



DRAFT – FOR DISCUSSION

BC FIRST NATIONS HEAD START PROGRAM

Project Monitoring Process and Policies

Developed by the BCFNHS Regional Advisory Committee, September 2000
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GLOSSARY

HC	<i>Health Canada</i>
FNIHB	<i>First Nations and Inuit Health Branch</i>
RD	<i>Regional Director</i> Oversees the delivery of the FNIHB programs in British Columbia
Program Manager	Person who works with Health Canada and is responsible for the AHS On Reserve program at the regional level in British Columbia
Project Coordinator	Person who works at the community level and is responsible for administering the Head Start project on reserve
RAC	<i>Regional Advisory Committee</i> Committee responsible for providing Health Canada with recommendations and direction in the decisions that need to be made for the BC First Nations Head Start program
CA	<i>Contribution Agreement</i> Contract between the band administration and Health Canada which outlines the terms and conditions of the Head Start funding

1.0 Overview

Accountability mechanisms in place by Health Canada and B.C. First Nations Head Start On Reserve Program for head start programs include the following:

- ✓ Funding policies and reporting requirements
- ✓ Health Plan Requirements as a Community (Head Start is now a component of this)
- ✓ Monitoring Process and Policies
- ✓ External Review Process

This guide to the BC First Nations Head Start project monitoring process and policies was developed to assist Project Coordinators in understanding the purpose, process, roles and responsibilities of project monitoring.

Monitoring of projects by Health Canada Program Managers is done in a variety of ways:

- Review of financial reports
- Review of narrative reports
- Regular site visits
- File management
- Phone contact
- **Email contact**

The amount of contact and degree to which a program manager becomes involved with a project depends on the project's effectiveness and management capacity.

In some cases monitoring will consist of an annual site visit, document review and ongoing verification that reporting dates are met and forms are submitted on schedule. For other projects, Program Managers will assume a more direct role in the project's functioning in order to build capacity.

2.0 Purpose of Project Monitoring

The purpose of monitoring the head start projects is:

1. To establish and maintain positive working relationships with project coordinators, staff, and parent advisory councils.
2. To provide information and make suggestions, recommendations and referrals which will assist project coordinators and staff in meeting the goals and objectives of their project.
3. To provide orientation and training on administrative and program mandates.
4. To ensure public accountability in the use of funds and to ensure the mandates, principles and guidelines of the AHS program are being implemented.
5. To consult with Head Start projects so that their strengths and challenges may be shared at regional and national forums.
6. To assist in building program capacity.

3.0 Project Monitoring Process

In monitoring individual projects, Health Canada will ensure the following activities are undertaken:

1. Establish and maintain relationships with your Head Start project stakeholders, including: coordinator, manager, ECE workers, parents, members of the PAC, Elders, Chief and Council members, and/or community members.
2. Maintain ongoing file management and ensure your project has submitted all required documentation and reporting.
3. Conduct site visit(s) and, utilizing the Site Visit Format checklist (see p. 10), discuss the project with your project coordinator—and any available support staff—and jointly assess and identify highlights, challenges and barriers to program implementation, management and administration.
4. Interview key project stakeholders (as listed above) to get an overview of program standing (*if major challenges or barriers are identified*).
5. Follow-up with your project stakeholders to ensure development of an action plan to address any identified challenges and/or barriers to program implementation, management and administration.
6. Follow-up with your project stakeholders to ensure that concerns have been successfully addressed within agreed time frames (*if an identified issue is not addressed within an agreed time frame*).
7. Action depends on the level of concern to be addressed (see p. 9—*Indicators of Project Standing*). If necessary, make recommendations to the Regional office regarding probation, suspension or termination of your project.

4.0 Probation

The Health Canada Program Manager has the authority to put your project on probation. The purpose of probation is to signal significant project issues and provide a warning that unless corrective action is taken, funding could be suspended or terminated.

If your project is being considered for probation, it likely has been given "yellow flag" standing (see Indicators of Project Standing on p. 9).

