FY 2013 Grantee Webcast

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Agenda

- Overview of Head Start Monitoring
- The Onsite Monitoring Review Team
- Standardized Methodology
- OHS Monitoring Protocol
 - Protocol Structure
 - Enhancements for FY 2013
 - Monitoring Management Systems
- Planning & Importance of HSES Data



- The OHS Monitoring System is designed to evaluate multiple levels of grantee performance.
- For many years the Monitoring system only evaluated grantee noncompliance. During the last five years, the Monitoring system has evolved into a system that measures multiple indicators of Head Start and Early Head Start performance.



The OHS Monitoring system evaluates grantees across a continuum of quality performance:

Strengths

Compliance

Concerns

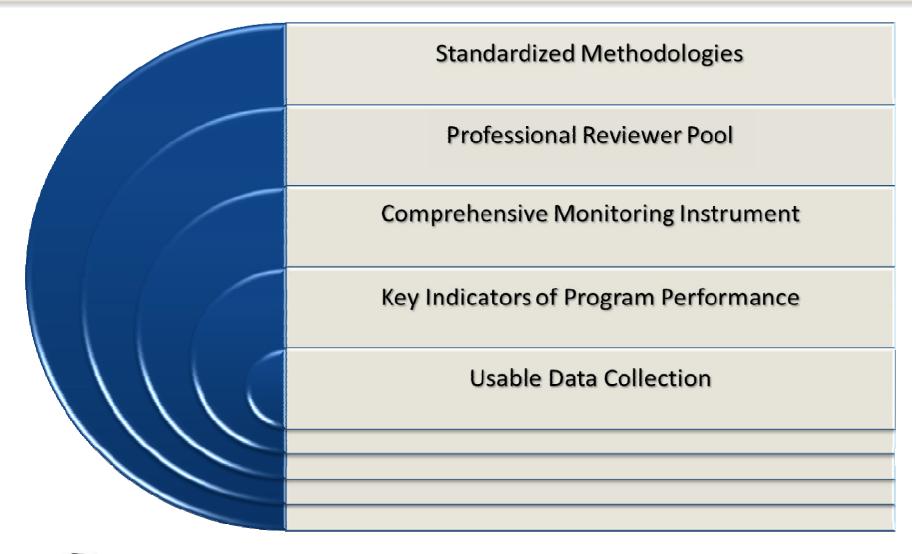
Noncompliance

Deficiencies



- The OHS Monitoring system uses a softwarebased tool to consistently measure grantee performance – The Monitoring Protocol
- The software for OHS Monitoring (OHSMS):
 - Calculates and measures the data that is gathered during reviews
 - Generates information that is used by a core team of OHS staff to make determinations about performance







The On-Site Review Team

Each On-site Review Team includes:

1. Team Leader

Program Governance (GOV)/Management Systems (SYS)

2. Reviewers

- Fiscal: Fiscal Integrity
- Child Development and Education: CDE, Teacher files review
- Family and Community Engagement: FCE, ERSEA, Staff file reviews
- Child Health and Safety: CHS, Child Files (with help of CDE and FCE Reviewers as needed)

