

# **Measuring Compliance and Continuous Improvement: Toward Excellence for Head Start and Federally Funded Child Care**

## **Head Start Monitoring Task Force Proposal August 2012**



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# Measuring Compliance and Continuous Improvement: Toward Excellence for Head Start and Federally Funded Child Care

## The Head Start Program\*

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Head Start, since its birth 48 years ago, has demonstrated creativity, innovation and capacity for rapid implementation and expansion. As a high quality, standards-based early learning program, Head Start has led the development of what is now called the early learning continuum and has influenced the development of Pre-K and QRIS programs. Building on the program's proud history, it is important that Head Start plays a leadership role in efforts to define high quality service delivery and to ensure both compliance and excellence in serving young children.

Head Start and Early Head Start programs serve nearly a million young children and their families each year as part of America's investment in comprehensive early childhood care and education for vulnerable children. These programs embrace accountability and the mission to provide high quality services to the children in their charge. Their efforts are overseen at the federal level by the Office of Head Start in the Administration for Children and Families and by the Office of Management and Budget; at the state level by Quality Rating and Improvement Systems, child care licensing agencies, workers' compensation agencies and more; and at the local level by various regulatory agencies. While these monitoring systems are intended to make sure standards of care are met, their work is often duplicative and inefficient.

## Birth of the Task Force

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At a time when efficiency and effectiveness of monitoring are a focus across government agencies, the National Head Start Association (NHSA) led the development of a Monitoring Task Force to engage the Head Start field in a conversation about monitoring reform both for Head Start and for the larger realm of early childhood care and education. The Task Force was encouraged in its efforts by Linda Smith, Deputy Assistant Secretary and Interdepartmental Liaison for Early Childhood Development for the Administration for Children and Families (ACF), who welcomed suggestions of innovative, cost-effective and efficient approaches to monitoring across Head Start and child care. The Task Force was encouraged by Ms. Smith to consider "out of the box" options which might best serve the goals of ensuring compliance with laws and regulations as well as providing structures to encourage top quality services.

The Task Force committee thanks Ms. Smith for her leadership and openness to working with the Head Start community and the early learning community. Embracing and implementing these proposals will help create a brighter, less stressful future for Head Start programs and will also improve the lives of children and families.

## Community Survey

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The Task Force began by surveying the Head Start field - administrators, staff members, and parents - about the strengths and weaknesses of the current system and tools as well as how parents participate in those systems. Nearly one thousand responses were gathered. The most frequent feedback from participants was that while the Head Start monitoring system is effective at achieving health and safety for children, it is also inconsistent and often slow, and fails to support grantees in need of improvement. Administrators also reported that monitoring reform should prioritize consistency and recognition of excellence.

\* For the purposes of this paper "Head Start" is inclusive of Early Head Start, American Indian/Alaskan Native Head Start, Migrant and Seasonal Head Start, and the many creative and complex program models including home visiting and family child care partnerships.

## Issues & Principles

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After reviewing the field surveys, the Monitoring Task Force identified the following concerns as the basis for a critical overhaul of the Head Start Monitoring System:

1. Monitoring is currently driven by compliance; it does not acknowledge, reward, or encourage improvement and excellence.
2. The system is not applied consistently across all regions, cultures, and individual programs.
3. Reliance on high-stakes triennial reviews has led to "teaching to the test" and dangerous three-year gaps in oversight.
4. The system includes expensive redundancies and does not integrate well with other early learning programs.
5. The vast amount of data collected is not effectively utilized or analyzed for program improvement.

Consequently, the Monitoring Task Force considered ways to create a system that:

1. Ensures accountability and compliance to federal administrators, while promoting accountability and excellence to communities.
2. Is consistent across regions and considers the varied needs of different populations.
3. Incorporates data from existing state and local systems, including licensing and QRIS, to avoid unnecessary duplication of effort.
4. Quickly and deftly responds to the training and technical assistance needs of programs.
5. Ultimately ensures the highest quality service to children and families as efficiently and effectively as possible.

The Task Force has worked to make recommendations inclusive of Head Start, Early Head Start, Migrant/Seasonal and American Indian/Alaskan Native programs, as well as the complete array of settings and service delivery models across the continuum of early childhood care and education.

## Purpose of the Proposal

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The purpose of this paper is to stimulate learning, discussion, and thinking, while ensuring the Head Start community's participation in the ongoing, national discussion of how to improve the definition and monitoring of quality and accountability in all early childhood settings – including Head Start. This paper reflects the ideas, thinking and work of a broadly constituted Task Force. It represents work in progress and is by no means a final product.

