

Administration for Children and Families

Preschool Development Grant Birth through Five

Program Performance Evaluation Initial Guidance

Executive Summary

Preschool Development Grant Birth through Five (PDG B-5) initial grantees are required to develop program performance evaluation (PPE) plans that detail how they will self-examine the implementation, outputs and outcomes of their PDG B-5 grant activities. The Administration for Children and Families (ACF) intends for PDG B-5 grantees to use PPE to support implementation of PDG B-5 strategic plans and data based decision-making while facilitating collaboration and coordination among existing early childhood programs in a mixed delivery system (MDS). Grantees can use PPE to assess progress toward pre-established goals and objectives identified in their strategic plans, identify opportunities for continuous quality improvement and share lessons learned.

This document serves as ACF's initial PPE guidance document and includes recommendations grantees can consider as they create their PPE plan. A second, more detailed PPE guidance document is forthcoming.

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Purpose

Preschool Development Grant Birth through Five (PDG B-5) initial grantees are required to develop program performance evaluation (PPE) plans that detail how they will monitor progress toward their own goals and objectives and use resulting information to inform continuous improvement. PPE aims to help grantees examine implementation of strategic plan activities and assess progress toward outputs and outcomes of those activities.

The purpose of this document is to provide initial guidance for developing a PPE plan. It provides an (1) overview of PPE, (2) considerations to align the PPE plan to other PDG B-5 grant activities, (3) suggested components of a PPE plan and (4) example PPE questions and measurable indicators for grantees to consider.

This document contains recommendations for grantees to consider as they develop their individualized PPE plans. Initial PDG B-5 grantees may have different goals and objectives related to PPE and not all PPE plan considerations below may be applicable or appropriate to each grantee. A second PPE guidance document with a more detailed and in-depth discussion of strategy and approach considerations is forthcoming.

Introduction to PPE

PPE Overview

The Administration for Children and Families (ACF) intends for PDG-5 grantees to use PPE to support ongoing examination of MDS accomplishments, particularly progress toward pre-established goals and objectives found in the grantee's strategic plan. PPE aims to assist grantees as they carry out PDG B-5 grant activities and work toward a more coordinated MDS.

Grantees can use PPE to assess and monitor on-going progress, identify opportunities for continuous quality improvement, and share lessons learned. PPE may offer insights into the characteristics of the grantee's MDS and outputs and outcomes of PDG B-5 strategic plan activities. Grantees may rely on data already collected and/or may identify and collect new metrics or data elements needed to examine their own PPE questions. PPE plans may evolve as grantee's MDS and data systems mature throughout and beyond the grant lifecycle. Grantees' PPE plans may change to reflect changing information needs and strategic plan priorities.

Alignment to Other PDG B-5 Grant Activities

Strategic planning and PPE go hand in hand. Figure 1 below provides an overview of where PPE planning may fall within the timing of other PDG B-5 activities.