3. CLASS™ Reviewer

CLASS™ observations



Standardized Methodology

Standardized processes promote consistency

Standardized Instrument

Standardized Evidence Assessment

Standardized Methodology

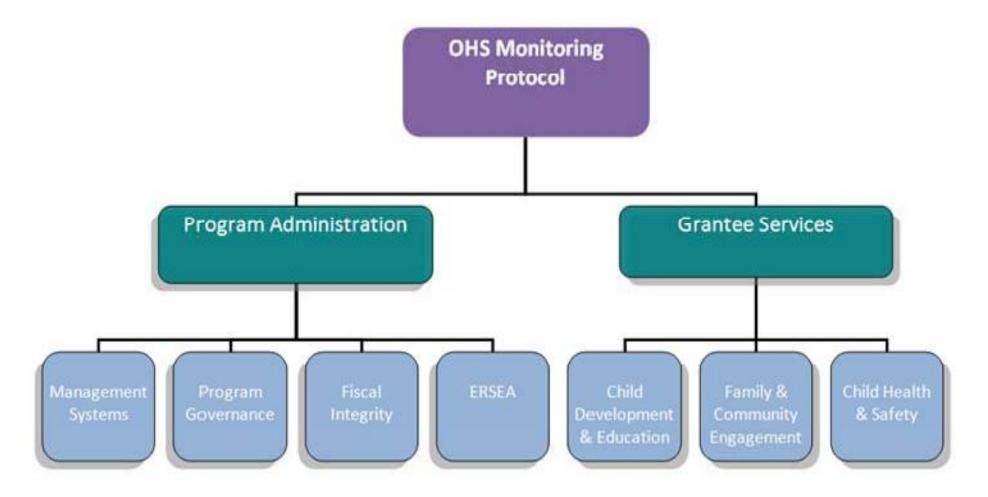
Standardized Random Sampling

Standardized OHS Determination Process



The OHS Monitoring Protocol

The Monitoring Protocol maintains the same focus and structure as FY 2012



The OHS Monitoring Protocol - Key Indicators

- The Head Start Monitoring System uses key indicators of quality performance to determine how well the grantee performs in each monitored area
- Key Indicators were developed using:
 - Past Monitoring data indicating Compliance and Noncompliance
 - Review of Office of Head Start Monitoring history
 - Content experts
 - Policy development review
 - Research on best indicators of quality



The OHS Monitoring Protocol - Key Indicators

As an example, Child Health and Safety (CHS) has <u>six</u> key indicators of quality performance

Child Health & Safety

Key Indicators:

- 1. Access to Health and Dental Care
- 2. Screening and Referrals
- 3. Safe Physical Environments
- 4. Healthy Practices and Routines
- 5. Appropriate Group Sizes
- 6. Transportation and Supervision



The OHS Monitoring Protocol – Compliance Measures

Example - Child Health & Safety Indicator 4

4.1	Staff, volunteers, and children wash their hands with soap and running water.	1304.22(e)(1)(i) 1304.22(e)(1)(ii)	
		1304.22(e)(1)(iii) 1304.22(e)(1)(iv)	
4.2	Spilled bodily fluids are cleaned up and disinfected immediately according to professionally established guidelines. Tools and equipment used to clean spills are disinfected promptly, and blood-contaminated materials are disposed of in a plastic bag with a secure tie.	1304.22(e)(3) 1304.22(e)(4)	
4.3	The program adopts sanitation and hygiene practices for diapering that adequately protect children's and staff's health and safety.	1304.22(e)(5)	
4.4	The program obtains information from parents about their children's health and safety needs, identifies and plans for accommodations, and ensures that appropriate staff are informed and trained in accordance with the program's confidentiality policy.	1304.22(b)(3)	
4.5	The program's nutrition program is designed and implemented to meet the nutritional needs and feeding requirements of each child (including children with special medical or disability needs).	1304.23(b)(1)	
4.6	Meal and snack periods are appropriately scheduled and adjusted to meet the individual needs of children and to feed infants and toddlers "on demand." Note: Applies only to programs with a center-based or family child care option.	1304.23(b)(1)(vii)	
4.7	The program ensures that facilities are available for proper refrigerated storage and handling of breast milk and formula. Note: Applies only to programs serving infants and toddlers	1304.23(e)(2)	
4.8	Effective dental hygiene is promoted among children.	1304.23(b)(3)	



Tools used to measure and describe key aspects of performance

The OHS Monitoring Protocol – EAS

Evidence Assessment for 1304.22(b)(3)

The program encourages parents to inform them of any health or safety needs of their children that the program may be required to address.

AND

The program shares information, as necessary, with appropriate staff regarding individual needs of children.