## Proposal

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The Office of Head Start (OHS) supports grantees, ensures program compliance and promotes excellence. Through its critical role of creating regulations, policies and standards, OHS creates the foundation that defines Head Start through compliance with the Performance Standards. The Task Force expects OHS to continue in this role. With the intent of improving both compliance and the pursuit of excellence, the Monitoring Task Force proposes that the current monitoring process be replaced by two distinct but connected systems. The first, Program Standards and Performance Auditing, would ensure program compliance with the Head Start Performance Standards using three

major monitoring tools. The second, Joint Commission for Performance Certification, would create an objective body to define high quality programming and certify the level of quality programs are providing. These systems would incorporate monitoring data at the local, state and federal levels and reduce duplication of effort. Eventually, these could replace the triennial review, leading to a more balanced approach to monitoring programs that also positions Head Start, locally and nationally, as an accountable and energetic partner in the early learning and child development spectrum.

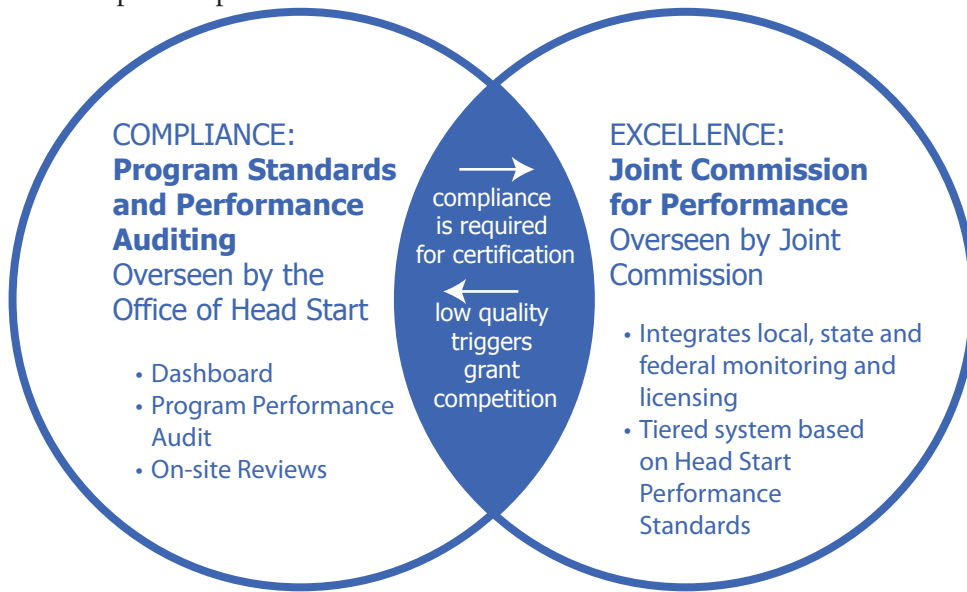


Figure 1. Proposed Monitoring System

## Program Standards and Performance Auditing

Every day, Early Head Start and Head Start programs are held to explicit, high-quality standards - and meet them. Compliance with these standards is necessary for the health and safety of children, but the Task Force recommends several changes that will reduce duplication of monitoring components and support targeted training and technical assistance for the programs that need it most. The Task Force recommends the creation or expansion of three monitoring tools, to be overseen by OHS. They are: a) increased web-based documentation of program data and outcomes using a “dashboard,” b) expanded use of auditing and annual assurances, c) on-site monitoring visits.

### Dashboard and Document Review

The Task Force proposes the use of an online tool using a risk-based assessment model. Using an Applied Strategic Planning model, the Task Force proposes creating a set of measures that are Critical Success Indicators (CSIs). CSIs are a small number of measures that would be tracked on a periodic basis so OHS could work proactively to support programs in maintaining compliance. The Task Force recommends OHS consult with researchers and practitioners to determine a final list of CSIs. These may replace data collection currently conducted through the PIR. Possible CSIs include:

- Percentage of Full Authorized Child Enrollment
- Percentage of children meeting necessary health targets
- Budget to actual targeted expenditure levels
- Percentage of Child Outcomes targets achieved
- Percentage of Family Engagement targets achieved
- Average daily attendance
- Percentage turnover of enrolled children
- Status of required reports to OHS/State licensing/ etc.

Regular reviews of the dashboard by OHS would indicate when and where quick focused intervention is needed to ensure a grantee meets expected performance levels.

There are national and state examples of this “Dashboard” approach in identifying key indicators. California’s New Directions Approach (New Directions CA CCLD, 2012) is developing key indicators for all their human services as part of a comprehensive study undertaken by the Institute of Social Research at the California State University at Sacramento. Another thorough and well-documented approach is being undertaken in the State of Washington in their Office of Early Learning, regarding child care (Hyde, 2011).

