

# Report to Congress on Head Start Monitoring



**FISCAL YEAR 2013**



Office of Head Start  
Administration for Children and Families  
U.S. Department of Health and Human Services

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## Executive Summary

This report presents a summary of the findings of Fiscal Year (FY) 2013 monitoring reviews, fulfilling the reporting requirement, Section 641A(f), of the Head Start Act. It highlights the enhancements made to the FY 2013 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2013.

Head Start monitoring assesses grantee compliance with requirements governing Head Start programs. Monitoring reviews take several forms; each Head Start grantee receives a full on-site review immediately after completion of its first year (First Year review) of providing Head Start services and full on-site reviews on a triennial basis thereafter (Triennial reviews). Grantees also may receive “Other” reviews at any time if the Office of Head Start (OHS) determines they are at risk. Any grantee found to be out of compliance with Head Start requirements during any review—First-Year, Triennial, or Other—receives a “Follow-up” review to ensure that all findings are corrected. Exhibit 1 summarizes the four types of reviews.

### Exhibit 1: Types of Reviews

Type of Review	Description
<b>First Year Review</b>	<ul style="list-style-type: none"> <li>▶ Full on-site review immediately after completion of their first year</li> <li>▶ Mandated by Section 641A of the Head Start Act</li> </ul>
<b>Triennial Review</b>	<ul style="list-style-type: none"> <li>▶ Full on-site reviews conducted on a triennial basis</li> <li>▶ Mandated by Section 641A of the Head Start Act</li> </ul>
<b>Other Review</b>	<ul style="list-style-type: none"> <li>▶ Grantees may receive if they are determined to be at risk</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected</li> </ul>

Notes: Reviews are conducted by a team of reviewers who are knowledgeable about Head Start and led by a Review Team Leader. To assess grantee compliance, review teams use the Office of Head Start Monitoring Protocol, which employs a standardized approach to assess program services and quality. Areas assessed include education, health, mental health, disabilities, nutrition, family and community partnerships, program management, governance, fiscal controls, facilities, enrollment, recruitment and selection, and program design.

### Enhancements to the FY 2013 Review Process

Each year, OHS re-examines the monitoring review system to ensure ongoing system improvement of its review process. In FY 2013, OHS implemented enhancements to reflect changes in policy and procedure, ensure compliance with the Head Start Act (as amended in December 2007), and improve the overall monitoring process. Specific changes included:

- ▶ Emphasizing consistency and accountability among review teams;
- ▶ Increasing focus on School Readiness goal development and implementation among grantees; and

- ▶ Adding background questions to provide contextual data for Classroom Assessment Scoring System (CLASS) analyses.

### ***Monitoring Protocol and Software***

In FY 2013, OHS continued to streamline the Monitoring Protocol in order to ensure reviewers were consistently identifying, probing for, and recording material information relating to grantee performance. In doing so, the focus on mandatory statistically generated random sampling was reinforced, and document reviews were integrated into personnel interviews to give reviewers greater context for information evaluated.

In FY 2012, OHS introduced the Evidence Assessment System (EAS) to provide reviewers with consistent language for evaluating and describing grantee compliance. In FY 2013, the EAS system was further refined. The software also was updated to include live field support to reviewers to support reviewer calibration and reliability.

### ***Enhancing the use of the Classroom Assessment Scoring System (CLASS™)***

In FY 2013, new teachers and substitute teachers must have worked with a group of children for ten days or more before they can be observed using the CLASS™ tool. Additionally, new background questions were added to collect contextual information on the observation cycle (e.g. whether the observed teacher is a substitute teacher or new teacher, the time of day the observation takes place, etc.).

### ***Expanded Implementation of Unannounced Reviews***

As a part of OHS' continued dedication to increasing transparency and accountability, the agency continued the use of unannounced monitoring reviews. In FY 2013, approximately 5 percent of all reviews were unannounced (5.39 percent), with approximately 12 percent (11.86 percent) of Triennial and First-Year reviews being unannounced.

## **Outcomes of FY 2013 Monitoring Reviews**

OHS completed 983 monitoring reviews in FY 2013, including 394 Triennial reviews, 8 First-Year reviews, 45 Other reviews, and 536 Follow-up reviews. Monitoring reviews have three possible outcomes: 1) Compliant, 2) One or more noncompliances with no deficiencies, or 3) One or more deficiencies. Grantees with one or more deficiencies also may have noncompliant findings. Key outcomes of monitoring reviews included:

- I. **Over 30 percent of grantees were compliant in FY 2013, an increase from previous years.** Of the 441 grantees that underwent a Triennial, First-Year, or Other

review in FY 2013,<sup>1</sup> 32.4 percent were found to be compliant on all reviews, 56.0 percent were found to have one or more noncompliances, and the remaining 11.6 percent were found to have one or more deficiencies (these grantees also may have had noncompliances.)

- II. **Grantees correct nearly all findings by follow-up reviews.** Over 95 percent of grantees corrected all findings reviewed on FY 2013 follow-up reviews (96.15 percent).
- III. **Some groups of grantees had more performance issues than others.** Contrary to previous years, smaller grantees had more deficient findings than larger grantees, and grantees providing only Early Head Start services were more often compliant than those providing either Head Start only services or both Head Start and Early Head Start services.
- IV. Head Start program CLASS™ average scores in FY 2013 were slightly higher than those found in FY 2012: 5.99 out of 7 for Emotional Support and 5.63 out of 7 for Classroom Organization domains. Scores for Instructional Support also were in the middle range of quality, but at the lower end of this range, averaging 2.72 out of 7.

### **Number and Types of Findings Identified in FY 2013**

A total of 832 findings were identified for 441 grantees receiving First Year, Triennial, and Other monitoring reviews performed in FY 2013. Of the 441 grantees reviewed, 292 (57.8 percent) had one or more findings. Key trends with respect to the number and types of findings included:

- I. **As in FY 2012, most FY 2013 grantees with findings had a small number of findings.** Among grantees with only noncompliances, well over half (57.8 percent) had two or fewer findings. Among those found to have any deficiencies, a similar percentage of grantees (56.3 percent) had two or fewer findings (noncompliances or deficiencies).
- II. **Most findings were areas of noncompliance.** Over 90 percent (93.3 percent; 776) of findings were areas of noncompliance; 6.7 percent (56) were deficiencies. A total of 244 grantees, 55.3 percent of all grantees reviewed, had one or more noncompliances. Forty-eight grantees (10.9 percent) had one or more deficiencies.
- III. **Regardless of the type of finding, grantees averaged about the same number of findings per review.** Overall, grantees with findings averaged 2.9 findings per review. Grantees with one or more areas of noncompliance averaged 2.8 findings per grantee; this is a decrease from the average in FY 2012 (3.9). Grantees with one or more

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<sup>1</sup> Note that 441 grantees received a total of 447 reviews (394 Triennial + 8 First-Year + 45 Others) in FY 2013. Four grantees received both a Triennial review and an Other review and two grantees had two Other reviews in this fiscal year, accounting for the difference of “6” between the number of grantees and the number of reviews.

deficiencies averaged 2.9 findings (noncompliances and deficiencies)<sup>2</sup>. This FY 2013 average is lower than that in FY 2012, when grantees with one or more deficiencies averaged 4.7 total findings per review. The considerable decline in total noncompliances across all reviews from FY 2012 (1,556) to FY 2013 (832) may help explain the notable decrease in average number of findings per review.

### **Most Common Findings Identified in FY 2013**

Many grantees with findings struggled with similar issues. In FY 2013, grantees were most likely to have findings associated with, “Reporting to the Governing Body and Policy Council” (19.5 percent of grantees with noncompliances). We describe other frequently cited issues below.

- IV. ***Compared to FY 2012, considerably fewer grantees were cited for issues relating to Criminal Record Checks.*** This was the most commonly cited finding in FY 2012 with nearly 40 percent of grantees had findings in this area in FY 2012. In FY 2013, it was the seventh most commonly cited finding with less than thirteen percent (12.6 percent) of grantees with noncompliances being cited for this issue.
- V. ***Code of Conduct issues were common among grantees with deficiencies.*** Approximately 55 percent (31 out of 56, 55.4 percent) of the grantees found to have one or more deficiencies were cited for at least one deficiency in Code of Conduct. Examples of Code of Conduct deficiencies include engaging in corporal punishment or leaving children alone or unsupervised.