Process

- Step 1: The Health Canada program manager will inform you in writing that the Contribution Agreement is being placed on probation. The written notice will:
- outline the reasons for the probation;
 - make reference to the appropriate sections in the CA;
 - give details of the corrective action required;
 - state the period of the probation and the date on which the probationary period becomes effective;
 - provide advance notice that the Contribution Agreement will be terminated at the end of the probationary period unless the problem is corrected to the satisfaction of Head Start regional program staff.
- Step 2: The Health Canada program manager will forward a copy of the letter to the FNIHB, Regional Director and your Chief and Council or Board of Directors (administrative body).
- Step 3: You will have a period of no more than 90 days to address the issues identified. *The probation does not involve a freeze on funds or a suspension of activities.*
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Step 4: The probationary period will be terminated when project stakeholders and the Regional Director agree that corrective action has been successfully implemented.

5.0 Suspension

A Contribution Agreement may be suspended when serious problems arise. Some reasons for suspension include (but are not limited to):

- Misappropriation of funds (program funds used for services other than Head Start)
- Inability to carry out an audit due to insufficient evidence to do so
- Deliberate and significant abuse of terms of the CA
- Lack of cooperation on the part of the project (i.e. unwillingness to participate in a site visit)

Most projects put on suspension are designated "red flag" projects (see *Indicators of Project Standing*, p. 9).

Process

Step 1: The Health Canada program manager will inform you in writing that your Contribution Agreement is being suspended. The written notice will:

- outline the reasons for the probation;
- make reference to the appropriate sections in the CA;
- give details of the corrective action required;
- state the period of the probation and the date on which the probationary period becomes effective;
- provide advance notice that the Contribution Agreement will be terminated at the end of the probationary period unless the problem is corrected to the satisfaction of Head Start regional program staff

- Step 2: The Health Canada program manager will forward a copy of the letter to the FNIHB, Regional Director and your Chief and Council or Board of Directors (administrative body).
- Step 3: The suspension period will be no longer than 90 days. normally disbursed to your project will be frozen.
- Any funds not paid during the suspension will be lapsed and are not recoverable.
Activities covered in the CA will stop until the problem is corrected.
The decision whether or not to lay off employees During the suspension will be determined by the project staff and stakeholders.
- Step 4: Your suspension may be lifted when project Stakeholders and the Regional Director agree that corrective action has been successfully implemented.

6.0 Termination

Follow a probation or suspension, it may be necessary to terminate your Contribution Agreement if you fail to satisfactorily address identified issues during a probationary period or suspension (see "Red Flag" section of *Indicators of Project Standing*, p. 9).

- Step 1: The Health Canada program manager will document the reasons for the recommended termination.
- Step 2: The Regional Director will review your file and will decide whether termination is the appropriate course of action.
- Step 3: If termination is authorized, you will be informed in writing that the Contribution Agreement is being
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terminated.

Step 4: All funds which had been allocated to your project will be re-allocated.