- The program does not have a consistent process to collect information about the health and safety needs of children from parents or does not share that information with staff.
- For one or more children needing health accommodations for life threatening conditions, as reported by the parents, (e.g., allergies), the program did not share information, as necessary, with appropriate staff regarding the necessary accommodations.



Evidence Assessment Criteria:

Standardized approach to measure program performance across a spectrum focused on materiality

- FY 2013 Protocol enhancements include:
 - Streamlined interview questions to ensure they are user friendly
 - Realigned the evidence collection process in a way to provide program staff with increased opportunities to explain their program's operations
 - Increased integration of document reviews with interviews to provide program staff an opportunity to explain the content and use of key documents



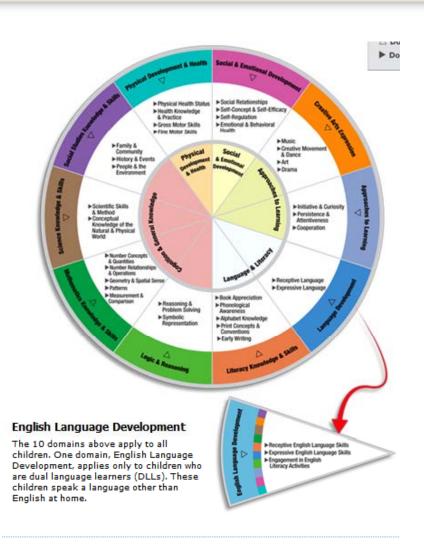
- Alignment with New Legislation School Readiness
 - Child Development and Education (CDE) was redesigned to align with requirements outlined in 45 CFR 1307 and critical performance standards and Head Start Act citations
 - 4 CDE Key Indicators focus on:
 - School Readiness
 - Curriculum Selection and Implementation
 - Individualization of Services
 - Quality Teaching and Learning



Child Development & Education	Indicator Number	Aspect of Performance	Description
	1	School Readiness	The program has developed a system for establishing, tracking, and reporting school readiness goals.
	2	Curriculum Selection & Implementation	The program selects and implements a curriculum that supports the five essential domains of school readiness.
	3	Individualization of Services	The program individualizes early childhood development services for children.
	4	Quality Teaching and Learning	The program promotes quality teaching and learning for all program options.



- The 2013 Protocol assesses the school readiness goals, data systems, and curriculum section and implementation that support the development of all children in the five essential domains:
 - Language and Literacy Development
 - Cognition and General Knowledge
 - Approaches to Learning
 - Physical Development and Health
 - Social and Emotional Development
- In addition to the continued focus on individualization and quality teaching and learning





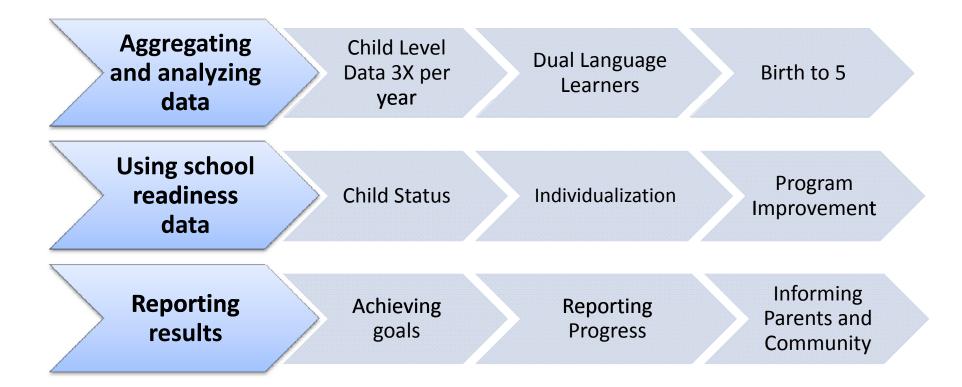
FY 2013 Protocol: School Readiness Performance Assessment

- Assessment of the process in which program engages to create school readiness goals.
- The program engaged in a process of alignment that considered all of the following, to the extent that they apply to the children participating in the Early Head Start or Head Start program:
 - The Head Start Child Development and Early Learning Framework
 - The State Early Learning guidelines
 - The requirements and expectations of the schools the children will attend
- The program has consulted with the parents of children participating in the program.



