Best Practices in Ensuring Data Quality in Quality Rating and Improvement Systems](#) (Weber & Iruka, 2014)
- [Best Practices in Data Governance and Management for Early Care and Education: Supporting Effective Quality Rating and Improvement Systems](#) (Frieze, Tout, & Kirby, 2014)
- [Use of Technology to Enhance Licensing Administration](#) (National Center on Child Care Quality Improvement, 2014c)
- Research Connections' webpage on [Working with Administrative Data](#) has a range of resources, including guidance on developing data sharing agreements. <http://www.researchconnections.org/content/childcare/understand/administrative-data.html>

a coordinated monitoring system to be accountable for its work. How will the team know that the goals for coordination have been met? Do the strategies eventually reduce the burden on providers? It will be important to gather data on the key goals of the effort to ensure that the strategies are working as intended. (For more information, see dimension 11 on evaluation and continuous quality improvement.)

At another level, each program or funding stream that is part of a larger effort to coordinate monitoring needs to ensure that its own accountability responsibilities are met. If staff are going to monitor for multiple programs or funding streams, who is responsible for enforcement, disputes, sanctions, or incentives? Will each agency maintain its own accountability responsibilities even if they are not monitoring the providers? State/territory leaders will need to ensure that accountability responsibilities for each funding stream or program are clearly identified as coordination efforts are planned and implemented. It may be useful to develop memorandums of understanding (MOUs) to delineate responsibilities across agencies. These discussions and the development of MOUs may require legal counsel and advice from federal staff to ensure that proposed coordination efforts meet legal or statutory requirements.

If state leadership teams are interested in staff from one program monitoring for another program, it will be important to ensure that the proposed strategy meets the legal or statutory requirements for an agency's monitoring and oversight responsibilities. For example, it may be possible for an agency with legal responsibility for oversight of a particular program to "deputize" another agency to monitor its standards. Guidance from legal council is recommended, though, before implementing coordination strategies.

10. Sustainability

Sustainability is a key dimension to consider when planning strategies to coordinate monitoring efforts. If monitoring is going to be done differently, who will ensure that the changes are implemented on an ongoing basis? If the monitoring strategies require additional funds, what ongoing source of funding can be allocated? How can a particular strategy under consideration be implemented within the constraints of existing resources? How can any cost savings from efficiencies in monitoring best be reinvested?

States with grants (e.g., Early Learning Challenge, Preschool Development or Expansion, and Early Head Start-Child Care Partnerships) may be able to use grant funds to support planning and initial testing or implementation of some coordination efforts. It would be helpful, though, to consider the long-term sustainability of particular strategies and approaches in the planning stages, rather than waiting until implementation, to ensure that any initial work can be maintained in the long-term.

When planning for improved coordination across the early care and education monitoring systems, it is important to also plan for the fiscal implications of a more efficient system. If efficiency is a goal, monitoring governance leaders should gather data to determine whether the strategies have made monitoring more efficient (e.g., Efficient for whom? How?). If there is an expectation that funds will be saved by particular strategies, it will be important to document any savings.

It is equally important to plan how to reinvest the savings produced by the coordination strategies. Would the additional funds support additional staff training? They could also be used to allow for more frequent inter-rater agreement checks among monitoring staff, offer incentives to retain monitoring staff, strengthen the monitoring data systems, or develop procedures to link monitoring data from multiple data systems. These are just a few possibilities to consider. As states/territories develop plans to better coordinate their early care and education monitoring efforts, it is important to identify any potential savings from the work and develop a plan for re-investing those savings to continually improve the monitoring and broader early childhood system.

It is also important to acknowledge that discussions of the fiscal implications of coordinated monitoring may be challenging because of fear that any savings or reductions might result in an overall decrease in funding rather than a re-investment of funding. State leaders may need to be particularly thoughtful and proactive in discussing the fiscal implications of proposed changes.

11. Evaluation and continuous quality improvement

Monitoring is an ever-evolving process, and so are efforts to coordinate monitoring systems. Coordination efforts may be completed in phases, with states/territories starting to work in one area (e.g., reviewing and aligning standards) and then moving to other areas (e.g., asking staff to monitor standards from multiple funding streams). Over time, different issues or needs will arise and need to be addressed. An emphasis on continuous quality improvement and dedication to using evaluation data will support the ongoing efforts of state leaders to move toward a more coordinated monitoring system. Evaluations can include, for example, feedback from the providers who are monitored, evidence on whether short-term and long-term goals are met, or analysis of system efficiencies. Evaluations might rely solely on data that are currently being collected or might require new data collection. Evaluations can focus on process as well as outcomes. They do not have to be large or expensive, and there is no single evaluation model that must be followed. The only requirement is a commitment to collecting—and using—evaluation data over time to help ensure that the coordinated monitoring efforts are being implemented as intended and reaching their intended goals. Collecting data is only the first step, though. Linking the evaluation to a review and refinement process is critical for ensuring that the system continues to adjust its implementation to meet its intended outcomes over time (Trivedi, 2015). State leaders responsible for overseeing the coordinated monitoring efforts will need time for review, reflection, and consideration of evaluation data as they continue to refine their efforts to move toward a coordinated monitoring system.

Moving Forward

This report highlights key dimensions and issues for consideration when planning strategies to coordinate monitoring across multiple programs or funding streams. This work is just beginning, so states/territories will need to determine the approach that is most reasonable for their circumstances and recognize that there will be several iterations or phases in their work to coordinate monitoring efforts. As a field, we also need to gather information about the effectiveness of various strategies and the factors that support success. States like Ohio and Rhode Island are pioneering this work, and we have much to learn from their early efforts.

In addition to this brief, we developed the *Mapping the Early Care and Education Monitoring Landscape* (Maxwell, Sosinsky, & Tout, 2016) as a tool to help state leaders document the current status of monitoring across multiple early childhood programs or funding streams, which should help identify possible approaches or strategies for coordination. The *Monitoring Landscape* tool includes seven sections: identifying key stakeholders; understanding the role of licensing across programs; examining standards across programs; describing the monitoring tools and processes used across systems; delineating the qualifications, training, and oversight for monitoring staff across programs; understanding the various data systems used; and documenting next steps in planning.

We intend for this brief and the *Monitoring Landscape* tool to be useful for various early childhood leaders. The tool can be helpful to agency administrators and monitoring directors who are considering strategies to coordinate monitoring efforts, members of state advisory councils that oversee the broad early childhood system and who may be interested in considering multiple strategies for coordination or efficiency, and technical assistance providers working with states on monitoring issues. The Offices of Child Care and Head Start's national technical assistance centers can use these resources as they support states' monitoring efforts.