### **New Directions in Monitoring for FY 2014**

In FY 2014, OHS continued to implement changes to the monitoring process to improve the consistency and quality of the monitoring process. Changes to monitoring for FY 2014 included:

- I. ***Development and Pilot Testing of Screening Tool.*** In FY 2014, the Office of Head Start developed and pilot tested an evidence-based differential monitoring tool used for monitoring grantees with a history of compliance. This tool, the Head Start Key Indicator - Compliance (HSKI-C), is comprised of a subset of Compliance Measures from the previously established Office of Head Start Monitoring System Monitoring Protocols. Based on a number of criteria, grantees with a history of compliance in various areas may be eligible for this abbreviated monitoring tool. Passing this screening prevents a comprehensive monitoring review, thus conserving resources that could be otherwise diverted towards grantees needing greater support.

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<sup>2</sup> It should be noted that there are several outlying grantees that have very high numbers of findings which are inflating the average despite the fact that approximately half of the grantees have only one or two findings. Of the grantees that had only noncompliances, six had ten or more findings in their FY 2013 review. Of the grantees that had deficiencies, one had fourteen and one had twenty-one findings in their FY 2013 reviews.

- II. ***American Indian/Alaska Native (AI/AN) Reevaluation Tool.*** In FY 2014, OHS developed and implemented a supplementary monitoring tool specific to American Indian and Alaska Native grantees. This tool was designed to address performance issues unique to these grantees, and helps elucidate what steps grantees have taken to mitigate those issues. The tool aids OHS in determining whether or not certain grantees must re compete for renewed funding or will receive a non-competitive grant award.

## Introduction

Head Start monitoring assesses grantee compliance with requirements governing Head Start programs, including those specified in the Head Start Act (original authorizing legislation in 1965 and its subsequent amendments, most recently in 2007), Head Start Program Performance Standards, and other applicable federal, state, and local regulations. The Head Start Program Performance Standards include provisions surrounding education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, enrollment, recruitment and selection, and program design.

The Head Start Act mandates that each Head Start grantee receives a monitoring review at least once every three years, that each newly-designated grantee be reviewed after the completion of its first year (and then at least once every three years thereafter), and that follow-up reviews be conducted for all grantees that have deficiencies or areas of noncompliance. Fiscal Year (FY) 2013 reviews are conducted by teams of reviewers knowledgeable about Head Start, and each team is led by a Review Team Leader. Each review is guided by the standardized methodology and the Monitoring Protocol, which guides reviewers' on-site activities to assess program performance and compliance.

Grantees with a finding (an area of noncompliance or a deficiency) on any monitoring review receive a more targeted Follow-up review to ensure that they have corrected any findings identified. If an area of noncompliance is not corrected in the specified period of time, it becomes a deficiency. Deficiencies must be corrected: 1) immediately, if the Secretary finds that the deficiency threatens the health or safety of staff or program participants or the integrity of federal funds; or 2) within a period not to exceed one year, under a Quality Improvement Plan. If the grantee does not correct the deficiency within one year, OHS initiates the termination process or the grantee may relinquish the grant. If children or staff members are determined to be in imminent danger with no immediate solution, OHS may suspend the program, assign an interim provider so that services are not interrupted, and only permit the program to reopen when the problem has been resolved satisfactorily.

This report fulfills the FY 2013 reporting requirement, Section 641A(f) of the Head Start Act, which requires a summary report be published at the end of each federal fiscal year on the findings of monitoring reviews and outcomes of Quality Improvement Plans.

## I. Head Start Program Services

Head Start, created and first authorized in 1965 under the Head Start Act (42 USC 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages zero to five) and their families. Head Start promotes school readiness by enhancing the physical, social, and cognitive development of children through educational, health, nutritional, social, and other services. It also recognizes the important role of parents, encouraging them to participate in a variety of activities and experiences that support and foster their children's development and learning and helping them to progress toward their educational, literacy, and employment goals. Head Start also requires programs to provide opportunities for parental involvement in the development, conduct, and governance of local programs through participation in policy groups (e.g. Policy Councils).

Head Start is administered by the Office of Head Start (OHS) of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). Grants are awarded by the ACF Regional Offices and the Office of Head Start's American Indian-Alaska Native and Migrant and Seasonal Programs Branches directly to local public agencies, private organizations, Indian tribes, and school systems for the purpose of operating Head Start programs at the community level.

## II. Monitoring of Head Start Grantee Organizations

The following sections describe the basic mechanics of the monitoring process, the reporting system, the steps OHS has taken to improve how the process works, and key changes in monitoring that OHS implemented in FY 2013.

### **Basic Mechanics of the Monitoring Process**

The monitoring process uses a rigorous, evidence-based approach to confirm that grantees comply with federal legislative, regulatory, and program requirements. Prior to the start of the fiscal year, OHS sends a global letter to all grantees scheduled for a First-Year or Triennial review to advise them that they will be receiving a review during the fiscal year. Grantees scheduled for an announced review are then sent written notification of the specific date of the review 30 days prior to the on-site review. Soon after official written notification of the review date is received, the Review Team Leader contacts the grantee to begin scheduling on-site activities. Prior to the on-site review, team members review grantee documents posted on the OHS monitoring website. In FY 2013, 12 percent of Triennial and First Year monitoring reviews were randomly selected to be unannounced, allowing OHS to observe grantees during a normal school day as opposed to a “review-ready” day. The information gathered from these reviews provides OHS with better insight regarding the day-to-day struggles and successes grantees encounter, and enables OHS to provide more accurate guidance and assistance to grantees.

In FY 2013, there were four main types of reviews: First-Year, Triennial, Follow-up, and Other. Together, these four review types represent a comprehensive, year-round monitoring system. Each Head Start grantee receives an on-site First-Year review, using the full Monitoring Protocol, immediately after completion of its first year of providing Head Start services. The grantee then receives full on-site reviews (Triennial reviews) on a rotating triennial basis thereafter. Grantees also may receive targeted “Other” reviews outside of their Triennial review schedule if OHS determines the program to be at risk. These reviews may occur on-site or off-site (remotely, from the regional office) depending on the nature of the concern.

Grantees may receive a finding if a monitoring review indicates that the grantee is not complying with all Performance Standards and requirements of the Head Start Act. A review’s findings, as required in the Act, are to be presented to the Head Start agency in a timely, transparent, and uniform manner that can assist with program improvement and be used by the agency to inform development and implementation of an appropriate plan for training and technical assistance. Depending on the severity of the issue, the finding may be an Area of Noncompliance (ANC) or a deficiency. The term “deficiency”, as defined by section 637(2) of the Head Start Act, and as amended in 2007, means:

*(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves -*

*(i) a threat to the health, safety, or civil rights of children or staff;*

- (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations;*
- (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;*
- (iv) the misuse of funds received under this subchapter;*
- (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or*
- (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;*

*(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or*

*(C) an unresolved area of noncompliance.*

OHS determines, on the basis of the review, whether grantees are compliant, have areas of noncompliance that do not constitute deficiencies, or have deficiencies. Grantees found to have an area of noncompliance or a deficiency receive a Follow-up review to ensure that the finding is corrected.

Triennial and First-Year on-site monitoring reviews are conducted by a team of seven to eight qualified non-federal consultants, supervised by a Review Team Leader, and generally take place over a four- to five-day period. Review team sizes vary depending on the size and complexity of the grantee. For example, larger grantees, including those with delegate agencies and those with complex program designs (e.g., grantees with both Head Start and Early Head Start programs) may require more reviewers. The very largest grantees, considered “super grantees,” require both substantially larger review teams and longer review periods.

Once on site, the review team initiates the information collection process, which is supported by the OHS’ Monitoring Protocol. Review teams rely on multiple modes of inquiry—interviews with concurrent documentation review, observations, and analysis—to assess grantee compliance with program requirements. Team members share information on a routine basis through the Office of Head Start Monitoring System (OHSMS) software application, team meetings, email, and telephone communications throughout the day. The Review Team Leader also facilitates nightly team meetings to discuss and document preliminary findings and to identify areas requiring further exploration. The on-site review culminates in the development of a preliminary report of findings that is submitted to OHS. OHS makes final determinations on the grantee’s compliance and notifies grantees of any areas that require correction.