At the national level, the National Association for Regulatory Administration (NARA) uses a Key Indicator Approach in their Licensing Curriculum (2000) and has a portion of their website focusing on this approach (NARA, 2012); the National Association for Child Care Resource and Referral (NACCRRA) has used a key benchmarking approach that builds upon the “Key Indicator” methodology and has published bi-annual report cards on how well the states meet these national benchmarks (NACCRRA, 2007, 2009, 2011) for centers and homes (NACCRRA, 2008, 2010, 2012); and the National Resource Center for Health and Safety in Child Care (NRC) has developed a focused set of standards from a much larger and more comprehensive set of standards called Stepping Stones (AAP/APHA, 1995).

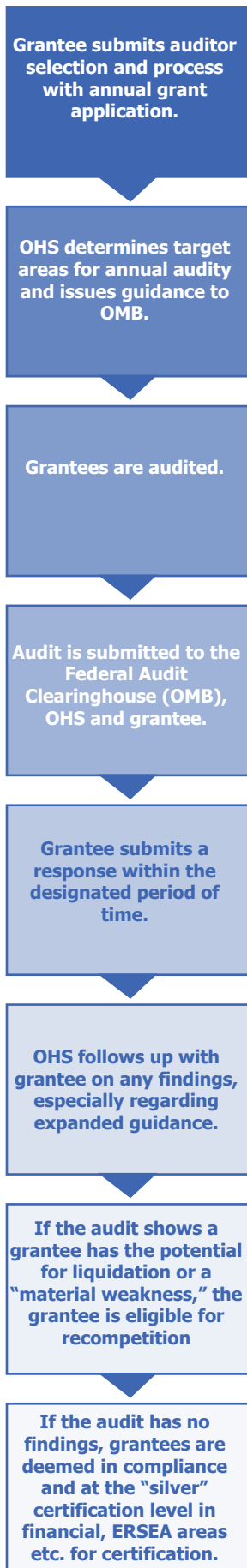
In addition to the Dashboard and CSI data being used for ongoing risk management assessment and program improvement, the Task Force recommends that OHS create a web-based system to document program outcomes, starting with school readiness and family engagement outcomes. This web-based system would make it possible to create data-based national, regional and state reports documenting the effectiveness of Head Start programs. This system could be designed to interact with state-based longitudinal data systems and to accept data from programs’ data management systems. This would reduce the data entry workload for programs. It would also create a uniform method for importing Head Start data into state longitudinal data systems.

The Task Force also recommends Office of Head Start take uniform best practices that are already happening in some parts of the country and make them into a system to support program improvement through establishing a regular annual assessment and feedback loop for key program processes essential to quality (e.g. self assessment, community assessment, annual audit, TTA plan, ERSEA, PIR data, Family Engagement outcomes, Program annual report, School readiness goals, and the program’s grant). Each of these processes would be assessed by OHS staff annually using national assessment tools. The results of these assessments would be discussed with the grantees, creating a feedback loop to programs assisting them in improving quality. It would provide OHS with a uniform, consistent internal method for assessing program quality and assisting TA and professional development, while creating the foundation for a mentoring relationship between OHS and programs. Implementing this recommendation would create a clear, supportive mentoring relationship between Head Start programs and OHS based on trust and collaboration to improve program quality.

### Program Performance Auditing

Head Start programs are required to undergo numerous audits outside of Office of Head Start monitoring, including but not limited to:

1. Annual A-133 audit by an independent CPA/auditor
2. Review of A-133 audit by the Office of Management and Budget (OMB) Federal Audit Clearinghouse
3. USDA monitoring site-based audits
4. State and local inspections and audits



The A-133 process, also known as the Single Audit, is mandated for all federally funded programs receiving \$300,000 or more and is overseen by the Office of Management and Budget (OMB). The process encompasses both financial and program compliance components. This full spectrum view provides an objective evaluation of the corporate and programmatic capability of the grantee. The federal funding agency (Office of Head Start) has the ability to submit guidance for the audit process, including examination of targeted risk factors, specific formulaic projections, compliance with local regulatory bodies, and targeted sampling.

The Task Force recommends expanding use of the annual A-133 audits to ensure program compliance with not only financial statements but also with Head Start performance standards including non federal share, ERSEA, record keeping, etc. By optimizing the full use of the A-133 audit OHS would have an accurate and timely view of on-going grantee viability. Grantees are currently paying for auditing services as an allowable expense.

A possible operational framework for using A-133 auditing might follow the progression in Figure 2.