We also hope that researchers will participate in planning efforts for coordinated monitoring. Researchers can be helpful in developing measurable desired outcomes for any coordination efforts, identifying administrative data to address questions of interest and possibly assisting with the analysis of administrative data, developing an evaluation plan, and helping conduct an evaluation. We also hope that the broader research community will address monitoring issues in future studies, because we have much to learn about the effectiveness of particular strategies to coordinate monitoring across multiple programs.

A range of state and federal initiatives (e.g., CCDBG reauthorization, the rapid growth of QRIS, preschool development and expansion grants, Early Head Start-Child Care partnerships) have raised awareness about the multiple monitoring systems in early care and education. State/territory and national leaders are beginning to acknowledge and discuss monitoring coordination issues. This is an opportunity to re-envision monitoring across early care and education to more intentionally monitor key components, try new strategies, evaluate the effectiveness of those strategies, and continue striving toward a coordinated system of monitoring.

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Appendix: Description of Major Early Care and Education Monitoring Systems

The purpose of this appendix is to support state/territory leaders' shared understanding of monitoring across various early care and education services for young children. We describe eight major early care and education monitoring systems, highlighting six aspects of each system. It is not an exhaustive description of every monitoring system, but is intended to provide a basic overview of the major monitoring systems within early care and education. The six aspects of monitoring included for each are:

1. What is the scope and purpose of monitoring?

The scope of monitoring includes whether it is federal/national, regional, state, or local; participation eligibility criteria, if applicable, for children, families, providers, and/or settings; and whether it is mandated that a provider be subject to monitoring or whether provider participation is voluntary. The purpose also is described for each monitoring system.

2. Who is monitored?

We describe the types of providers, facilities, or settings that are included and monitored.

3. What standards are monitored?

We present an overview of the provider characteristics that are monitored in the standards, which may include aspects of the environment (e.g., indoor and outdoor space, equipment and materials), people (e.g., staff qualifications), practices (e.g., hygiene practices, supervision), policies (e.g., administration and employment policies), use of funds, and/or other elements (e.g., monitoring participant eligibility). We describe whether monitoring covers standards at a foundational level of quality (e.g., health and safety) or at a higher level of quality.

4. What agency (or agencies) is responsible for monitoring?

We describe the agencies or organizations responsible for monitoring. When there are variations among states,¹ we include the types of agencies that may have monitoring responsibility.

5. What tools are used in monitoring, and how often are providers monitored?

We describe the types of tools, methods, and approaches used to monitor providers, and the frequency of monitoring activities. When there are variations among states, we present the types of tools or methods and range of monitoring schedules that may be used.

6. What, if any, consequences are there for noncompliance with required standards? What, if any, incentives are there to meet the standards?

We briefly describe any consequences for noncompliance with required standards or incentives to meet the standards.

The monitoring systems included in this appendix are listed below. We begin with the public monitoring systems that monitor foundational and higher levels of quality for the largest range of children and settings, then move to public monitoring systems that monitor quality for more specific populations or purposes, then cover private monitoring systems.

¹ When there are variations among states, we describe the types of variations. However, it is not the purpose of this brief to present current numbers or proportions of states that fit each variation.

1. Child Care and Development Fund (CCDF): Licensing
2. CCDF: Subsidy
3. Quality Rating and Improvement System
4. State-funded pre-kindergarten
5. Head Start and Early Head Start
6. Individuals with Disabilities Education Act (IDEA), Part B and Part C
7. Child and Adult Care Food Program (CACFP)
8. Accreditation

Child Care and Development Fund: Licensing

Scope and purpose

The Child Care and Development Fund (CCDF) is authorized by the Child Care and Development Block Grant Act (CCDBG), through the [Office of Child Care](#)² (OCC) in the federal Administration for Children and Families, to: a) assist states in providing high-quality early care and education to low-income families so parents can work or attend training/education activities; b) assist states in improving the quality of early care and education; c) improve development of participating children; and d) increase the number of children from low-income families who receive high-quality early care and education (Office of Child Care, 2014b; Office of Child Care, 2015b). These funds can be used to support many activities, including licensing, child care subsidies, and QRIS. This section of the appendix focuses on monitoring of the licensing component of CCDF; monitoring of subsidy providers and QRIS are addressed later.

Licensing regulations provide the baseline of protection for children birth through age 12 in a broad range of settings, including child care centers and family child care homes (National Center on Child Care Quality Improvement, 2014a; National Center on Child Care Quality Improvement, 2014c). Licensing is defined as mandatory permission granted by a state to legally operate a child care facility.

Some states may call child care regulatory processes *registration* or *certification*; for purposes of this brief, the terms *licensing* or *licensed* are used to represent all regulatory processes.

The purpose of monitoring child care providers in the licensing system is to provide basic protections to prevent harm to children. Protections are provided through mandatory requirements designed to prevent harm from risks including the spread of disease, safety hazards, injury, and developmental impairment from unhealthy relationships with adults, inadequate supervision, or developmentally inappropriate activities. Licensing and regulation policies and systems set rules and regulations, establish mechanisms for oversight including tools and staffing procedures, and grant states the authority to monitor compliance and take enforcement actions when providers operate illegally or violate licensing rules.

Licensing intersects with other programs/funding streams. Under CCDBG, states certify that they have licensing requirements in effect and identify which types of providers are subject to licensing and any licensing exceptions. Monitoring by other programs or funding streams may or may not require a provider to be licensed (e.g., pre-kindergarten, Head Start, Quality Rating and Improvement Systems).

² <http://www.acf.hhs.gov/programs/occ>

For in-depth information about trends in licensing regulations and policies, please see the 2015 research briefs on child care centers (National Center on Early Childhood Quality Assurance, 2015b), family child care homes (National Center on Early Childhood Quality Assurance, 2015c), and group child care homes (National Center on Early Childhood Quality Assurance, 2015d).

Who is monitored

Many home-based providers and most full-day center-based providers that serve children from birth through age 5 (not yet in kindergarten) are mandated to be licensed by the state child care licensing agency. There is wide variation across states in the providers that are required to be licensed. Regarding center-based providers, many states exempt certain types from licensing (e.g., programs operated by a public school or a religious organization; part-day programs; providers offering care for limited days such as summer camps; facilities that provide care while the parents remain on the premises, like in a health club; recreation facilities such as a Boys and Girls Club). Regarding home-based providers, each state has a minimum number of children in care (i.e., [threshold](#)³) that determines when a license is required for family child care providers; some states require family child care providers to become licensed when they serve one or more unrelated children, while other states allow family child care providers to care for up to five or more children before becoming licensed; most states set the licensing threshold at three or four children. Some states may require small home-based family child care providers who would otherwise be exempt from licensing (hereafter referred to as “exempt CCDF homes” to be licensed if they serve children who receive CCDF subsidy (National Center on Early Childhood Quality Assurance, 2015a).