### **The Office of Head Start Monitoring Protocol**

The Office of Head Start Monitoring Protocol is designed to assess the compliance of grantees with the Performance Standards and the Head Start Act and to reflect the Department’s continued commitment to ensuring that the national monitoring system assesses grantees in a uniform, thorough, and consistent manner. Prior to the launch of the FY 2013 monitoring process, OHS reviewed the Monitoring Protocol and considered enhancements to reflect changes in policy and procedure and to ensure compliance with the Head Start Act. This section describes the FY 2013 Protocol and highlights key changes from the FY 2012 Protocol. The Protocol organizes elements of Head Start performance standards and other regulations into a tool to monitor grantees in a standardized way. The FY 2013 Monitoring Protocol is organized into seven sections that promote a comprehensive understanding of grantee performance and align with areas emphasized as critical in the Head Start Act:

- ▶ Program Governance (GOV)
- ▶ Management Systems (SYS)
- ▶ Fiscal Integrity (FIS)
- ▶ Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)
- ▶ Child Health and Safety (CHS)
- ▶ Family and Community Engagement (FCE)
- ▶ Child Development and Education (CDE)

The Protocol is organized into Key Indicators (KIs), which group together related program requirements and highlight key objectives that programs should achieve in their service delivery and management system design and implementation (e.g. School Readiness). Each Key Indicator contains one or more Compliance Measures (CMs), which is linked to specific standards; together the CMs help reviewers to assess whether the grantee is meeting the higher level objectives outlined within the Key Indicator statement. Targeted Questions (TQs) are used by review teams to gather evidence to support the assessment of compliance for each CM. The TQs indicate the people to interview, questions to ask, information to retrieve from documents, observations to conduct, and management systems to analyze and summarize.

A series of guides were developed to organize the evidence gathering process. These guides, which organize the TQs by method of data collection and source, include:

- ▶ Interview Guides (including Document Reviews)
- ▶ Observation Guides
- ▶ Child and Staff File Review Guides

The evidence collected through each guide is linked to CMs and used to assist review teams in making precise and accurate assessments.

### **Standardized Methodology & Reviewer Reliability**

In an effort to increase consistency, objectivity, and accuracy within the review process, in FY 2013, OHS formalized reviewer requirements relating to the on-site review process. These changes refined the Targeted Questions associated with Compliance Measures, reinforced the importance of random sampling and review scheduling, and further defined the expectations of

reviewers while conducting reviews. As a result, reviewers have a clarified set of standards to which they are held accountable and reviews are more uniform across grantees. To ensure that reviewers had sufficient resources available to implement these changes while on-site, live field support also was introduced in FY 2013.

### **Sampling**

As in FY 2012, the FY 2013 Monitoring Protocol continues to use random samples for all staff files, child files, and class/group observations (CHS, CDE, and CLASS™) to ensure the generalizability of information collected through the review process. The sample size and composition are determined by a probability-driven algorithm that selects a random sample to ensure that monitoring review observations are valid and generalizable to an entire grantee. The sampling algorithm was implemented in the OHS monitoring software to ensure consistency in its implementation.

### **Systems Analysis Revision**

As mentioned earlier, the monitoring protocol is separated into seven distinct sections. To encourage high-level systems analyses across these sections, OHS introduced a Systems Analysis in FY 2013. Through this process, review teams can discuss trends and inconsistencies that appear in multiple areas of the monitoring protocol. The purpose of this additional analysis is to provide grantees guidance and support geared toward systemic challenges that impact grantee performance.

### **School Readiness Goals in CDE**

In FY 2013, the monitoring protocol's Child Development and Education (CDE) section was updated to include compliance measures targeting School Readiness goals. These CMs were introduced to assess whether grantees were setting appropriate goals for improving children's school readiness as it relates to OHS regulations, state early learning standards, and local school system requirements. Additionally, reviewers are trained to identify the steps the grantee is taking to achieve the goals that they have outlined for their students.

### **Evidence Assessment System**

In FY 2013, reviewers collected information about grantee performance and reported it through the new Evidence Assessment System (EAS). This system allows reviewers to more easily summarize information collected during the review and provide OHS with more detailed information about the scope and materiality of the evidence collected. For each Compliance Measure, reviewers are asked to match the evidence collected throughout the review to an appropriate threshold that corresponds to the degree to which the grantee is complying with the requirements (e.g., the review selects whether 0 to 5 percent, 6 to 24 percent or 25 to 50 percent of files reviewed indicate children were not screened within 45 days of enrollment). Prior to the introduction of this system, reviewers only indicated either "Yes" or "No" as to whether the grantee was in compliance. This system standardizes processes around evidence

collection to improve consistency in the types and amount of information gathered across review teams.

**CLASS™**

To gain a better understanding of the quality of Head Start classrooms, grantees with a center-based option serving preschool-age children receive an additional assessment during their Triennial or First Year review. Reviewers use the Classroom Assessment Scoring System (CLASS™) as a tool to evaluate the quality of teacher-child interactions that promote positive child outcomes. CLASS™ scores range from one to seven, with one being the lowest and seven being the highest. One dimension, Negative Climate, is inverse scored, with seven being the lowest and one being the highest. Of the 441 grantees receiving Triennial or First Year reviews in FY 2013, 402, or 91.1 percent, underwent a CLASS™ review.

CLASS™ dimensions are grouped into three main domains: Classroom Organization, Emotional Support, and Instructional Support. The dimensions in the Classroom Organization domain are used to evaluate the way teachers organize and manage students’ behavior, time, and attention in the classroom. The dimensions in the Emotional Support domain are used to evaluate the ways that teachers support children’s social and emotional functioning in the classroom. The dimensions in the Instructional Support domain are used to form an index of the instructional value of the classroom. The dimensions are divided among the domains as follows:

Emotional Support	Classroom Organization	Instructional Support
<ul style="list-style-type: none"> <li>▶ Positive Climate</li> <li>▶ Negative Climate</li> <li>▶ Teacher Sensitivity</li> <li>▶ Regard for Student Perspective</li> </ul>	<ul style="list-style-type: none"> <li>▶ Behavior Management</li> <li>▶ Productivity</li> <li>▶ Instructional Learning Formats</li> </ul>	<ul style="list-style-type: none"> <li>▶ Concept Development</li> <li>▶ Quality of Feedback</li> <li>▶ Language Modeling</li> </ul>

Following changes made to the FY 2012 CLASS™ Protocol, randomly selected, statistically-driven sample sizes were used to evaluate grantees’ classes in FY 2013. The monitoring software reflects the classes selected for the sample and provides replacement classrooms as needed. The number of cycles observed per classroom remains at two, as supported by research done by the tool developer, indicating that for purposes of monitoring and attaining a valid score at the grantee level, maximizing the number of classrooms observed across the program should take priority over the number of cycles observed within an individual classroom. Additionally, new guidelines stipulating which teachers can be evaluated were introduced in FY 2013. Accordingly, new teachers and substitute teachers must have worked with a group of children for ten days or more before becoming eligible for observation using the CLASS™ tool. This information, along with other contextual information, is captured in supplementary background questions that were added this year, as well. OHS continues to provide reviewers with rigorous training on implementing OHS’ defined CLASS™ methodology (e.g., timing and settings for observations, conditions under which observations should or

should not occur).

### **Reporting**

OHS utilizes a system of exception-based reporting to comply with the federal mandate to inform grantees of findings that should be corrected (Section 641A(e) of the Head Start Act, as amended in 2007). Fundamental to the reporting process is the collection, verification, and substantiation of evidence from multiple sources to support findings of noncompliance. As guided by the Monitoring Protocol, review teams conduct interviews with program staff, policy council and board members, and others; observe children and teachers in their natural settings; and review program documents and materials, as well as children's files, to assess compliance with Head Start requirements.

If, during an on-site review, the Review Team Leader identifies a deficiency that requires immediate corrective action, an HHS Responsible Official provides written notice of the deficiency requiring immediate correction and the Review Team Leader is authorized to direct the grantee to take immediate corrective action to ensure that staff and/or children are removed from imminent harm or immediate danger and that the cause of the imminent harm or immediate danger is corrected. The corrective action required of the grantee to correct the immediate deficiency is provided in the notice.

On each Head Start monitoring review, the review team also documents any identified strengths of the grantee. Strengths are practices that are new or innovative and have a positive impact that help the grantee to overcome challenges and provide greater or improved service quality or surpass established performance indicators. Strengths can highlight any of the services provided (health services, nutrition services, family and community partnerships, program management etc.).