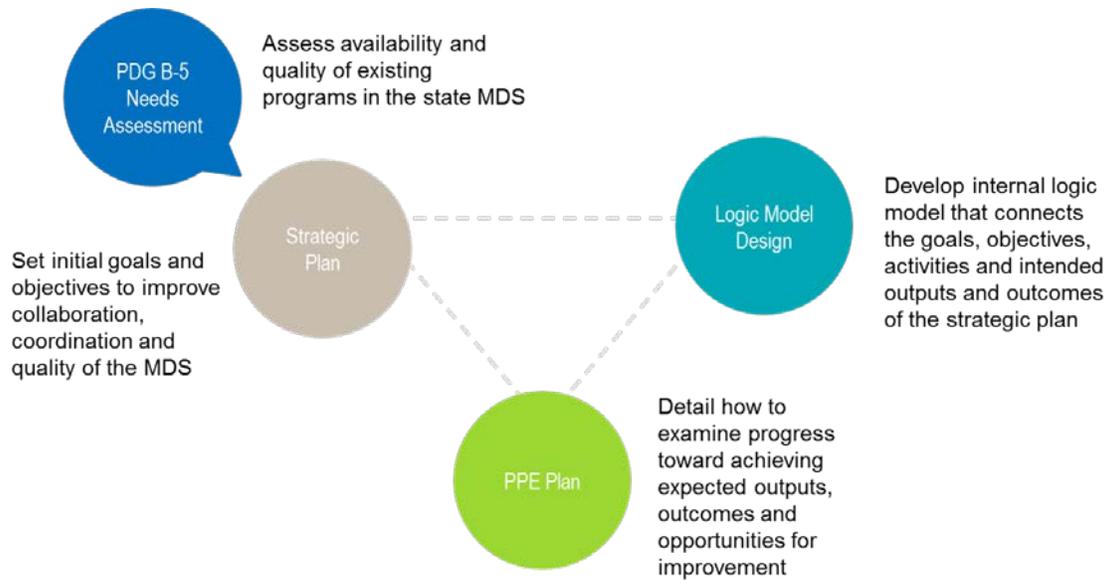


Figure 1 Sequence of Activities Leading to PPE Planning

Strategic planners often create their logic models as they begin their strategic plans. Grantees who did not finalize a logic model with their strategic plan can create one before creating the PPE plan to make sure that the PPE plan clearly connects to the goals, objectives, activities and intended outputs and outcomes of the strategic plan. It is important to note that strategic plans, logic models and PPE plans may change throughout the duration of the grant cycle based on how grantees MDS and grant programs mature and evolve. To that end, PPE findings and PDG B-5 needs assessment results should feed back into strategic plans for continuous refinement.

Alignment across initial PDG B-5 grant activities ensure PPE plans are cohesive and contribute to grantees’ overall vision, goals and objectives. Figure 2 shows how parts of PDG B-5 planning activities ultimately lead to parts of the PPE plan.

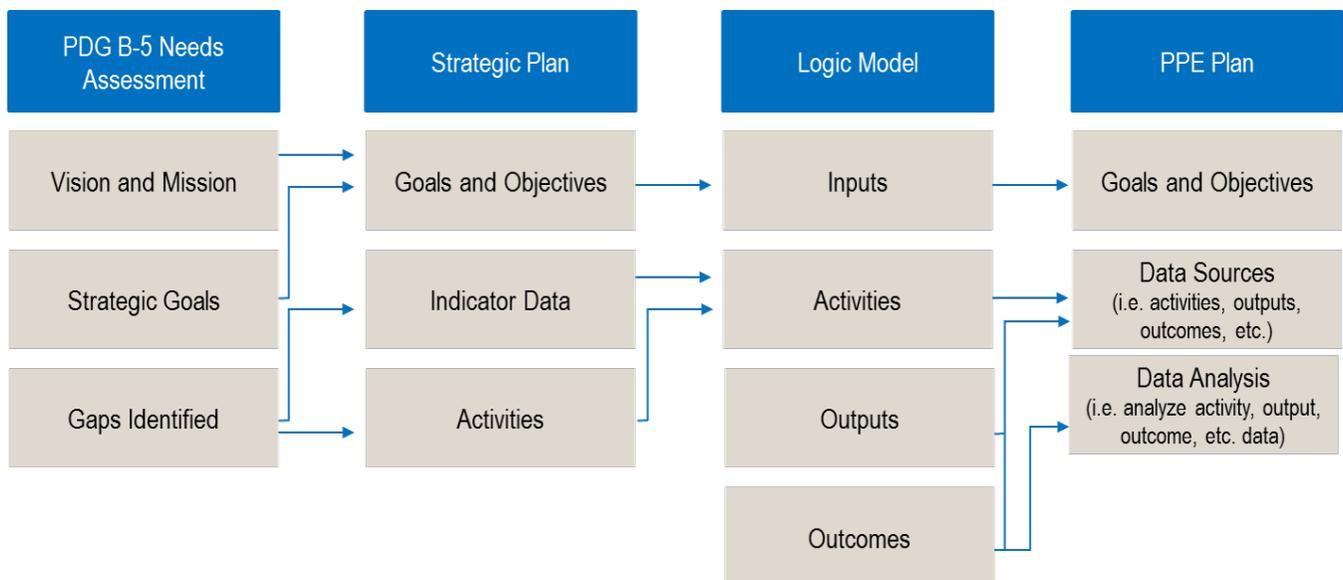


Figure 2 PDG B-5 Planning Alignment for PPE Plans

Strategic plans should identify specific measurable objectives, action plans and indicators based on gaps identified in the PDG B-5 needs assessment. Grantees should align their PPE with the most recent version of their PDG B-5 strategic plan. Collaborators and stakeholders identified in the needs and resource assessment and strategic plan respectively are potential sources of information that can also help shape the PPE plan. For example, grantees may want to work with those who can contribute to data collection or integration and/or analysis.