What is monitored

Licensing regulations are often extensive and cover the environment, people, practices, policies, and other elements.

The environment. The provider’s physical space (indoor and outdoor) may be monitored for compliance with fire safety, building inspection, environmental health, and other standards.

People. Staff may be monitored for compliance with standards related to health and safety (e.g., proof of immunizations, criminal background checks; Office of Child Care, 2014a) and staff qualifications and training (e.g., sudden infant death syndrome prevention training and practice; professional development, education, and training). Staff-child ratios and group size may be monitored.

Practices. A provider’s practices may be monitored in regards to health and safety standards (e.g., hygiene practices including hand washing; emergency preparedness planning; food and nutrition; transportation; adequate supervision), standards regarding quality in the learning environment (e.g., requirement of a daily schedule of activities, support for healthy relationships with adults and for children’ development), and communication with families (e.g., providing parents with written copies of the provider’s policies and regular information about the child’s health and experiences).

Policies. A provider’s policies may be monitored for compliance with standards regarding children served (e.g., provisions for inclusion of children with special needs).

Other elements. A provider’s administrative practices may be monitored.

Agency responsible for monitoring

The state licensing statute authorizes the government to protect children, as vulnerable citizens, from the risk of harm (National Center on Child Care Quality Improvement, 2014c). The statute must designate

³ <https://childcareta.acf.hhs.gov/resource/threshold-licensed-family-child-care-2014>

the licensing agency(ies) that is/are legally obligated to perform the authorized compliance monitoring, enforcement, and other duties. State statutes authorize the designated licensing agency(ies) to develop and issue the provider standards and procedural rules necessary to administer the law. Although states often designate human service agencies to regulate child care, some states designate other agencies (e.g., health department, department of education, department of early learning or education). Authority for the health and safety components of child care may fall under the full responsibility of the licensing agency or may rely, in part, on oversight by other entities such as fire departments, local building inspectors, or environmental health agencies. Providers may be required to receive approvals or permits from such entities, many of which have their own statutory authority to inspect child care facilities and issue regulations (National Center on Child Care Quality Improvement, 2014a; American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education, 2011).

Tools and frequency

Licensing agencies may use various methods to monitor compliance. Methods may include records review, inspections, and investigation of self-reported incidents and complaints (National Center on Child Care Quality Improvement, 2014b). Tools may include checklists, comprehensive list of requirements, and other tools.

States may require inspections of child care centers and family child care homes prior to issuing licenses. States may conduct inspections for routine compliance and/or at the time of license renewal. Whether these inspections are announced or unannounced varies from state to state. The frequency of inspections can vary from multiple times a year to every few years.

Consequences or incentives

States employ a wide range of actions for providers that are operating in violation of licensing regulations (National Center on Child Care Quality Improvement, 2014d; National Center on Child Care Quality Improvement, 2014e). Enforcement actions may include a warning notice and order to correct, mandated training, suspension of license, civil fines, conditional licensure, revocation or denial of license, or immediate closure of the facility.

Child Care and Development Fund: Subsidy

Scope and purpose

CCDF provides federal funds to states, territories, and tribes (that contribute matching state funds) to provide child care financial assistance to low-income families through subsidies, grants, or contracts. Children from birth through age 12 years are eligible, and families are eligible for CCDF funds if they have low income and are engaged in eligible work, training, or educational activities.

Licensed providers serving subsidized children must comply with state mandates, and license-exempt providers serving subsidized children must meet relevant health and safety requirements. These requirements were revised substantially in the [2014 reauthorization of the CCDBG](#),⁴ with more detailed regulations in the Notice of Proposed Rules Making (Matthews, Schulman, Vogtman, Johnson-Staub, & Blank, 2015; Office of Child Care, 2014a; Office of Child Care, 2015a). Changes include revisions to health and safety requirements for child care providers and requirement of activities to improve the quality of child care. The new requirements apply to providers caring for children receiving CCDF funds. In addition, some new provisions apply to all child care settings (e.g., the law requires that all states use the same set of

⁴ <http://www.acf.hhs.gov/programs/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes>

comprehensive background checks for all child care teachers and staff).

States monitor providers receiving funds from CCDF to ensure that they meet health and safety standards and adhere to financial and other requirements (Office of Child Care, 2015b; Office of Child Care, 2015c).

Who is monitored

CCDF funds can be used for services at public or private, religious or non-religious, and center- or home-based settings, including of license-exempt providers. Licensed providers who receive CCDF subsidy funds are monitored through the state licensing system. Providers who are otherwise exempt from licensing by their state are subject to the health and safety requirements of the new CCDF law (e.g., requisite health and safety training, inspections) if caring for a child receiving CCDF subsidy; the only exception to this requirement is for providers who are caring only for their own relatives if states choose the option to exempt relatives from some or all of the CCDF health and safety requirements. Some states may require otherwise-exempt CCDF providers to be licensed if they serve children who receive CCDF subsidy (National Center on Early Childhood Quality Assurance, 2015a). In other states, license-exempt CCDF providers are monitored in some way to ensure that they meet the CCDF subsidy requirements.

What is monitored

CCDF standards require agencies to monitor providers who care for children receiving child care subsidies on some aspects of the environment, people, and practices. CCDF requires states/territories to also monitor for compliance with child care subsidy eligibility and other funding requirements. States/territories are monitored at the lead agency level as well; the 2014 CCDBG reauthorization calls for states to submit to the federal government a plan for the state's compliance with the CCDF requirements, including establishment of health and safety requirements in different sets of topic areas (U.S. Department of Health and Human Services, 2014a).

Environment. Facilities must meet basic health and safety requirements (e.g., building and physical premises safety).⁵

People. Child care providers serving children subsidized through CCDF are required to receive pre-service and ongoing training on the health and safety topics (e.g., first aid, CPR, and prevention of sudden infant death syndrome), pass criminal background checks (for all child care staff members), and comply with child abuse reporting requirements. States must have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the ages of children in child care.

Practices. States must monitor some safety practices, such as required emergency preparedness planning.

Use of funds. The agency monitors eligibility and funding expenditures (e.g., child, family, and child care provider eligibility for CCDF funds; appropriate subsidy amounts).