### **Designation Renewal System**

In FY 2009 and FY 2010, in response to mandates in the 2007 reauthorization of the Head Start Act, OHS developed regulations that created a designation renewal system (DRS). Under the new system, grantees that are not found to be delivering high-quality and comprehensive Head Start programs are subject to recompetition. HHS issued proposed regulations that articulate the details of the proposed DRS in September 2010. On November 9, 2011 the final DRS regulation was published in the Federal Register and it became effective on December 9, 2011. The first cohort of 132 grantees required to compete under DRS was announced in December 2011. Details about the second DRS cohort based on monitoring reviews in FY 2013 are listed below:

- ▶ The total number of grants in the DRS pool = 104
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores alone = 49
- ▶ The number of grantees in the DRS pool due to deficiencies alone = 48
- ▶ The number of grantees in the DRS pool due to ongoing concerns alone = 1
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores AND deficiencies = 3

- ▶ The number of grantees in the DRS pool due to low CLASS™ scores AND ongoing concerns=2
- ▶ The number of grantees in the DRS pool due to going concerns AND deficiencies=1

OHS announced the cohort of grantees subject to recompetition on February 5, 2014. OHS identified 104 grants that are required to re compete for their grant funding based on deficient findings identified between October 1, 2012 and December 31, 2013 or CLASS™ scores identified between October 1, 2012 and September 30, 2013.

### **The Reviewer Pool**

OHS ensures that each review is staffed by individuals who are knowledgeable about Head Start programs and monitoring. With the objective of maintaining the integrity of the reviewer pool, OHS has a number of policies and procedures to guide the pre-review preparation, post-review learning, and improvement of reviewers. Reviewers are assigned to review teams under a governing framework that limits the number of reviews that reviewers employed by a Head Start grantee or delegate agency can participate in each year and prevents reviewers from reviewing programs within their home states. OHS also maintains a pre-site process for providing review team members with a standard set of grantee documents for review in advance of the site visit as well as weekly pre- and post-review team briefings. Through post-review briefings, OHS identifies the processes that need to be strengthened and the areas in which additional support are required to facilitate reviewer's work while on site. These efforts continue to maintain the efficiency and effectiveness of the review teams.

### **Centralized Quality Control and Finalization of Review Reports**

To ensure consistency in monitoring, OHS' Central Office is responsible for the form, content, and issuance of monitoring reports to grantees. OHS assumes responsibility for the quality assurance process to ensure that Head Start review reports submitted by review teams following the on-site review meet rigorous standards for accuracy, clarity, and legal soundness. Centralization of quality control and the heavy emphasis on evidence-based findings increases consistency in the quality, detail, specificity, and utility of Head Start review reports. A centralized process also increases timeliness in issuing monitoring review reports to grantees, thereby enabling grantees to take corrective action and bring their programs into compliance more quickly.

### **Summary of Key Changes in Program Monitoring Effective in FY 2013**

Several enhancements were implemented to the Protocol in FY 2013. Specific changes included:

- ▶ Standardized Methodology to formalize the requirements OHS developed to ensure consistency, objectivity, and accuracy within the review process and to provide a set of high standards to which the reviewers are held accountable;
- ▶ Reviewer Reliability enhancements providing live field support to reviewers to calibrate

reviewers' responses during field evaluations and increase accountability among reviewers;

- ▶ Systems Analysis Revision to help guide review team meetings towards discussing trends and inconsistencies system-wide, while noting unique elements in individual sectors;
- ▶ Reorganization of CDE to focus on School Readiness with the inclusion of Compliance Measures within the Monitoring Protocol (the tool that guides the on-site monitoring review process) to assess grantee performance in setting School Readiness goals; and
- ▶ Further refinement to the EAS based on data analyses from FY 2012;
- ▶ Further integration of the CLASS™ instrument into the monitoring process.

## III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2013, specifically addressing the following:

- ▶ Types of monitoring reviews conducted
- ▶ Grantee review outcomes
- ▶ Number and types of findings identified
- ▶ Most frequently cited areas of noncompliance and areas of deficiency
- ▶ Correction of findings during Follow-up reviews

### Types of Monitoring Reviews Conducted

This Annual Head Start Monitoring Report to Congress for FY 2013 focuses on the cohort of grantees who underwent Triennial, First-Year, and Other reviews in FY 2013, and who received review reports by June 18, 2014. The report also includes information on Follow-up reviews for all grantees that had outstanding findings that were reviewed in FY 2013, including grantees that had findings that originated in previous fiscal years.

In total, 787 grantees received final reports from 983 Triennial, First-Year, Other, and Follow-Up reviews by June 18, 2014. In FY 2012, a total of 949 reviews were conducted and subsequently completed.

### Grantee Review Outcomes

After a Triennial, First-Year, Other, or Follow-up review is completed, OHS issues a Head Start Review Report to each grantee. The report indicates the compliance outcome of the review and the Head Start program requirement(s) for which OHS found the grantee to be out of compliance. The compliance outcome is a function of the final determination made by OHS on each of the findings documented by the review team during the review. Each finding issued by OHS will be one of two types: noncompliant or deficient.

Grantees with no findings receive a review determination of “Compliant.” If a grantee is found to only have noncompliances, it receives a review determination of “Noncompliant”, which is referred to throughout this report as “having one or more noncompliances”. If a grantee is found to have one or more deficiencies, regardless of whether it also has noncompliances, it receives a review determination of “Deficient”, referred to throughout this report as “having one or more deficiencies.” Grantees also can be cited for immediate deficiency findings on their reviews. These findings affect the grantee’s status in the same way as a deficient finding. However, unlike a deficient finding, if an immediate deficiency is found, the grantee is issued a separate report and is required to correct the issue immediately upon receipt.

The 983 monitoring reviews completed in FY 2013 included:

- ▶ 394 Triennial reviews

### III. Grantee Monitoring Review Outcomes

- ▶ 8 First-Year reviews
- ▶ 45 Other reviews
- ▶ 536 Follow-up reviews<sup>3</sup>

Exhibits 2 through 8 present outcomes for Triennial, First-Year, and Other reviews. Outcomes for Follow-up reviews are presented in Exhibit 9. A full definition of each type of review can be found in the glossary at the end of the report.

**Exhibit 2: Review Outcomes by Review Type, FY 2013**

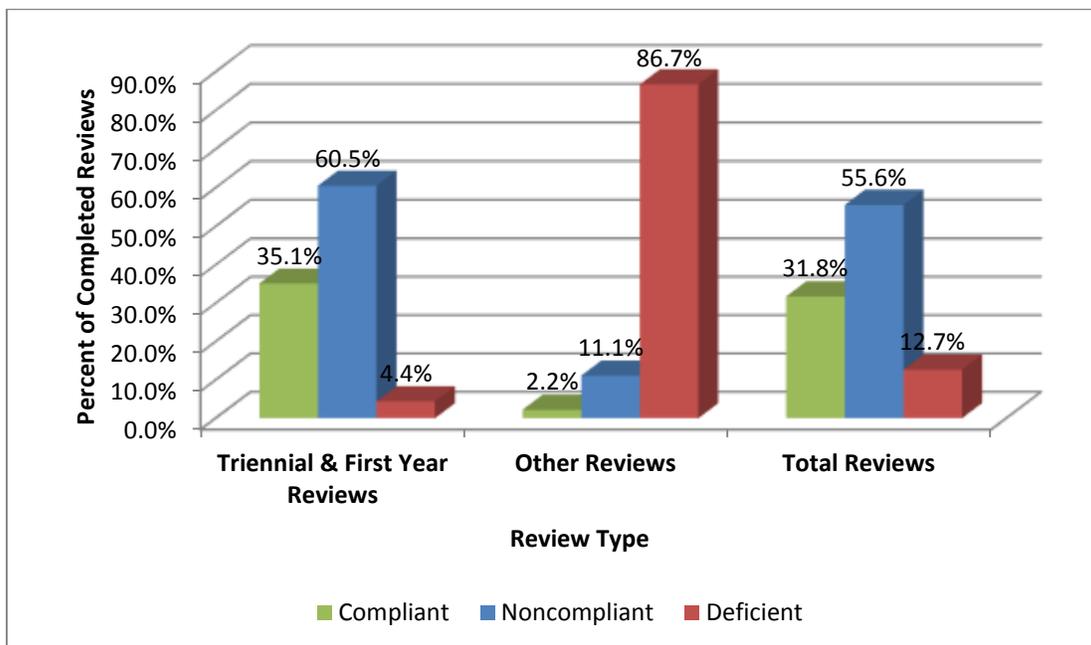


Exhibit 2 displays review types and their outcomes in FY 2013. In total, 35.1 percent of First year and Triennial reviews in FY 2013 found grantees to be compliant. Across all reviews, a small proportion (12.7 percent) of grantees was found deficient. On Triennial and First Year reviews, only 4.4 percent of grantees were found deficient. Deficiencies were most often found in Other reviews, which monitor grantee performance outside of the scheduled Triennial review. On an Other review, RO staff or local community request OHS to focus a review on known or suspected issues.