### On-Site Monitoring Visits

The Task Force proposes that OHS require annual health and safety inspections to assess compliance with health and safety standards. On-site visitation is an important, useful, yet costly way to gather information and determine performance. As the Dashboard and A-133 monitoring tools would already have reviewed many aspects of program function, under the proposed system health and safety could be assessed annually with smaller, more efficient teams than current triennial reviews require or substituted by state or local inspections. The Task Force also recommends that additional and/or unannounced visits be conducted for grantees when areas of concern are identified by the various tools for compliance monitoring.

Based on feedback from the Head Start community, the Task Force proposes the following to strengthen on-site monitoring:

1. Provide high-quality training and preparation to team leaders and members.
2. Select, train and manage team members to assure understanding of content and expertise in gathering the information necessary.
3. Ensure that the monitoring visits be balanced in collecting both positive and negative findings. Excellence is NOT the absence of negative, but world class levels of performance.

The Task Force believes that the dashboard risk management tool, combined with the expanded performance audits and annual health and safety visits will if meet many if not all of the requirements for reviewing programs for compliance with the Head Start

Figure 2. Annual Audit Cycle



Standards. The need for triennial monitoring visits will be greatly reduced if not eliminated.

Adoption of these three tools would enable OHS to continually monitor program compliance and target technical support immediately to grantees showing signs of risk. This will allow OHS to use resources as efficiently and effectively as possible.

The law requires: "Monitoring of Local Agencies and Programs-... To determine whether Head Start agencies meet standards described in subsection (a)(1) established under this subchapter with respect to program, administrative, financial management, and other requirements, and in order to help the programs identify areas for improvement and areas of strength as part of their ongoing self-assessment process, ...A full review, including the use of a risk-based assessment approach, of each such agency at least once during each 3-year period."

### **Joint Commission for Performance Certification**

In addition to compliance, the Head Start field identified a strong need to recognize and encourage high quality service. The Task Force proposes that the National Head Start Association (NHSA), the American Indian Head Start Association (AIHSA), the Migrant/Seasonal Head Start Association (MSHSA), the Office of Head Start and others partner with the Joint Commission and develop a process to certify high quality programming.

The Performance Certification process would replace the current on-site federal review process; greatly reduce duplication of local, state and federal inspections and could be adopted without arduous legislative encumbrances and as a "low to no cost" alternative. Participation in the Joint Commission for Performance Certification will be voluntary.

The Joint Commission would utilize validated and vetted professionals trained to follow research acceptable procedures and practices and would work closely with early learning accrediting and licensing bodies toward the goal of acknowledging the strengths and certifications of all of the early learning continuum's programs. Utilizing the Head Start Performance Standards as the foundation of the process, degrees of quality would be established in various aspects of program performance and described with ratings such as bronze, silver, gold and platinum.

Full compliance by a Head Start program as defined under the compliance system would become a basic "silver" level certification. A carefully designed progression would allow and encourage a Head Start grantee or other provider of child care services to move past compliance and progress to "gold" or "platinum" ratings; those falling to "bronze" quality would face competition for continued funding. This progression encourages excellence above and beyond the minimums set by the Performance Standards and the system easily incorporates other early childhood care and education providers who could apply for certification in some or all areas of service delivery.

### **Setting Standards and Integrating Systems**

In collaboration with OHS and Early Childhood stakeholders, the Joint Commission would create a model identifying degrees of quality based on the performance standards and related guidance. The performance certification design would provide a clear and logical protocol for certification levels, including a compliance "threshold" and progressive levels above and below. This approach would provide applicants with information and benchmarks for reaching and exceeding minimum compliance levels. It is assumed that the certification tool would use a standard progressive matrix. This approach would provide a standardized rating format that could mimic the ECERs or similar rating instruments. (See Addendum B.)























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## **Addendum A: Task Force Members**

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Esmirna Valencia  
Yasmina Vinci  
Danny Wells

## Addendum B: Sample Matrix of Performance Standards Converted for Performance Certification

		Threshold		
	Bronze	Silver	Gold	Platinum
Child health and developmental services.				
Education and early childhood development				
Child health and safety				
Child nutrition				
Child mental health				
Family partnerships				
Community partnerships				
Program governance				
Management systems and procedures				
Human resources management				
Facilities, materials, and equipment				
Deficiencies and quality improvement plans				
Noncompliance				
1301.11 Insurance and bonding. 1301.12 Annual audit of Head Start 1301.13 Accounting system certification. 1301.20 Matching requirements. 1301.30 General requirements. 1301.31 Personnel policies. 1301.32 Limitations on costs of development and administration of a Head Start program. 1301.33 Delegation of program operations.				
§ 1302.3 Consultation with public officials and consumers. § 1302.4 Transfer of unexpended balances. § 1302.32 Alternative agency—prohibition.				
§ 1303.20 Appeals to grantees by current or prospective delegate agencies of rejection of an application, failure				