Agency responsible for monitoring

The state's lead agency for administering CCDF may be the state department of human or social services, the agency responsible for employment services, the department of education, or an the early childhood services agency (National Center on Child Care Quality Improvement, 2014c). Lead agencies may administer and implement most CCDF-funded services or maintain oversight of CCDF-funded services provided by other contractors (e.g., child care resource and referral agencies).

⁵ A state CCDF plan "shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available" under the CCDBG Act (CCDBG Act, p. 8).

Licensed providers who are serving children who receive CCDF subsidy will be monitored by the state licensing agency (see Licensing section) and may or may not receive additional monitoring by the CCDF agency.

Tools and frequency

The lead agency maintains oversight of all services through multiple monitoring strategies, including on-site visits, financial audits, and reviews of provider attendance and billing records. Under the CCDF 2014 reauthorization law, once provisions become effective and state plans for 2016 to 2018 are submitted and approved (Office of Child Care, 2015a), states will be required to conduct monitoring visits for all providers serving CCDF children, including all license-exempt providers (except those serving only relatives). The 2014 CCDF law has different monitoring requirements for CCDF providers who are licensed and providers who are license-exempt (Matthews, Schulman, Vogtman, Johnson-Staub, & Blank, 2015). For licensed CCDF providers, states must conduct one pre-licensure inspection for health, safety, and fire standards as well as annual, unannounced inspections. For license-exempt CCDF providers (except those serving relatives), states must conduct annual inspections for compliance with health, safety, and fire standards. The Administration for Children and Families (ACF) recommends, but does not require, that these monitoring visits be unannounced.

CCDF provides lead agencies with significant flexibility to establish policies and procedures for administering the subsidy program (Matthews, Schulman, Vogtman, Johnson-Staub, & Blank, 2015). States have the option of using differential monitoring strategies (e.g., monitoring key indicator rules that statistically predict compliance with all the rules, or monitoring selected rules that place children at greater risk of mortality or morbidity if violations or citations occur), provided that the monitoring visit is still representative of the full complement of licensing and CCDF health and safety standards.

Consequences or incentives

Licensed and license-exempt providers who are found to be noncompliant with CCDF regulations may be restricted from receiving CCDF funds. Providers who are found to be in violation of regulations may be subject to the range of enforcement actions available to the state licensing agency (e.g., a warning notice and order to correct, mandated training, suspension of license, civil fines, conditional licensure, revocation or denial of license, or immediate closure of the facility) (National Center on Child Care Quality Improvement, 2014d; National Center on Child Care Quality Improvement, 2014e).

Quality Rating and Improvement System

Scope and purpose

A [Quality Rating and Improvement System⁶ \(QRIS\)](#) is a state or local approach designed to assess, improve, and communicate the level of quality in early care and education facilities for children birth to age 5 and in early elementary grades. QRIS award quality ratings to facilities that volunteer to participate and meet a set of defined standards. QRIS standards typically start with licensing as the base of the system: licensure is often, but not always, a prerequisite for QRIS participation. QRIS tend to have three or more *tiers*, or levels of standards, above licensing.

Monitoring processes are used to determine how well facilities meet QRIS standards; this information is then summarized to determine a site-level rating.

⁶ <https://qrisguide.acf.hhs.gov/>

CCDF funds may be used to support QRIS activities, though states or communities may also use other funding sources.

Who is monitored

QRIS may include licensed or regulated child care centers, family child care homes, and school-age centers as well as Head Start or public school preschool sites (e.g., pre-k). QRIS participation is voluntary in most states (National Center on Child Care Quality Improvement, 2015a).

What is monitored

QRIS include standards in several areas. Some standards may be included at each level of the rating (e.g., staff qualifications) whereas others may be included only at a particular level (e.g., classroom quality observations may be included as criteria for the top levels only).

Environment. Aspects of the provider's environment may be monitored in regards to health and safety features, but generally QRIS relies on licensing to address those standards. Aspects of the learning environment may be monitored (e.g., developmental appropriateness of materials, toys, furnishings, and equipment).

People. Staff qualifications and training may be monitored (e.g., standards for enhanced education or ongoing training). Staff-child ratios and group size may be monitored if standards exceed minimum licensing requirements.

Practices. Practices may be monitored with regards to curriculum and learning activities (e.g., use of approved curricula aligned to state early learning guidelines, demonstration of use of written plan of daily learning activities), child assessments (e.g., ongoing observation and documentation of child performance, sharing of assessment results with families), adult-child interactions (e.g., individualized support for children's development), family engagement (e.g., provisions requiring regular communication with parents, referrals as appropriate), and other areas (e.g., cultural responsiveness).

Policies. Policies may be monitored with regards to administration and leadership (e.g., employment standards and procedures, written contracts with families). States may include a continuous quality improvement approach in their QRIS standards (e.g., processes of self-assessment and use of information gathered through assessments to develop, implement, and track quality improvement plans).

Other elements. Providers may be monitored in regards to management (e.g., use of a financial-record-keeping system). They may also be required to be nationally accredited at the higher rating levels.

Agency responsible for monitoring

Many statewide QRIS are administered and monitored by a state agency, such as a human services or early care and education agency. Some statewide QRIS and some local QRIS may be administered and monitored by a private, non-governmental organization (BUILD Initiative & Child Trends, 2014a).

Tools and frequency

Agencies that administer QRIS use various approaches to monitoring (National Center on Child Care Quality Improvement, 2015b). Approaches may include self-assessments, document reviews and verifications, and on-site visits. States may gather information from licensing agencies to ensure that minimum requirements are met, and from training and professional development registries and accrediting organizations. States

that include a classroom measure of quality may use a standardized observational assessment tool such as the [Environment Rating Scales](#)⁷ or the [Classroom Assessment Scoring System](#)⁸ (CLASS). QRIS may use these tools as part of their rating system through minimum score requirements or as part of a quality improvement strategy.

The length of time a QRIS rating is valid for a provider varies from state to state. Renewal may be required annually or after two or three years, or may depend on each provider's QRIS rating level, with providers at lower levels required to renew more frequently than providers at higher levels.

Consequences or incentives

Providers participating in a QRIS may have access to a range of supports (e.g., financial awards or grants, tiered subsidy reimbursement, educational scholarships, access to professional development). QRIS administrators and their partners may offer incentives for quality improvement (e.g., quality improvement grants or awards). Participation in a QRIS may also be considered for participation in Head Start–child care partnerships or required for participation in other programs (e.g., pre-K). Participating providers receive a public multi-tiered rating, which may be useful for communication and marketing with parents and the public. Consequences for not meeting or maintaining standards may include moving a provider to a lower rating or suspending or removing a rating. Loss of or reduction in a rating could also lead to a loss of or reduction in supports and incentives. It also could make providers ineligible to participate in other programs.