Exhibit 3 shows review outcomes by review type since FY 2011. Overall, deficiencies decreased since FY 2012, attributable to decreases in deficiencies in both Triennial and Other reviews. In FY 2012, over 90 percent of grantees receiving Other reviews were found deficient. That proportion decreased to 86.7 percent in FY 2013. In Triennial and First Year reviews, deficiencies decreased since FY 2012, from 6.3 percent to 4.4 percent. While noncompliances

<sup>3</sup> Of the 536 Follow-up reviews completed in FY 2013, 364 (68 percent) were follow-ups from reviews completed in previous fiscal years.

decreased among Triennial reviews from FY 2012 to FY 2013, these types of findings increased among Other reviews over the same time period: 9.4 percent of grantees were cited for a noncompliance on an Other review in FY 2012 compared to 11.1 percent in FY 2013.

**Exhibit 3: Review Outcomes by Review Type and Fiscal Year**

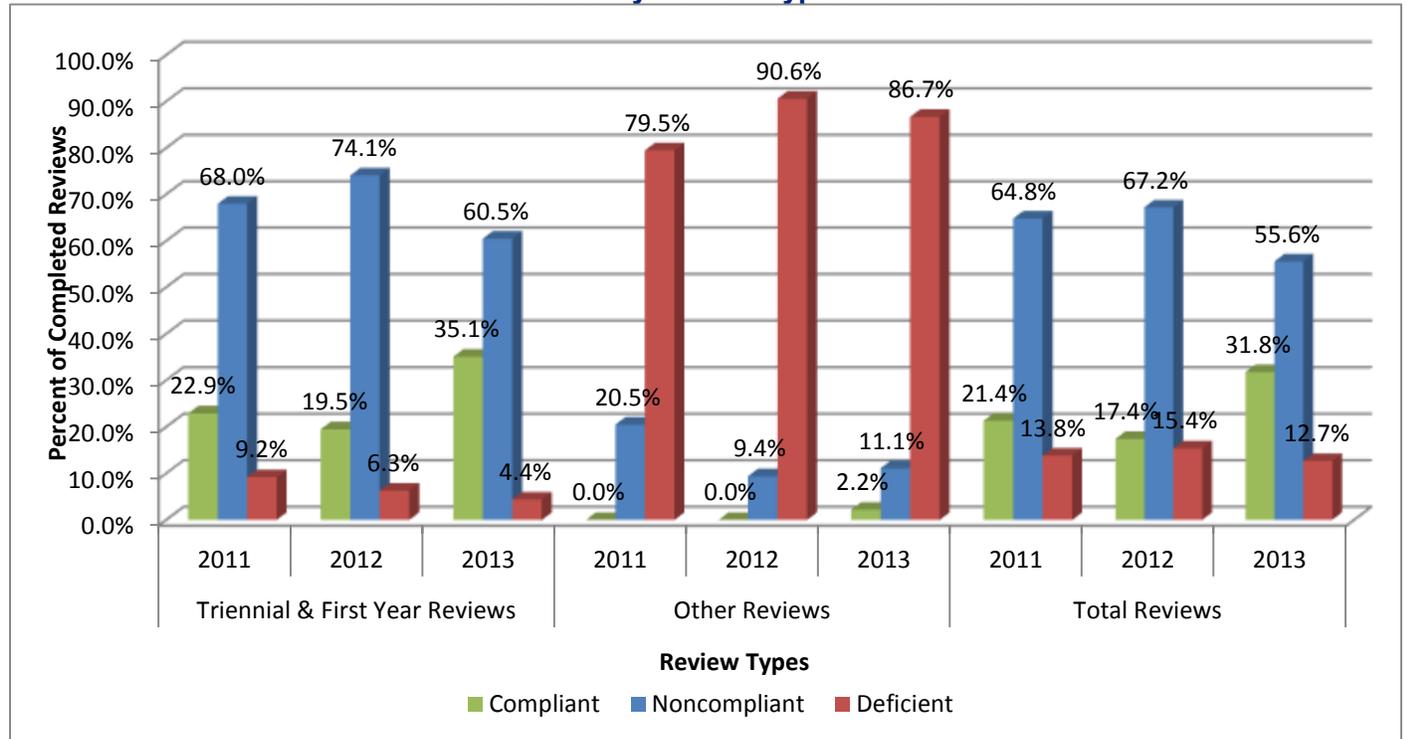
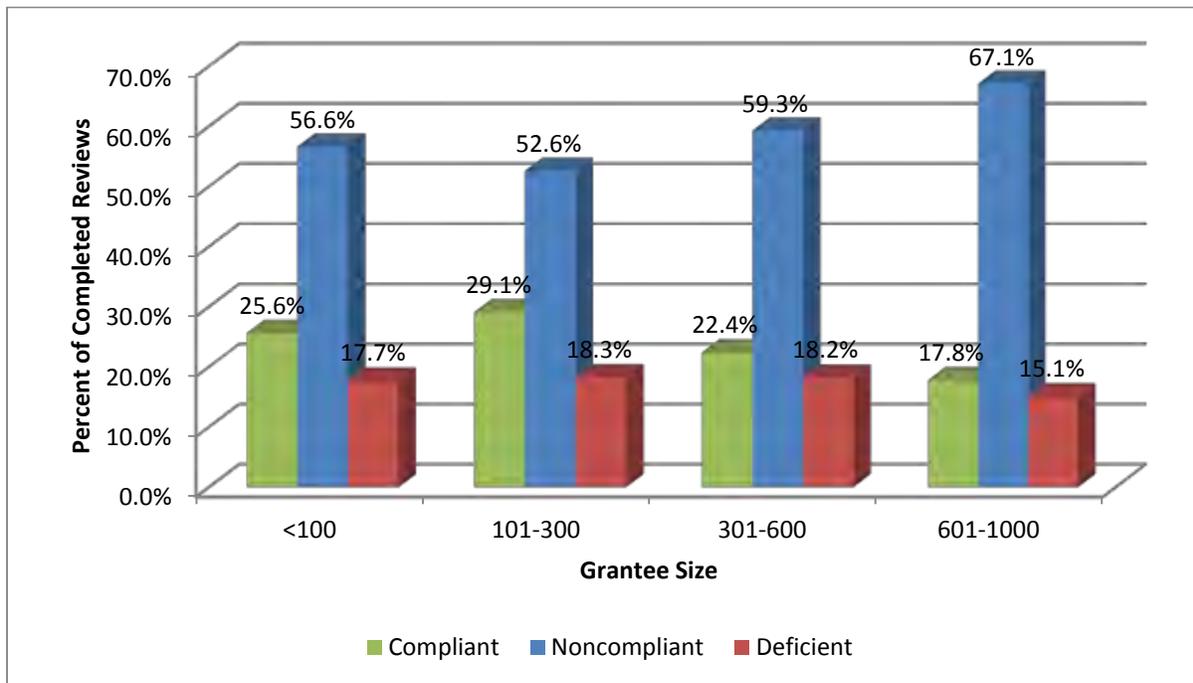


Exhibit 4 shows how review outcomes vary by grantee size. In FY 2013, smaller grantees were more likely to have one or more deficiencies than large grantees, but not by a sizeable margin: between 17 percent and 19 percent of grantees with fewer than 601 children had one or more deficiencies. On the other end of the spectrum, 15 percent of grantees with more than 601 children had a deficiency. Larger grantees were more likely to have a noncompliance than smaller grantees: over 65 percent of grantees with 601 children or more had one or more noncompliances, while approximately 53 percent of grantees with 101 to 300 children had one or more noncompliances. It is notable that none of the largest grantees (with enrollment over 1000 children) were reviewed during FY 2013.