Logic models can help summarize the logical connections among needs and resource assessment findings, strategic plan goals and objectives, inputs (e.g., organizational structure, collaborative partners, key staff, budget, and other resources), strategic plan activities, processes, and expected outputs and outcomes. Logic models may help grantees articulate the parameters and expectations of their specific PDG B-5 grant activities and can inform precise communications about leveraging PPE to inform continuous quality improvement.

Grantees should make sure the PPE plan clearly connects to the goals, objectives, activities and intended outputs and outcomes articulated in the logic model.

PPE Plan Outline

The following PPE plan outline includes recommendations and considerations as Grantees develop individualized PPE plans. Grantees may choose to include additional or exclude recommended components depending on applicability or appropriateness to achieve their own goals and objectives.

I. Introduction

- a. Summarize the purpose, intended audience and expected evolution of the document.
- b. Describe aims and questions that the grantee intends to answer via its PPE (i.e., what the grantee wants to learn through its PPE). Grantees can expand on these in the PPE design section.

II. Overview

- a. Provide a high-level overview of the plan – focus on the process, major milestones, and the stakeholders who will be involved in the PPE.
- b. Include descriptions of the inputs, key processes and expected outcomes of funded activities.

III. Timeline

- a. Describe the time-line for implementing the PPE plan and updating as needed. The timeline should include sequential steps such as evaluation planning, staff recruitment and training, data analysis and reporting. If the evaluation will collect new data, the timeline should also include Institutional Review Board approval, instrument development, and data collection if applicable.

IV. PPE Resources

- a. Staffing Roles and Responsibilities
 - i. Identify key personnel responsible for PPE and describe their responsibilities. Key personnel may include state government personnel or external partners.

Considerations for roles and responsibilities include:

If using administrative data:

- Who governs administrative data sources?

- Who will make sure entities reporting data have the technological capacity to share data?
 - Who will make sure there are established data governance agreements to share data?
- If multiple entities are governing administrative data sources, who will manage obtaining data for PPE purposes?
- Who will clean and analyze data?
- Who will report on evaluation findings and any resulting recommendations for continuous quality improvement?

If collecting new data:

- Who will design data collection tools (e.g., surveys, interview protocols, etc.)?
- Who will oversee ongoing data collection?
- Who will carry out data collection activities?
- Who will clean and analyze data?
- Who will report on evaluation findings and any resulting recommendations for continuous quality improvement?

b. PPE Partners

- i. Describe any external entities (if applicable) who will support the PPE and any role they will have in data provision, analysis, and/or reporting.

c. Budget

- i. Describe the anticipated cost for the PPE and a justification for that budget (i.e., staff labor hours; data analysis software costs; and in-kind, volunteer or partner resources contributed, etc.).

V. PPE Design

a. Goals and Objectives

- i. Identify and prioritize grantee PPE goals and objectives in alignment with the grantee's vision statement, needs assessment, and strategic plan. Provide a crosswalk between the grantee's strategic plan and PPE goals and objectives.
- ii. Describe the PPE question(s) the grantee intends to answer via its PPE (i.e., what the grantee wants to learn through its PPE) and include the grantee's hypotheses.
- iii. Include descriptions of inputs, key processes and expected outcomes. A logic model that explains how inputs, processes and outcomes are measured may be included to support this.
- iv. Define the qualitative and quantitative measurements and indicators needed to glean the desired insights to understand how the grantee is progressing toward meeting its own goals and objectives.

b. Data Sources

- i. Include a description of existing administrative data elements and sources the grantee will use in the PPE. Identify existing and planned linkages for administrative data sources the grantee will use in the PPE.
- ii. Include a description of any new data collection planned. Describe plans to collect the data including sampling approach (if applicable), instruments, and data storage procedures/protocols.

c. Data Analysis

- i. Describe the planned approach to analyze existing and new data and provide a rationale for the analytic approach.
- ii. Describe the planned approach to clean or link data.
- iii. Describe specific statistical methods for analyzing data.
- iv. Identify software programs/packages for conducting the analyses.