State-funded pre-kindergarten

Scope and purpose

State-funded pre-kindergarten (pre-K) provides early learning services for preschool-aged children the year before kindergarten entry, or for 3- and 4-year-old children. Child eligibility for voluntary pre-kindergarten services differs across states, but most states' pre-K services prioritize enrollment for children from low-income families or for children who are otherwise at risk of poor school achievement (Barnett, Carolan, Squires, Clarke Brown, & Horowitz, 2015). A few states offer universal pre-K, making pre-K available to all children who are age eligible.

The purpose of pre-K monitoring is to monitor provider compliance with and implementation of pre-K quality standards. Monitoring can also look at financial expenditures, budgets, record keeping, and administrative aspects of the program.

Who is monitored

Pre-K services may be provided in various settings, including public schools and community-based early care and education organizations.

What is monitored

State pre-kindergarten standards vary, but tend to focus on teacher qualifications and curriculum rather than health and safety. States may have standards in place regarding:

Environment. Monitoring may include aspects of the health and safety of the physical premises (e.g., facilities may be required to submit information on safety procedures).

People. A provider's staff may be monitored for whether they meet standards (e.g., teacher qualifications).

⁷ <http://www.ersi.info/scales.html>

⁸ <http://teachstone.com/classroom-assessment-scoring-system/>

Monitoring may include oversight of compliance with teacher-child ratio standards.

Practices. A provider's instructional practices may be monitored (e.g., curriculum, child assessment, use of child assessment results to tailor instruction for individual children, parent involvement). Facilities may be required to collect data on children's progress on school readiness outcomes. Additional standards may cover other practices and services offered (e.g., screenings and referrals for children's physical, mental, vision, and dental health; standards regarding nutritious meals).

Other elements. Participant eligibility may be monitored, as may a provider's administrative practices.

Agency responsible for monitoring

In many states, the state education agency (SEA) is the agency that administers, funds, and monitors pre-K, but it can also be administered and monitored by another state agency, such as an office of children and families or the agency that oversees child care licensing.

Tools and frequency

Pre-K providers may be required to collect records regarding implementation of pre-K standards, data on children's learning, and documentation on the physical environment and safety procedures. State staff or consultants may conduct site visits to monitor pre-K provider compliance and quality. A 2013 report noted a decline in site visits to pre-K programs (Shilder & Carolan, 2013).

States may use structured observation instruments to assess classroom quality. Observational instruments (e.g., instruments that measure child-teacher interactions and other classroom characteristics) may be used to identify facilities that need to adjust services (Shilder & Carolan, 2013). In states with a QRIS, states may require pre-K providers to participate and achieve a certain rating level (which may include an observational measure of the quality of the pre-K classroom as part of the rating) (Shilder & Carolan, 2013).

Policies regarding the frequency of pre-K monitoring activities vary from state to state.

Consequences or incentives

Providers that meet pre-K standards may be eligible for pre-K funding and participation. Providers that do not meet pre-K standards may be identified for additional supports, required to adjust their services, or may no longer be eligible to participate in the state's pre-K program.

Head Start and Early Head Start⁹

Scope and purpose

[Head Start](#)¹⁰ and [Early Head Start](#)¹¹ are federal programs of the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) that provide comprehensive early childhood education, health, nutrition, and family and parent involvement services to children and families most in need. Eligible children and families include families at or below the poverty line, children with disabilities, families who are homeless, and pregnant women. Head Start provides primarily center-based

⁹ States may also have [Migrant and Seasonal Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/migrant.html) (<http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/migrant.html>) and [American Indian/Alaskan Native Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/states/aian) (<http://eclkc.ohs.acf.hhs.gov/hslc/states/aian>). The monitoring of these grantees is similar to that of Head Start and Early Head Start, so we did not include separate descriptions for these Head Start programs.

¹⁰ <https://eclkc.ohs.acf.hhs.gov/hslc/hs>

¹¹ <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/about-ehs>

services to 3- and 4-year-old children and their families; grantees may choose to implement one or more than one of four program [options](#)¹² (center-based, home-based, a combination, or a family child care option). Early Head Start provides services for infants and toddlers birth to age 3, pregnant women, and their families, which may be provided in center-based settings, through home visiting services, or through a combination of both center- and home-based services.

Organizations voluntarily apply to become eligible to receive Head Start or Early Head Start funding. Eligible organizations include public and private organizations (Early Childhood Learning and Knowledge Center, 2015a). The federal [Office of Head Start](#)¹³ (OHS) awards grant funding and provides oversight to grantee agencies that deliver Head Start services.

The Office of Head Start, as of 2015, was in the process of revising and reorganizing the Head Start program performance standards (see [Notice of Proposed Rule Making](#)¹⁴). OHS provides a [summary](#)¹⁵ of the proposed 2016 performance standards, which aim to “1) ensure higher standards for curriculum, staff development, and program duration, based on research and effective practice, to improve children’s outcomes; 2) improve clarity and transparency to support better program delivery for current grantees and attract new prospective grantees; 3) reduce administrative burden to allow grantees to focus on high quality service delivery, and 4) maintain core Head Start principles, including strong comprehensive services, parent and family engagement, serving the neediest children, and respecting diversity.” Current performance standards will remain in effect until a final rule is issued. This overview of monitoring of Head Start services reflects current performance standards.

Who is monitored

Grantees can be a single site or can include multiple sites. Grantees may provide direct services or may have oversight over providers who deliver services. OHS requires grantees to monitor each agency contracted to implement Head Start or Early Head Start (hereafter referred to as Head Start services). OHS monitors grantees to determine that grantees are conducting activities to ensure compliance with regulations and provision of high-quality, comprehensive program services to children and families (ECLKC, 2011).

What is monitored

OHS monitors Head Start grantees in five areas of performance; these areas of performance include monitoring of elements of the environment, people, practices, policies, and other areas. Each grantee must conduct ongoing monitoring activities of each center or provider where it allocates funds to provide services, and provide OHS with evidence of compliance and of a continuous planning and learning process. These facilities and services include those that the grantee provides directly, that it contracts for or delegates for provision, or for child care partnership sites.

Environment. Aspects of the environment (inside and outside) are monitored in regard to [environmental health and safety](#)¹⁶ (e.g., safety of physical environments and transportation services), and physical space (e.g., equipment, materials, adequate space; ECLKC, 2005).