7.0 Indicators of Project Standing

GREEN FLAG PROJECT	YELLOW FLAG PROJECT	RED FLAG PROJECT
<ul style="list-style-type: none"> Project is in good shape 	<ul style="list-style-type: none"> Project experiencing some challenges 	<ul style="list-style-type: none"> Project ineffective
<ul style="list-style-type: none"> Financial management and reporting are being effectively implemented 	<ul style="list-style-type: none"> Questionable budget decisions that negatively affect service delivery 	<ul style="list-style-type: none"> Indicators of financial mismanagement (3rd party management) Accusations of fraud Unauthorized expenses found on the auditors statements Child safety issues
<ul style="list-style-type: none"> Reports completed and submitted by required time frames 	<ul style="list-style-type: none"> Late or incomplete reports 	<ul style="list-style-type: none"> Two months late reporting and/or reports remain incomplete
<ul style="list-style-type: none"> Program activities satisfactorily underway 	<ul style="list-style-type: none"> Program activities not underway 	<ul style="list-style-type: none"> Program activities not satisfactorily underway
<ul style="list-style-type: none"> All six Head Start components implemented according to their goals/objectives 	<ul style="list-style-type: none"> Some of the Head Start components are not being delivered 	<ul style="list-style-type: none"> Has not taken steps towards implementing all six Head Start components (Action plan not being carried out)
<ul style="list-style-type: none"> Project being implemented in accordance to the AHS mandates, principles /guidelines 	<ul style="list-style-type: none"> Project is working toward meeting the AHS program mandates 	<ul style="list-style-type: none"> Project not meeting the AHS program mandates
<ul style="list-style-type: none"> Program participation matches per child program funding 	<ul style="list-style-type: none"> The project is not servicing the number of children it has received funding for 	<ul style="list-style-type: none"> Target group participation issues not addressed
<ul style="list-style-type: none"> Files complete 	<ul style="list-style-type: none"> Items missing from files 	<ul style="list-style-type: none"> Incomplete files (no steps taken to get required documentation)
<ul style="list-style-type: none"> Staffing is stable. Staffing manual, personnel policies in place 	<ul style="list-style-type: none"> Staffing concerns. No human resource policies in place 	<ul style="list-style-type: none"> Serious staff conflict and high staff turnover
<ul style="list-style-type: none"> Clear and effective supervision and management structure/framework. 	<ul style="list-style-type: none"> Management and supervision structure unclear and ineffective 	<ul style="list-style-type: none"> No supervision or management structure in place

(good communication, effective conflict resolution, team approach with band administration)	(irregular supervision, minimal involvement or support from sponsoring agency, working in isolation)	• No support or involvement from sponsoring agency
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8.0 BCFNHS SITE VISIT FORMAT

This Site Visit Format is a tool and guide for evaluating your Head Start program. The Program Manager **or Representative** will discuss each of the following areas with you to identify where you are at in the implementation of your Head Start program, and to identify any challenges or barriers to implementation. The program manager will also work with you to jointly assess how you might address any challenge areas.

Head Start Standards

- ___ Project is comprehensive and incorporates all of the six Head Start components into each of the program areas
- ___ Head Start program is made available to the target group free of charge
- ___ **The program provides service to the full 0 to 6 age range**

Culture and Language Component

- ___ Project includes culture and language curriculum which focuses on the First Nations cultures and languages of the children in the program
- ___ Project provides opportunities for Elders, traditional people and cultural people to participate
- ___ Project provides opportunities for children, families and community members to enhance their knowledge of their culture and language

Education Component

- ___ Project provides children with a learning environment and varied experiences that will contribute to children's school readiness in the following areas:
 - physical well-being and appropriate motor development

- emotional health and a positive approach to new experiences
- social knowledge and competence
- language skills
- general knowledge and cognitive skills
- spiritual well-being

Health Promotion Component

_____ Project ensures that all children are immunized according to provincial standards (in co-operation with parents/guardians through local health service providers) **or ensures a letter is placed on file signed by the parents**

_____ Project ensures that qualified health professionals visit on a regular basis, i.e. public health nurse, Community Health Representative (CHR)

_____ Project ensures that appropriate physical, vision, dental and hearing assessments are done either within the first month following registration, or, in more remote communities, when arrangements are made for qualified personnel to do the assessments

_____ Project assists parents in arranging for medical and dental treatment, if Required

_____ Project is working toward the development of policies and procedures for addressing the needs of children with special needs within the capacity of their community (if none already exist in the community)

_____ **Project addresses the learning and development requirements of children with special needs**

_____ Project staff seek the assistance of psychiatrists, psychologists, speech therapists, physiotherapists and other specialists, if needed, to meet the needs of each child

_____ Project develops and implements indoor and outdoor activities for both children and staff, to promote development of gross motor skills and participation in an active lifestyle

_____ Project encourages parents to participate in activities that will promote a healthy and active lifestyle

Nutrition Component

_____ Project meets the children's nutritional needs by providing appropriate snacks and meals

_____ Project provides children and parents with opportunities to learn about and further develop nutritious and healthy eating habits