**Exhibit 4: Review Outcomes by Grantee Size, FY 2013**



**Number and Types of Findings Identified**

***Number of Findings per Review***

Exhibit 5 shows the number of findings, either noncompliances or deficiencies, per grantee in FY 2013. A little over one-third of grantees had only one or two findings in total. Approximately 36 percent of grantees had no findings. At the other end of the spectrum, one percent of grantees had 11 or more findings in FY 2013. Among these grantees with 11 or more findings, findings 50 percent had only noncompliances, while the other 50 percent had at least one deficiency among those 11 or greater findings. The most common findings for these grantees were in the category of Program Design and Management (38.8 percent of citations) and Management Systems (25.4 percent of citations). The most common citations for these grantees were in the areas of Community Assessment based short and long term financial and program goal setting (1304.51(a)(1)(ii)); staff initial and follow-up health screenings (1304.52(k)(1)); ongoing self-monitoring (641A(g)(3)); and monthly financial statements (642(d)(2)(A)). Five of the six grantees (83.3 percent) with 11 or more findings were Migrant and Seasonal Programs grantees.

**Exhibit 5: Distribution of Reviewed Grantees by Number of Findings, FY 2013**

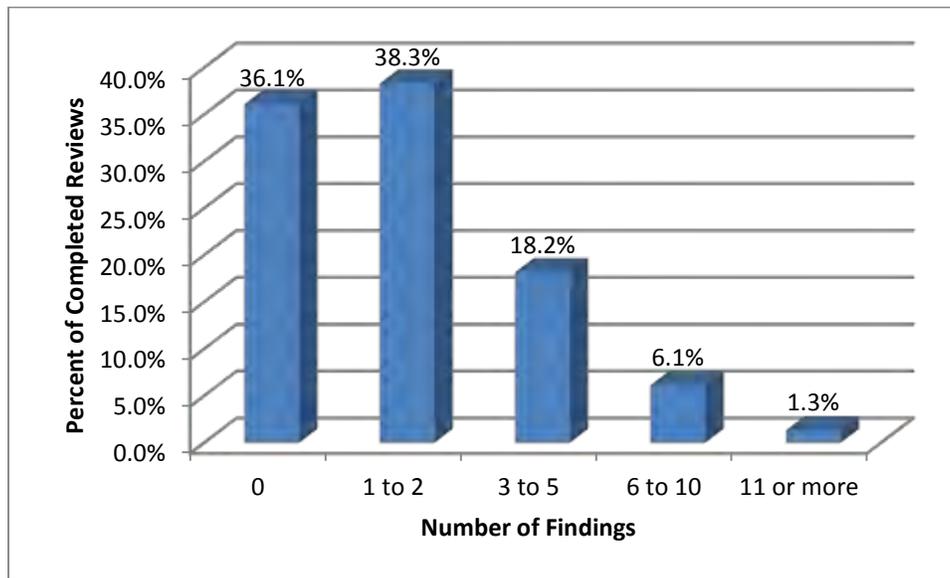
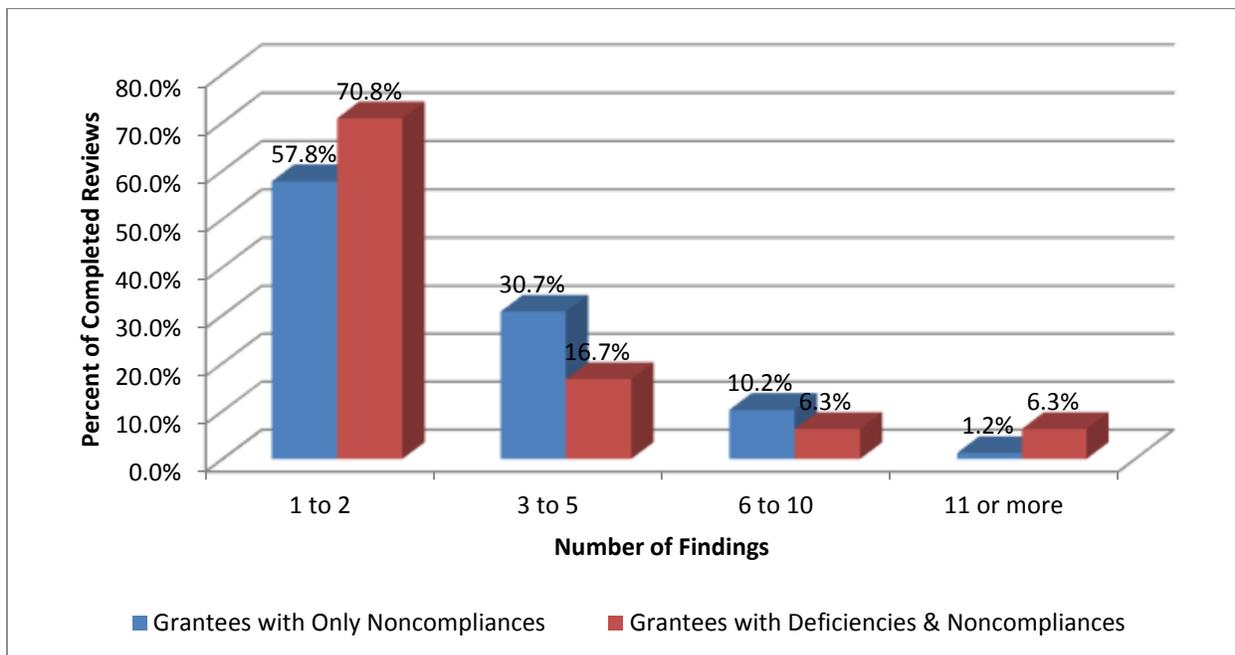


Exhibit 6 shows that the majority of noncompliant and deficient grantees in FY 2013 had only one or two findings in total. Over one half (57.8 percent) of the grantees with a review outcome of, “Noncompliant” had only one or two findings, while approximately 71 percent (70.8 percent) of the grantees with a review outcome of, “Deficient” had only one or two findings. Over 90 percent of the grantees with findings had five or fewer findings (92.6 percent). Smaller proportions of the grantees that had FY 2013 reviews had six or more findings (7.4 percent).

**Exhibit 6: Distribution of Reviewed Grantees with Findings by Total Number of Findings, FY 2013**



## Most Frequently Cited Areas of Noncompliance and Areas of Deficiency

### *Most Frequently Cited Areas of Noncompliance*

In FY 2013, “Reporting to the Governing Body and Policy Council” was the issue most frequently cited as noncompliant during First-Year, Triennial, and Other reviews; close to one-fifth (51 of 261, 19.5 percent) of all grantees with findings were cited in this area (Exhibit 7). “Initial Health Examinations for Staff”, which was the ninth most commonly cited noncompliant finding in FY 2012, was the second most frequently cited issue, with over 16 percent of grantees (42 of 261, 16.1 percent) with noncompliant findings cited for at least one standard related to the issue.

**Exhibit 7: Performance Issues Most Frequently Cited as Noncompliant, FY 2013  
(n = 261)**

Rank	Issue	Grantees Reviewed With Noncompliant Citations	
		n	%
1	Reporting to the Governing Body and Policy Council	51	19.5%
2	Initial Health Examinations for Staff	42	16.1%
3	Determining Child Health Status	41	15.7%
4	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	37	14.2%
5	Screening for Developmental, Health, Sensory, and Behavioral Concerns	36	13.8%
6	Annual Report to the Public	34	13.0%
7	Criminal Record Checks	33	12.6%
8	Ongoing Monitoring of Grantee Operations and Delegates	29	11.1%
9	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	27	10.3%
10	Financial Management Systems	25	9.6%
11	Non-Federal Share	20	7.7%
12	Teacher Qualifications	19	7.3%
12	Governing Body Responsibilities	19	7.3%
14	Eligibility	16	6.1%
15	Record-Keeping Systems	15	5.7%

***Most Frequently Cited Areas of Deficiency***

According to the Head Start Act, a deficiency can fall into one of six categories (1) a threat to the health, safety, or civil rights of children or staff; (2) a denial to parents of the exercise of their full roles and responsibilities related to program governance; (3) a failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management; (4) the misuse of Head Start grant funds; (5) the loss of legal status or financial viability; or (6) any other violation of federal or state requirements.