People. People (Office of Head Start, 2011) are monitored in regard to staffing standards (e.g., teacher qualifications and training, criminal background checks, child-staff ratios).

¹² <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/1306/1306.31%20%20Choosing%20a%20Head%20Start%20program%20option..htm>

¹³ <http://www.acf.hhs.gov/programs/ohs>

¹⁴ <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/nprm>

¹⁵ <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/nprm/docs/ohs-nprm-summary.pdf>

¹⁶ <http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/docs/fy2015-envhs-protocol.pdf>

Practices. Grantees' practices are monitored in regard to:

- Child health and safety (e.g., whether and how the grantee establishes each child's health status and provides follow-up and referral as required);
- [Parent, family, and community engagement](#)¹⁷ (e.g., how the grantee involves parents in setting goals for themselves and their children, educates parents in order to promote positive parent-child relationships, makes mental health services available to support parents and staff, has partnerships with local education agencies that support services to children and their families, and understands community needs);
- [Eligibility, recruitment, selection, enrollment, and attendance](#)¹⁸ (e.g., the grantee's practices for verifying the eligibility status of children, families, and pregnant women receiving the services; for ensuring the appropriate enrollment of children into the program, including children with disabilities; and for monitoring children's attendance and support for families as needed in instances when attendance is an issue).
- Child development and education: Practices may include aspects of the relationships among children and adults (e.g., warm, sensitive, responsive adult-child interactions); the curriculum (e.g., grantee's use of an evidence-based curriculum to promote children's learning and development); teaching (e.g., use of teaching approaches that are developmentally, culturally, and linguistically appropriate); assessment of child progress (e.g., the grantee's use of ongoing, systematic, formal and informal approaches to track and report on school readiness goals; communicating assessments to families); and the individualization of services to meet children's specific needs including developmental needs and development of individualized education plans (IEPs) and individualized family service plans (IFSPs).

Use of funds. [Fiscal integrity](#)¹⁹ is monitored (e.g., compliance with Head Start requirements and federal cost principle requirements, soundness of internal controls, the strength of reporting systems, and the use of federal funds for intended purposes).

Other elements. Administrative elements are monitored in regards to management systems and governance (e.g., grantee's process to maintain up-to-date and accurate records, governance of administration and operations, human resources functions).

Agency responsible for monitoring

The Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services awards grant funding and provides oversight to the grantee agencies that deliver Head Start services (ECLKC, 2015b).

Tools and frequency

The Office of Head Start in the Administration for Children and Families assesses grantee compliance through the [Aligned Monitoring System](#),²⁰ which is aligned with a comprehensive, five-year continuous

¹⁷ <http://eclkc.ohs.acf.hhs.gov/hslc/standards/im/2011/pfce-framework.pdf>

¹⁸ <http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/docs/fy15-head-start-ersea-protocol.pdf>

¹⁹ <http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/docs/fy15-head-start-fiscal-protocol.pdf>

²⁰ <https://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/intro-to-monitoring.html>

oversight plan (“aligned” refers to aligning monitoring activities with the five-year grant cycle).

Grantees that meet conditions for high grantee performance based on prior review are monitored using a screening process for compliance review. The screening process is based on the [Head Start Key Indicator-Compliant](#)²¹ (HSKI-C) Monitoring Protocol. The HSKI-C is an evidence-based tool that identifies whether grantees qualify for differential monitoring. Grantees that qualify for and pass the HSKI-C have an environmental health and safety review. Grantees with Head Start classrooms serving 3- and 4-year-old children have randomized [Classroom Assessment Scoring System \(CLASS\) observations](#)²² over their five-year grant period (Office of Head Start, 2015b). CLASS scores from monitoring observations can only be used to provide information on teacher-child interactions at the grantee level (National Center on Quality Teaching and Learning, 2012). Early Head Start grantees receive a Comprehensive Services and School Readiness Observation/Checklist, which assesses the grantee’s delivery of comprehensive, individualized services to children, pregnant women, and families in the areas of child health and safety, family and community engagement, and child development and education (Office of Head Start, 2015a; Watkins, 2014).

Grantees who do not qualify for the HSKI-C or that are not successful with the HSKI-C Review will receive a series of comprehensive monitoring events during the first three years of their five-year grant cycle. These include the environmental health and safety review, which includes a review of safety in all classrooms at every site, Fiscal Integrity/ERSEA review, Comprehensive Services and School Readiness and Leadership Management Systems and Governance Review and CLASS (for programs serving 3- to 4-year-old children in centers) at different times throughout their first three years. OHS’ Fiscal Year (FY) 2016 Head Start Monitoring Protocol is used to gather data during on-site reviews. The FY16 Protocol measures grantee performance and compliance related to Head Start Performance Standards, Head Start Act, and other fiscal regulations. All performance areas include a series of key indicators, compliance measures, and targeted questions to evaluate each grantee (ECLKC, 2015c; Office of Head Start, 2013).

Consequences or incentives

New grantee applicants who successfully complete the grant application process, or continuing grantees who have no deficiencies or successfully recompetes, may be eligible for Head Start funding and participation. Grantees are required to compete for their next five years of funding whenever the responsible HHS official determines that one or more of several conditions existed during the time period of the HHS official review (e.g., deficiencies in meeting standards, debarment from receiving federal or state funds, or disqualification from the Child and Adult Care Food Program).

Individuals with Disabilities Education Act (IDEA)

Scope and purpose

The [Individuals with Disabilities Education Act](#)²³ (IDEA) is a federal law ensuring services to children with disabilities. Through the U.S. Department of Education, Office of Special Education Programs (OSEP), IDEA governs how states provide early intervention, special education, and related services to eligible infants, toddlers, children, and youth with disabilities.

²¹ <https://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/docs/fy2015-hski-c-protocol.pdf>

²² <http://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring/docs/fy2015-ohs-class-reviewer-field-guide.pdf>

²³ <http://idea.ed.gov/>

Two parts to IDEA, Parts B and C, are described separately below.

IDEA Part B

Scope and purpose

IDEA [Part B](#)²⁴ governs provision of special education and related services to children and youth ages 3 to 21. IDEA Part B guarantees the free appropriate public education of children with disabilities in the least restrictive environment, meaning that children with disabilities are educated with children who are not disabled to the maximum extent possible. By federal law, states are required to educate students with disabilities. School districts must comply with IDEA requirements to receive federal funding.

The two primary purposes of IDEA Part B monitoring are to monitor whether services provided are improving the educational results and functional outcomes for children with disabilities and to ensure compliance with requirements of the law.