Social Support Component

_____ Project has identified the need for and is facilitating the provision of social support to First Nations children and their families. Methods of social support could include:

- referrals
- implementing family needs assessments
- utilizing community outreach programs
- providing community resource information
- providing emergency assistance information
- providing crisis intervention information

_____ Project has developed a list of collaborative service providers, i.e. local, regional, provincial and national organizations, groups and individuals

_____ Project involves local service providers such as:

- Canada Prenatal Nutrition Program
 - Brighter Futures
 - Child and Family services
 - crisis centres
 - drug and alcohol treatment centres
 - child care centres
 - health centres
 - hospitals
 - First Nations housing
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- First Nations women's centres
- parent resource centres
- toy lending libraries

Parent and Family Involvement Component

- ___ Project is managed so that parents will have a meaningful experience in the planning, development, operation and evaluation of the program
- ___ Project supports the role of the extended family, particularly Elders, cultural teachers and traditional people, in teaching and caring for children
- ___ Project provides and communicates about opportunities to participate
- ___ Project encourages and empowers parents to participate
- ___ Project doesn't make a child's registration and participation dependent on one or both parents' participation

Program Administration

- ___ Project has established management structures with community and project representation, clear lines of authority, good communication between management and staff, and effective conflict resolution
- ___ Project has established file management:
 - files are maintained on children and families involved in the project
 - attendance sheets account for number of children funded
 - registration forms are complete
- ___ Project has management structures (i.e. Parent Advisory Council, **Board, Chief & Council, Band Administration, other**) in place to oversee project management, including the reporting of expenditures

___ Project has established mechanisms to ensure accountability, such as:

- code of conduct and a code of ethics for employees, PAC and committees
- conflict of interest guidelines and policies
- policy and procedures manual

___ Project completes on-time, up-to-date financial and narrative reporting

___ Project conducts community needs assessments and participates in national program evaluations, as required

Health & Safety

___ Project meets or exceeds applicable childcare or preschool legislation, or daycare licensing regulations

___ Project follows program safety standards, comparable to existing provincial standards and regulations for child-care facilities:

- public buildings
- construction and maintenance
- fire inspection and regularly scheduled fire drills
- handicap accessibility
- equipment and materials
- transportation (child care seats, front seats with airbags)
- day care licensing
- employ staff and volunteers trained in First Aid and CPR

___ Project staff model healthy lifestyles

___ All project staff, volunteers, PAC members and any other persons who are involved with program have been cleared through up-to-date criminal record checks* and character reference checks (*parent participants are not required to undergo a criminal record checks)

9.0 BCFNHS Reporting Requirements

This section needs to be reworked to match Health Plan Reporting Requirements and BCFNHS Reporting Requirements.

The following reports must be submitted by the indicated dates in order to fulfill the Contribution Agreement requirements and to receive subsequent payments.

DEADLINE	REQUIRED REPORTS
October 15 th	<p>First statement of financial expenditures for the period: April 1 to September 30</p> <p>First Narrative Program Activity report For the period April 1 to September 30</p>
January 15 th	<p>Cumulative financial statement of expenditures for the period: April 1 to December 31</p> <p>Cumulative Narrative Program Activity Report for the period: April 1 to December 31</p>
January 31	Renewal Application
June 30	Year End Statement of Financial Expenditures for the period: April 1 to March 31

	<p>Year end Narrative Program Activity Report for the period: April 1 to March 31</p> <p>Year end Statement of end products and deliverables, including 2 copies of any resource materials generated and:</p> <ul style="list-style-type: none">• Proof that a curriculum is being used for the program• Evidence of maintenance of health and safety copy of standards being used• Plan for monitoring and recording
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Mail or fax reports to:
BCFNHS
Health Canada, FNIHB
540-757 West Hastings St
Vancouver BC V6C 3E6
Fax: (604) 666-1690

Note: Mid-term narrative reports can be a single page in length, with an outline of successes, challenges and any major changes to your program.