VI. Data Privacy and Security

- a. Describe any data or personally identifiable information security or privacy considerations.

VII. Using and Reporting PPE Findings

- a. Identify the frequency of reported information and the method(s) used to report information.
- b. Describe how the grantee will share identified trends and opportunities for continuous quality improvement and/or corrective actions across the PDG B-5 MDS.
- c. Describe how the grantee will identify and distribute lessons learned to other PDG B-5 grantees.

VIII. Assumptions, Constraints and Risks

- a. Describe any potential obstacles for implementing the PPE plan and how to address them.
- b. Describe any assumptions or dependencies regarding the PPE or PDG B-5 grant activities that could affect PPE plan implementation.
- c. Describe any data capacity limitations or constraints that might have a significant impact on plan implementation.
- d. Describe any risks associated with the proposed plan and mitigation strategies.

Example PPE Questions and Indicators

Table 1 below provides examples of how grantees can align PPE questions and indicators with their PDG B-5 objective and grant goals. These are sample questions and potential indicators grantees might consider as they develop their PPE plans. Grantees can use these and/or other questions and indicators of their choosing in alignment with their own PDG B-5 objectives goals.

PDG B-5 Objective	Common Grantee Goal	Sample PPE Question	Potential Indicators
Improve Transitions	Increase School Readiness	1. How is the MDS working toward increased school readiness?	1.1 Grantee has an established definition of school readiness that is consistently applied. 1.2 Number or percent of programs using school readiness assessment tools or processes in the current year compared to the year prior.

PDG B-5 Objective	Common	Sample PPE	
			<p>1.3 Number or percent of children screened at recommended milestones in the current year compared to the year prior.</p> <p>1.4 Stakeholder perceptions on why some children are not screened or are not screened at the recommended milestone.</p>
		2. Is school readiness increasing in vulnerable and underserved pre-kindergarten populations?	<p>2.1 Number or percent of underserved and vulnerable children found school ready based on the state definition, assessment tools or processes this year compared to the year prior.</p> <p>2.2 Stakeholder perceptions on why vulnerable and underserved pre-kindergarten populations screened higher or lower in the current year compared to the year prior.</p>
Maximize Parental Choice and Knowledge	Improve Communication to Parents, Families or Primary Caregivers	1. How do programs within the MDS communicate to parents, families or primary caregivers?	<p>1.1 Metrics of existing communication tools or mechanisms used to engage parents, families or primary caregivers (e.g., distribution or number of people reached by communication type such as email, text, mail, mobile communication apps, conferences, etc.).</p> <p>1.2 Metrics of the public facing tools that allow parents, families or primary caregivers to search for care (e.g., number of website visitors, number of portal log-ins, etc.).</p>
		2. Is communication to parents, families or primary caregivers improving within the MDS?	<p>2.1 Metrics of current communication use (e.g., number of messages distributed, number of website visitors, number of portal log-ins, etc.) compared to the previous year.</p> <p>2.2 Number or percent of programs within the MDS that assess effectiveness of communication and how they assess it.</p> <p>2.3 Communications methods reported to be most effective.</p> <p>2.4 Steps the grantee is taking to increase knowledge of highly rated ECE providers.</p> <p>2.5 Extent to which the grantee is developing family engagement frameworks and plans.</p>
		3. What are the current challenges and barriers to communicating to parents, families or primary caregivers?	<p>3.1 Survey or other available data of technology, literacy and language barriers inhibiting access to information.</p> <p>3.2 Intended types of technology and messaging planned to bridge current gaps.</p>

Table 1 Example Questions and Indicators Aligned by PDG B-5 Objectives and Common Grantee Goals