Who is monitored

States monitor local educational agencies (LEAs) delivering Part B services.

What is monitored

The federal Office of Special Education Programs (OSEP) monitors state education agencies on implementation of IDEA Part B, and state education agencies, in turn, are responsible for monitoring LEA's implementation of IDEA. Monitoring for both state and local education agencies focuses on 17 indicators (OSEP-Part B, n.d.). IDEA Part B monitoring includes reviewing practices and policies to ensure compliance. IDEA Part B oversight also includes monitoring of child outcomes with a focus on improving educational results and functional outcomes (i.e., behaviors or skills that are meaningful in the context of everyday living) for children with disabilities. IDEA is the only major program or funding stream described in this brief that includes improvement in—not just assessment of—child outcomes as a required element of monitoring (Bollmer et al., 2010).

IDEA Part B monitoring does not include direct oversight of the environment or people. States are required to monitor LEAs with measures of performance and compliance in three priority areas, which include practices, policies, child outcomes, and other elements.

Practices. Practices are monitored in regard to provision of free appropriate public education in the least restrictive environment.

Policies. Policies are monitored in regard to a system of transition services (e.g., post-secondary school transition services) and other priorities such as child find (the requirement of finding children who are eligible to receive special education services), general supervision, and dispute settlement procedures.

Child outcomes. Part B student performance outcomes include growth in positive social skills and relationships, acquisition of knowledge and skills (e.g., communication), and use of appropriate behaviors to meet needs (Early Childhood Technical Assistance Center, 2015).

²⁴ <http://idea.ed.gov/explore/home>

Other elements. The characteristics of the children and families served may be monitored (e.g., disproportionate representation of racial and ethnic groups in special education and related services to the extent that the representation is the result of inappropriate identification; OSEP, 2006; OSEP, 2009).

Agency responsible for monitoring

IDEA Part B monitoring systems are typically administered by the state education agency (SEA; OSEP, 2006).

Tools and frequency

SEAs vary in terms of the tools they use and frequency with which they monitor local education agencies' implementation of Part B services. States may review data from selected districts or sites and/or monitor student records to assess LEA's compliance with or performance on Part B indicators. States may also use on-site monitoring visits. State staff may carry out monitoring responsibilities themselves or with contractor/consultant assistance (OSEP, 2006; OSEP, 2009).

States may implement Part B monitoring on a schedule basis, on a performance basis, or with a hybrid of both a schedule and a performance basis. Part B monitoring on a set schedule may be annually or less frequently.

Consequences or incentives

LEAs that meet performance standards may be eligible for funding. If an LEA is not meeting performance standards, the SEA may take action to assist or intervene in implementing the requirements. The SEA may impose a range of consequences including, for example, additional contract stipulations, requirement of a corrective action plan, assignment of a consultant to work with the LEA, specification of how funds can be spent, or prohibition of receipt of funds.

IDEA Part C

Scope and purpose

IDEA [Part C](#)²⁵ governs services administered by states for infants and toddlers, from birth through age 2, with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. It differs from Part B because it is considered a family-centered program. That is, family input and participation in the early intervention process is a major pillar of the program. Through IDEA Part C, families can access early intervention services if their child meets the state's definition of developmental delay or has a medical diagnosis that constitutes automatic eligibility for Part C services. The services include evaluation and assessments, development and review of individualized family service plans, service providing (e.g., speech therapy, specialized instruction), and service coordination. Part C requires that services to infants and toddlers be provided to the maximum extent appropriate in natural environments, including home and community settings where children would be participating if they did not have a disability. States have the discretion to provide services to infants and toddlers who are at risk of having substantial developmental delays if they do not receive appropriate early intervention services. In addition, states may extend eligibility for Part C services to children with disabilities until children are of kindergarten age, as appropriate. Any Part C provider serving children age 3 or older must provide an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.

²⁵ <http://idea.ed.gov/part-c/search/new>

The two primary purposes of IDEA Part C monitoring are to determine whether services provided are improving the educational results and functional outcomes for infants and toddlers with disabilities, and to ensure compliance with requirements of the law.

Who is monitored

The federal Office of Special Education Programs (OSEP) monitors state lead agencies on implementation of IDEA Part C, and state lead agencies, in turn, are responsible for monitoring providers delivering Part C services. These providers may include intervention programs that employ therapists, special education teachers, and related service personnel as well as early intervention professionals who work as independent contractors for the state Part C program.

What is monitored

Monitoring for both state and local early intervention service providers focuses on 11 indicators (OSEP-Part C, n.d.). IDEA Part C monitoring includes monitoring of aspects of practices and policies to oversee compliance. IDEA oversight also includes monitoring of child outcomes with a focus on improving educational results and functional outcomes (i.e., behaviors or skills that are meaningful in the context of everyday living) for infants and toddlers with disabilities. IDEA is the only major program or funding stream described in this brief that includes improvement in—not just assessment of—child outcomes as a required element of monitoring.

Monitoring of local early intervention service programs and providers addresses practices, policies, child and family outcomes, and other elements.

Practices. Practices are monitored to ensure that individualized decisions are made with regard to provision of services to infants and toddlers in natural environments to the maximum extent appropriate.

Policies. Policies are monitored in regard to a system of transition services (e.g., transition out of early intervention) and other priorities such as child find (the requirement to find children who are eligible to receive early intervention services), timely service provision, and evaluation and assessment.

Child and family outcomes. IDEA Part C has child indicators that measure growth in positive social skills and relationships, acquisition of knowledge and skills (e.g., communication), and use of appropriate behaviors to meet needs (e.g., feeding; ECTA Center, 2015). There is also an indicator for family outcomes that measures the percentage of families who report that early intervention services help them know their rights, effectively communicate their children's needs, and help their children develop and learn.

Other elements. Practices regarding the management and use of data and data quality may also be monitored. Some states also monitor professional development practices and provider credentialing within their local early intervention service programs.

Agency responsible for monitoring

The [lead agency](#)²⁶ to manage, deliver, and monitor Part C services may be the state department of health, education, or another human service agency.

Tools and frequency

States vary in terms of the tools they use and frequency with which they monitor local implementation of

²⁶ <http://ectacenter.org/partc/ptclead.asp>

Part C services. States may review data from selected sites and/or monitor early intervention records to assess compliance with or performance on Part C indicators. States may also use on-site monitoring visits. State staff may carry out monitoring responsibilities themselves or with contractor/consultant assistance (OSEP-Part C, n.d.).

States may monitor on a schedule basis annually or less frequently, or on a performance basis.