FY 2013 Protocol: School Readiness Performance Assessment

Assessment of the system and process in place for tracking and reporting progress on school readiness goals, including:





- Realigned Fiscal Protocol into 6 Key Indicators
 - Financial Management Systems
 - Reporting
 - Procurement
 - Compensation
 - Cost Principles
 - Facilities



- Standardized approach to onsite process:
 - All programs are contacted for pre-site communication
 - Common schedule of onsite activities
 - Standardized Interview Schedule
 - Document review conducted with the grantee staff
 - Daily discussion of program with Head Start Director and Staff
 - Daily Review Team discussions about systems
 - Consistent process for reviewing and analyzing evidence throughout the week
 - Software is used to document and track variances, additional information, special circumstances



On Site Activities

- Interviews—Interviews with staff will be grouped as much as possible (e.g., Health, Nutrition, & Disabilities Coordinator Interviews)
- File Reviews—Program staff will be present for each file review to answer questions from Review Team as needed
- Document Reviews—Will be integrated with interviews so program staff have an opportunity to discuss content and use
- Observations—Interviews with key staff will take place before observations to provide Review Team with additional context



Assessing Management Systems

- Team Leader uses standardized tools to facilitate ongoing analysis and discussion of the program's management systems
- The standardized tool contains a list of Key Elements that the team leader will look for during their review



Systems

Planning

- Use information to develop goals and objectives
- Use the results of planning activities
- stakeholders are engaged in the planning process

Ongoing Monitoring

- Tools
- Frequency
- Responsible Staff
- Analyze Information
- Use Data
- Monitor delegates

Human Resources

- Organizational Structure support goals and objectives
- Addresses responsibilities of Staff
- StaffSupervisionand support

Communication

- Timely and accurate Information
- Regular
 Communication
 with parents,
 staff, governing
 bodies

Record Keeping and Reporting

- Effective Data Systems
- Accurate upto-date data
- Data Use and Reporting
- Confidential

Standardized approach to AIAN reviews

- At the beginning of each tribal review, the tribe will spend the first hour with the team to:
 - Discuss the cultural aspects of the tribe
 - Language
 - Culture
 - Communication practices between adults/children
 - Any other information relevant to the tribe that they want to share with the review team
 - This is a formalized time for sharing the tribes culture. It is not the time for logistic or review information that will be obtained later in the process.



CLASS Observations

- During RTL discussions with the program it is critical that the program accurately report information that the team uses to plan CLASS™ observations
- CLASS Observations will NOT be conducted...
 - During arrival/departure
 - During naptime
 - During unstructured gross-motor play ("recess like")
 - When < 50% of enrolled children are present in the group
 - When a new or substitute teacher has been in the classroom for less than 2 weeks
 - When classrooms are led by individuals other than primary teaching staff (i.e. – volunteers, support staff)



Planning & Importance of HSES and Other Data

Information from HSES and from the RTL's discussions with the grantee are critical to the review's success:

- Used to plan onsite review and compose review team
- Used to draw samples—need accurate information, e.g.:
 - Accurate list of grantee classrooms (in HSES)
 - which classrooms have new teachers or substitutes (for conversations with RTL)
 - When events or closings affect a classroom's observability
- Used to coordinate onsite schedule of activities



Deficiencies

- In October 2012, the Office of Head start will release a list of violations of Head Start requirements that often lead to a deficiency finding.
- The list contributes to transparency on the items that can be cited as deficiencies.
- OHS will continue to make deficiency determinations beyond those areas identified in the list when violations occur that demonstrate systemic or substantial material failures of the requirements referenced in the definition of deficiency in the Head Start Act.
- Deficiencies also continue to result from failures to correct identified areas of noncompliance within prescribed timeframes.



Questions and Answers