<p>§ 1303.20 Appeals to grantees by current or prospective delegate agencies of rejection of an application, failure to act on an application or termination of a grant or contract.</p> <p>§ 1303.21 Procedures for appeal by current or prospective delegate agencies to the responsible HHS official from denials by grantees of an application or failure to act on an application[KG1] .</p>				
<p>§ 1305.3 Determining community strengths and needs.</p> <p>§ 1305.4 Age of children and family income eligibility.</p> <p>§ 1305.5 Recruitment of children.</p> <p>§ 1305.6 Selection process.</p> <p>§ 1305.7 Enrollment and re-enrollment.</p> <p>§ 1305.8 Attendance.</p> <p>§ 1305.9 Policy on fees.</p> <p>§ 1305.10 Compliance.</p>				
<p>§1306.20 Program staffing.</p> <p>§1306.21 Staff qualification requirements.</p> <p>§ 1306.22 Volunteers.</p> <p>§ 1306.23 Training.</p> <p>§ 1306.30 Provisions of comprehensive child development services.</p> <p>§ 1306.31 Choosing a Head Start program option.</p> <p>§ 1306.32 Center-based program option.</p> <p>§ 1306.33 Home-based program option.</p> <p>§ 1306.34 Combination program option.</p> <p>§ 1306.35 Family child care program option.</p> <p>§ 1306.36 Additional Head Start program option variations.</p> <p>§ 1306.37 Compliance waiver.</p>				
<p>§1308.4 Purpose and scope of disabilities service plan.</p> <p>§1308.5 Recruitment and enrollment of children with disabilities.</p> <p>§1308.6 Assessment of children.</p> <p>§1308.7 Eligibility criteria: Health impairment.</p> <p>§1308.8 Eligibility criteria: Emotional/behavioral disorders.</p> <p>§1308.9 Eligibility criteria: Speech or language impairments.</p> <p>§1308.10 Eligibility criteria: Mental retardation.</p> <p>§1308.11 Eligibility criteria: Hearing impairment including deafness.</p> <p>§1308.12 Eligibility criteria: Orthopedic impairment.</p> <p>§1308.13 Eligibility criteria: Visual impairment including blindness.</p>				

<p>§1308.14 Eligibility criteria: Learning disabilities.  §1308.15 Eligibility criteria: Autism.  §1308.16 Eligibility criteria: Traumatic brain injury.  §1308.17 Eligibility criteria: Other impairments.  §1308.18 Disabilities/health services coordination.  §1308.19 Developing individualized education programs (IEPs).  §1308.20 Nutrition services.  §1308.21 Parent participation and transition of children into Head Start and from Head Start to public school.</p>				
<p>§1309.2 Approval of previously purchased facilities.  §1309.4 Eligibility--Construction.  §1309.5 Eligibility--Major Renovations.  §1309.10 Applications for the purchase, construction and major renovation or facilities.  §1309.11 Cost comparison for purchase, construction and major renovation or facilities.  §1309.12 Timely decisions.  §1309.20 Title.  §1309.21 Recording of Federal interest and other protection of Federal interest.  §1309.22 Rights and responsibilities in the event of grantee's default on mortgage, or withdrawal or termination.  §1309.23 Insurance, bonding and maintenance.  §1309.30 General.  §1309.31 Site description.  §1309.32 Statement of procurement procedure for modular units.  §1309.33 Inspection.  §1309.34 Costs of installation of modular unit.  §1309.40 Copies of documents.  §1309.41 Record retention.  §1309.42 Audit of mortgage.  §1309.43 Use of grant funds to pay fees.  §1309.44 Independent analysis.  §1309.51 Submission of drawings and specifications.  §1309.52 Procurement procedures.  §1309.53 Inspection of work.  §1309.54 Davis-Bacon Act.</p>				
<p>§1310.10 General.  §1310.11 Child Restraint Systems.  §1310.12 Required use of school buses or allowable alternate vehicles.  §1310.13 Maintenance of vehicles.  §1310.14 Inspection of new vehicles at the time of</p>				

<b>delivery.</b> <b>§1310.15 Operation of vehicles.</b> <b>§1310.16 Driver qualifications.</b> <b>§1310.17 Drivers and bus monitor training.</b> <b>§1310.20 Trip routing.</b> <b>§1310.21 Safety education.</b> <b>§1310.22 Children with disabilities.</b> <b>§1310.23 Coordinated transportation.</b>				
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