Consequences or incentives

Local early intervention service providers or programs that meet performance standards may be eligible for funding. If a local provider/program is not meeting performance standards, the state lead agency may take action to assist or intervene in implementing the requirements. The state may impose a range of consequences including, for example, additional contract stipulations, requirement of a corrective action plan, assignment of a consultant to work with the LEA, specification of how funds can be spent, or prohibition of receipt of funds (OSEP-Part C, n.d.).

Child and Adult Care Food Program (CACFP)

Scope and purpose

The [Child and Adult Care Food Program](#)²⁷ (CACFP), administered by Food and Nutrition Services in the U.S. Department of Agriculture, provides financial aid to child care centers and family child care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children (Food and Nutrition Services, 2014). CACFP reimburses child care providers at free, reduced-price, or paid rates for eligible meals and snacks served to enrolled children. Benefits are targeted to those most in need.

CACFP monitoring is conducted to ensure adherence with family and provider eligibility requirements, reimbursement rates, and nutrition standards.

Who is monitored

CACFP funds are available to eligible providers, including child care centers, family child care homes, and Head Start, who volunteer to participate. Child care centers and family child care homes must be licensed or approved to provide child care services. Child care centers are eligible for CACFP reimbursement based on size and status (e.g., public programs or religiously-affiliated nonprofit private programs are automatically eligible; privately owned for-profit child care centers are eligible if at least 25 percent of children qualify for free or reduced-price meals based on household income). Family child care homes are eligible for CACFP funds based on child eligibility or if the provider is low-income or is in a low-income area. Note that children who are participants of Head Start or Early Head Start are automatically eligible for free meals, without further application or eligibility determination.

What is monitored

CACFP monitors practices and adherence with other requirements, but not the environment or policies.

People. CACFP agencies monitor compliance with annual provider training attendance requirements.

Practices. State agencies administering CACFP are required to monitor operations and use of funds in institutions and facilities to ensure CACFP requirements are met in regards to meal pattern and nutrition standards.

²⁷ <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

Use of funds. State agencies may monitor recordkeeping to justify reimbursement for meals served to participants

Other elements. State agencies may monitor recordkeeping for compliance with administrative requirements (Food and Nutrition Service, 2013).

Agency responsible for monitoring

Food and Nutrition Service in the U.S. Department of Agriculture administers CACFP through grants to states. The CACFP may be administered by the state education agency, the state health or social service department, or through other agencies at the discretion of the governor (Food and Nutrition Service, 2013). Sponsoring organizations may serve to pass through CACFP funds to providers and conduct CACFP monitoring (e.g., CCR&R or other entities).

Tools and frequency

The state agency may evaluate facilities' financial records and other administrative records. The state agency may conduct all or the balance of the review in an on-site visit.

The state agency must review each of its facilities three times every year. At least two of the three reviews must be unannounced, and one must include observation of a meal service (Food and Nutrition Service, 2013).

Consequences or incentives

Providers who meet standards may be eligible to receive funding. If evidence of noncompliance with standards is found, the state agency may require corrective action and consider declaring the provider seriously deficient or possibly suspend the provider's CACFP participation if appropriate. Disallowance of meals/snacks could result in technical assistance in order to prevent future overclaiming of meals or snacks. Improper payments may need to be returned.

Accreditation

Scope and purpose

Accreditation systems are a voluntary set of professional standards for early childhood and school-age care and education facilities. For the national organizations that offer accreditation, the same standards are applied to all providers across all states.

For accreditation systems, the purpose of monitoring facilities or settings is to evaluate setting characteristics against standards to establish or maintain accreditation. Standards are typically higher than the minimal requirements set by licensing regulations (National Association for the Education of Young Children, 1999; Vandell & Wolfe, 2000). Providers typically pay fees to pursue and maintain accreditation.

Who is monitored

Accreditation systems are often focused on particular types of facilities or settings (e.g., child care centers, family child care homes, school-age care settings). Some accreditors are focused on other provider criteria, such as a provider or organization with a particular orientation, affiliation, or membership (e.g., Montessori schools).

What is monitored

Accreditation systems' standards vary greatly. Accreditation systems may relate to the environment, people, practices, and policies, but each system may not emphasize all of these areas.

Environment. Accreditation standards may monitor some aspects of the physical environment (e.g., adequacy of furnishings, equipment, and space for routine hygiene practices and child safety; appropriate, well-organized, equipped, and maintained indoor and outdoor physical environment) (National Association for the Education of Young Children, 2008).

People. Accreditation standards related to people may cover staff qualifications and preparation (e.g., the level of formal education and specialized early childhood professional preparation of teachers and caregivers).

Practices. Practices may include aspects of the relationships among children and adults (e.g., warm, sensitive, responsive adult-child interactions), the curriculum (e.g., implementing a curriculum to promote children's learning and development), teaching (e.g., use of teaching approaches that are developmentally, culturally, and linguistically appropriate), and assessment of child progress (e.g., using ongoing systematic, formal, and informal approaches to track children's learning and development; communicating assessments to families).

Policies. Accreditation standards related to policies may include aspects of leadership and management of the program (e.g., effective implementation of policies, procedures, and systems regarding staff; fiscal and management policies).

Agencies responsible for monitoring

Many accrediting organizations are private, non-profit organizations; others are for-profit organizations. The Office of Child Care has compiled a comprehensive [list of accrediting organizations](#).²⁸ States may have regional or state branches of national accrediting organizations.

Tools and frequency

The accreditation process varies greatly among accrediting organizations. The process may begin with the provider conducting a self-study of its strengths and weaknesses. In some cases, an observer may visit the provider and collect data based on observation, and conduct an evaluation of the evidence compiled during the self-assessment phase. The final decision about accreditation is made by the accrediting organization.

The frequency of monitoring also varies greatly among accrediting organizations. Accreditation is typically time-limited and must be renewed after a certain period. Most systems require regular reports or other documentation (e.g., annually) to retain accreditation status. Many systems also have policies governing time-sensitive handling of complaints against a provider and implications for renewed accreditation.

Consequences or incentives

Providers who complete the accreditation process are identified to the public as an accredited program; accreditation may be an incentive to the provider by serving as a marketing benefit to help families identify them as meeting higher-quality standards (National Association for the Education of Young Children, 1999). In some state QRIS, accreditation may be an alternative pathway to ratings, or facilities which are accredited may be automatically eligible for a high rating level (BUILD Initiative and Child Trends, 2014b). Providers who do not meet standards may not earn accreditation or may lose their accreditation status.

²⁸ https://qrisguide.acf.hhs.gov/files/National_Accred.pdf

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