**Exhibit 8: Performance Issues Most Frequently Cited as Deficient, FY 2013  
(n = 48)**

Rank	Issue	Grantees Reviewed With Deficient Citations	
		n	%
1	Code of Conduct	31	64.6%
2	Criminal Record Checks	8	16.7%
3	Children are Only Released to a Parent or Legal Guardian	4	8.3%
4	Licensing Requirements	2	4.2%
4	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	2	4.2%
4	Medication Administration	2	4.2%
4	Ongoing Monitoring of Grantee Operations and Delegates	2	4.2%
4	Physical Arrangements Consistent with the Health, Safety, and Developmental Needs of Children	2	4.2%
9	Driver Qualifications	1	2.1%
9	Facilities Purchase, Maintenance, Renovations, and Construction	1	2.1%
9	Health Emergency Procedures	1	2.1%
9	Reasonableness of Cost	1	2.1%

Well over half (31 out of 48, 64.6 percent) of grantees with deficiencies were cited for a “Code of Conduct” deficiency, a category which primarily consists of leaving children unattended or unsupervised (Exhibit 8). This was an increase from FY 2012, when a little less than 61 percent of grantees had a finding pertaining to this issue. Criminal record checks made up the second most common deficiency citation with 16.7 percent of deficient grantees cited, which is a small decrease from FY 2012 (19.7 percent). A greater proportion of grantees had deficiencies in only releasing children to a parent or legal guardian when compared with FY 2012 (8.3percent vs. 6.1 percent).

***Review Outcomes for Follow-up Reviews (Correction of Findings)***

Overall, grantees were successful in correcting their findings on follow-up. Of the 1,742 findings reviewed on FY 2013 Follow-up reviews, 1,675 (96.2 percent) were corrected on their first review in FY 2013; 67 (3.9 percent) were not corrected and were, therefore, elevated to deficiencies.

Grantees have more difficulty in correcting some findings than others. Similar to previous years,

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### III. Grantee Monitoring Review Outcomes

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grantees were highly likely to have findings elevated for issues related to Determining Child Health Status (5 grantees, 20 percent) and Screening for Developmental, Health, Sensory, and Behavioral Concerns (5 grantees, 20 percent). Ongoing Monitoring of Grantee Operations and Delegates also had high elevation rates (4 grantees, 16 percent) (Exhibit 9).

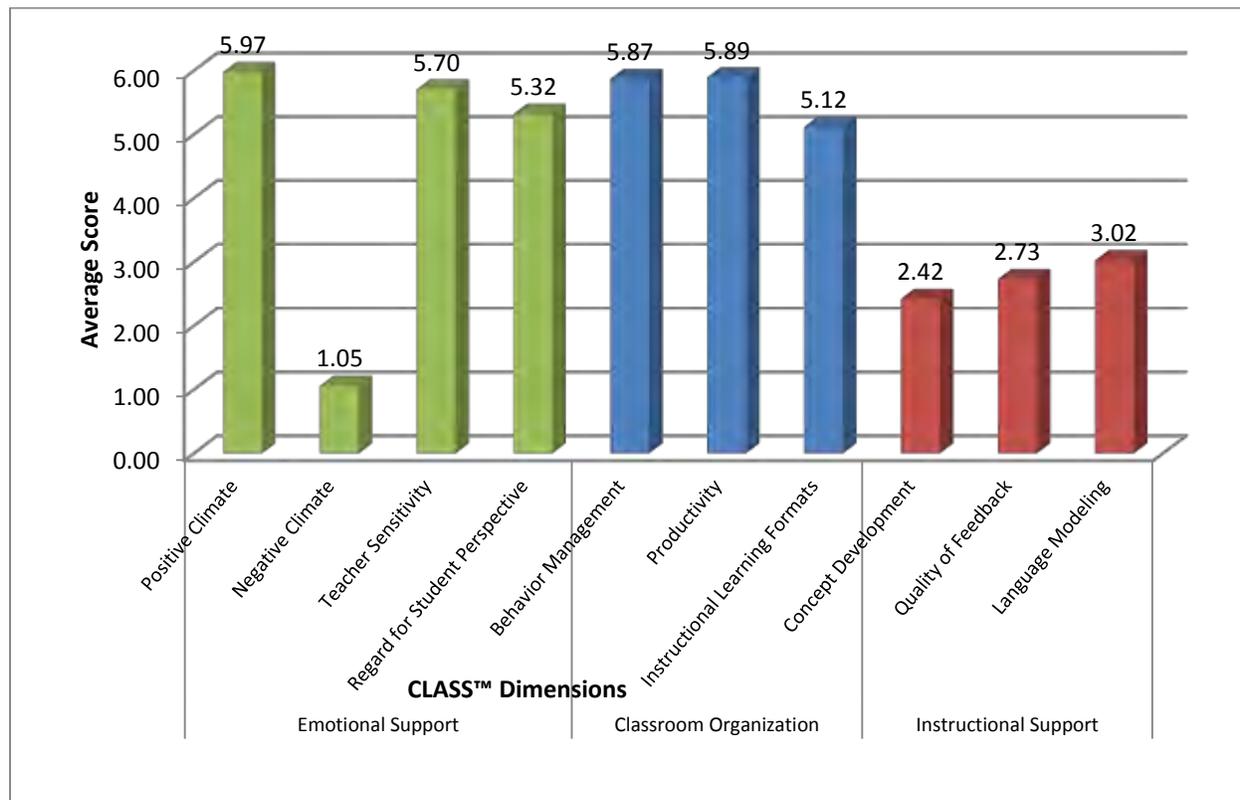
**Exhibit 9: Performance Issues Most Frequently Elevated, FY 2013 (n=25)**

Rank	Issue	Grantees Reviewed with Elevated Findings	
		n	%
1	Determining Child Health Status	5	20.0%
1	Screening for Developmental, Health, Sensory, and Behavioral Concerns	5	20.0%
3	Ongoing Monitoring of Grantee Operations and Delegates	4	16.0%
4	Reporting to the Governing Body and Policy Council	3	12.0%
4	Criminal Record Checks	3	12.0%
4	Financial Management Systems	3	12.0%
7	Equipment Records	2	8.0%
7	Home Visits	2	8.0%
7	Allowable Non-Federal Share Costs	2	8.0%
7	Self-Assessment	2	8.0%
7	Family Partnerships: Parent Involvement	2	8.0%

## V. CLASS™

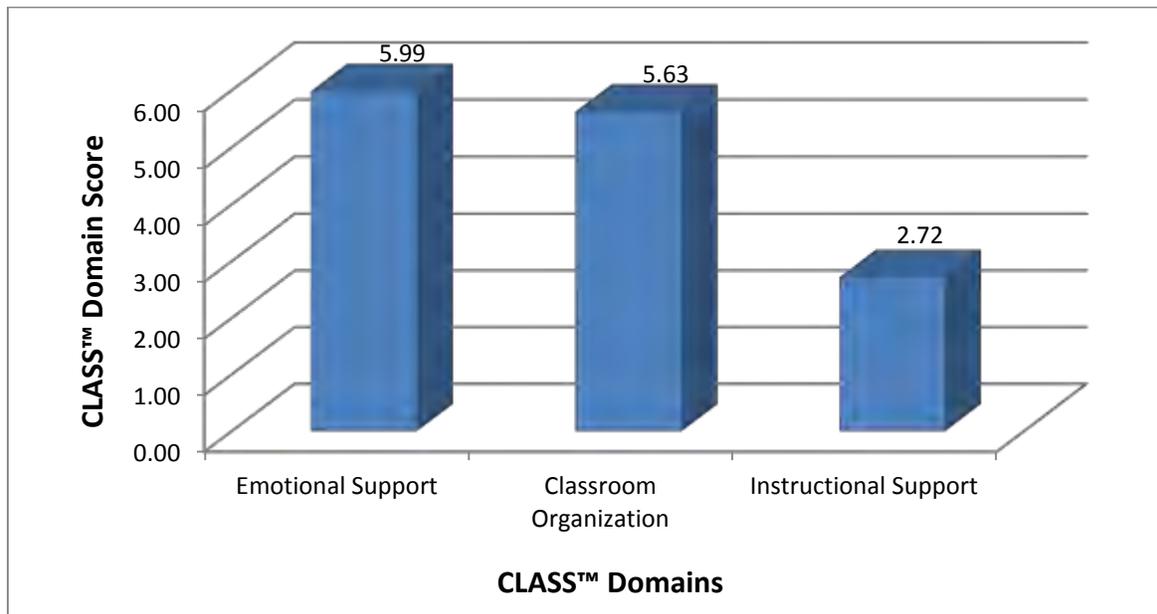
As noted in Section II of this report, CLASS™ dimensions are grouped into three main domains - Classroom Organization, Emotional Support, and Instructional Support - which assess the various ways teachers and students interact. In FY 2013, grantees generally scored in the middle quality range across the dimensions (Exhibit 10). An exception was in negative climate, which fell in the high quality range, approaching the highest possible score, meaning negative climates were not observed frequently (Negative climate is coded in the opposite direction of all the other dimensions).

