

## **Questions to Guide the Analysis of COS Reports in the DMS**



Reviewing, analyzing and interpreting COS data can be a daunting task. The following set of questions is meant to be a guide in what to look for and how to think about what the data could mean. The data reports are only one tool that can be used to analyze child outcomes in your program(s) but they are often a great starting point for identifying patterns and trends. Other tools that can be used in your analysis might include file reviews, on site monitoring, discussions with providers and a review of the current COS process as well as recommended best practices.

The questions have been categorized to support the analysis of different DMS COS reports as well as considering next steps in your analysis.

### **DMS reports: COS Table 1.1-1.2, 1.3a-c (entry and exit ratings)**

#### ***By LLA service area (DMS aggregation: service area)***

- What stands out?
- What do you think about the distribution across ratings?
  - How does it compare to statewide data?
- Are there any unexpected patterns? (i.e.; a high number of “7” at entry)
  - Do those patterns have an explanation, or are they likely to reflect a problem with data quality?
  - What could explain them? What might cause them?
- What might your next steps be to investigate further?

### **DMS report: COS Progress Count (COS Progress Code and Summary Statement Counts)**

#### ***By LLA service area (DMS aggregation: service area)***

- What stands out?
- What do you think about the distribution across a-e categories?
  - How does it compare to statewide data?
  - Is the service area data within the expected pattern?
- What do you think about the summary statement data?
- Is there anything in the a-e distribution or Summary Statement data that concerns you?
  - Do those concerns have an explanation, or are they likely to reflect a problem with data quality?

### **DMS reports: COS Tables 2-10 (comparing COS ratings by diagnosis, time in service, age at entry, ethnicity, gender, primary language)**

#### ***By LLA service area (DMS aggregation: service area)***

- What stands out?
- Does the data show child progress is better for some groups than others?
- Begin to interpret the results. Do the differences have an explanation, or are they likely to reflect a problem with data quality?
  - What could explain them? What might cause them?
- Where are there notable differences between groups of children?
- Are average differences caused by a few outliers?
- Are there other potential explanations for differences?
- What else do you need to know more about?
- Do the data support what you expected to see?
- Based on what you know about the children served in your area, do any data appear to be missing?

### **Review all of the above reports by provider agency if applicable (DMS aggregation: organization)**

- What do you think about the provider agency's distribution across a-e categories, ratings and between groups?
- Are there providers that are outliers?
  - If so, which ones?
  - How are they different from other providers?
- Are there any unexpected patterns for the agency?
  - Do those patterns have an explanation, or are they likely to reflect a problem with data quality?
  - What could explain them? What might cause them?
- What might your next steps be to investigate the outliers?

**Small “n” size: What to do when the number of children is so small that the resulting data is not meaningful**

For providing agencies that serve a small number of children, these data should be interpreted cautiously. They may be more likely to show unexpected patterns because a single child may represent a larger proportion of the children served. It may be useful to analyze these data for certain populations (diagnosis, for example) or even by individual providers.

- Compare data from year to year to see if there are changes over time
  - Think about this within the context of any program changes that have occurred in that time frame
- Use the COSF Details report to easily view the ratings and progress categories for individual children
- Do you see differences in outcomes or ratings between provider teams?
  - Are children assigned to one FRC consistently rated lower than another?
  - Does a team that meets more frequently produce different ratings than other teams?

**Planning next steps**

- Given differences observed and inferences that are emerging, what are next steps for follow-up analysis?
- What are next steps for taking action?
- After taking these steps, what do you expect will happen?
- How will that be reflected in the data?
- What analyses should be repeated after you have taken specific action steps?