**Exhibit 10: Average CLASS™ Scores by Dimension, FY 2013 (n = 402)**



Dimensions are grouped together and averaged to create an average domain score. Across domains, scores were higher in the Emotional Support and Classroom Organization domains than in the Instructional Support dimensions (Exhibit 11), a similar pattern to FY 2012. As it relates to DRS, grantees in the bottom ten percent of grantees in any of the three domains are put into the DRS pool.

**Exhibit 11: Average CLASS™ Scores by Domain, FY 2013**

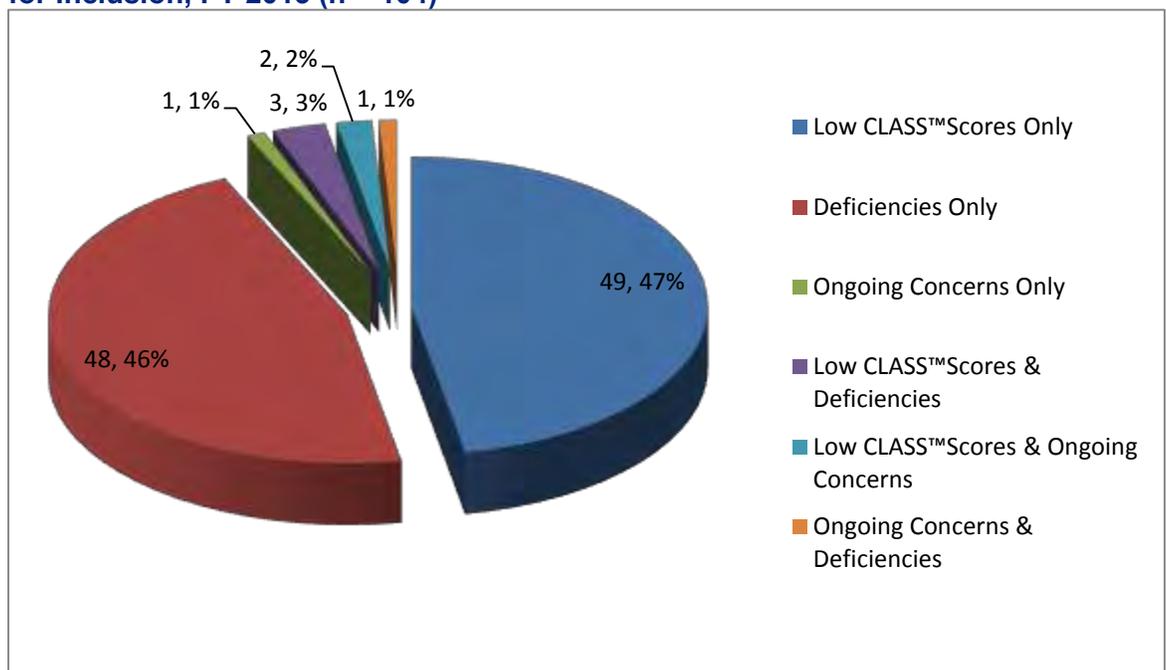


NOTE: The score for Negative Climate was inverted to calculate the average Emotional Support score (i.e. a score of one became a score of seven)

## VI. Designation Renewal System (DRS) Results

OHS identified 104 grants that are required to compete for renewed grant funding based on deficient findings or CLASS™ scores identified between October 1, 2012 and December 31, 2013. Of the 104 grants in the DRS cohort, 50 qualified based on elevated findings, immediate deficiencies, or deficiencies identified during FY 2013 reviews and 49 qualified based on low CLASS™ scores. Three qualified for the DRS pool based on both CLASS™ scores and deficiencies. Exhibit 12 presents the number of grantees in the DRS cohort and the reasons for their membership in the cohort.

**Exhibit 12: Number of Grantees in Designation Renewal System (DRS) Pool and Reason for Inclusion, FY 2013 (n = 104)**



## VII. Annual Review of the FY 2013 Fiscal Monitoring Procedures

Section 650(c) of the Head Start Act requires OHS to complete an annual review of fiscal monitoring procedures to “assess whether the design and implementation of the triennial reviews described in Section 641A(c) include compliance procedures that provide reasonable assurances that Head Start agencies are complying with applicable fiscal laws and regulations.” This Fiscal Monitoring Assessment demonstrates that the OHS fiscal monitoring process provides a complete and accurate picture of grantee fiscal integrity and required compliance with laws and regulations.

The Fiscal Protocol was developed by OHS and individuals with expertise in grantee fiscal operations (i.e., Head Start Regional Office staff and fiscal subject matter experts, including CPAs and attorneys). It supports consistency in evidence collection and examination and ensures even-handed treatment with regard to the overall assessment of grantee fiscal operations. The Head Start Act specifically requires that OHS include as part of the monitoring review a protocol for fiscal management to assess compliance with program requirements for:

- ▶ Using federal funds appropriately,
- ▶ Using federal funds specifically to purchase property (consistent with Section 644(f) of the Head Start Act) and to compensate personnel,
- ▶ Securing and using qualified financial officer support, and
- ▶ Reporting financial information and implementing appropriate internal controls to safeguard federal funds.

The key areas of the Fiscal Protocol take into account the requirements of the Head Start Act as well as additional fiscal compliance requirements found in other fiscal laws and regulations, including the Head Start Performance Standards and other regulations implemented at 45 CFR 1301 to 1311. The Fiscal Protocol frameworks include financial management systems, reporting, procurement, compensation, indirect costs and cost allocation, non-federal share, cost principles, facilities, and property. Fiscal compliance is assessed through review of designated pre-site documents submitted by the grantee, Regional Office fiscal information, on-site observations and review of documents, transactions, agreements, and interviews, including governing body and policy council members and key fiscal personnel.

### **FY 2013 Fiscal Monitoring Protocol**

Prior to the launch of the FY 2013 monitoring process, OHS reviewed the FY 2012 Fiscal Protocol and considered enhancements to reflect changes in policy and procedure and to ensure compliance with the Head Start Act. This section highlights key changes from the FY 2012 Protocol. The Protocol organizes elements of Head Start performance standards and other regulations into a tool to monitor grantees in a standardized way.

As substantial enhancements were made prior to the FY 2011 reviews, there were relatively few changes between the FY 2012 and FY 2013 Fiscal protocols. In FY 2013, the Fiscal Protocol was streamlined to make the on-site monitoring process more efficient. For example, review of nutrition contracts was dropped from OHSMS, in light of the monitoring already performed by Child and Adult Food Care Program (CACFP) recipients. CPA audits typically include completion of internal control checklists; therefore, we scaled back OHSMS questions around issues such as segregation of duties. Similarly, OHSMS dropped questions around late SF-425 financial reporting, deferring to Regional Offices who receive the grantee's semi-annual SF-425 Financial Reports and are best equipped to address late reporting.

The transaction approach introduced in FY 2010 was expanded again in FY 2013 to include facility testing and the accuracy of reporting. Given the increased reliance on transaction testing, a minimum threshold of transactions to be reviewed in each area was established.

Statements in the Evidence Assessment System (EAS), which was established in FY 2012 to allow reviewers to more easily identify the level of grantee performance based on evidence collected during the fiscal review and provide OHS with more detailed information about scope and materiality, were simplified and better aligned with its associated targeted questions. In addition, expansive single questions were switched to series of conditional questions. For example, in determining the type of Notice of Federal Interest required, in FY 2013, reviewers were asked a series of questions about (1) federal contributions to acquisition, construction, major renovation, or mortgage payments, (2) the type of building (modular or non-modular), (3) the arrangement of the facility (whether attached to the land) and (4) the ownership of the land. By answering these simple questions, the reviewer arrived at the correct compliance determination.

Finally, the fiscal protocol was shifted from a primary focus on personnel activity reporting to a focus on the reasonableness of salary allocation based on feedback from GMOs. In making this shift, we relied on the PAR testing performed as part of the grantee's Single Audit.

The Pre-Site Fiscal Information Form (FIFO) implemented in FY 2011 and FY 2012 continued to be used in FY 2013. The FIFO is completed using information from the Regional Office grants managers and is available to Reviewers along with the pre-site documents provided by the grantee for review in advance of on-site activities. The FIFO informs on-site activities by providing Reviewers with information related to the significant fiscal issues which a grantee may be encountering.

### **Assessment of the FY 2013 Fiscal Protocol**

Fiscal Protocol data from signed reports from the first quarter of FY 2013 were reviewed. The review was conducted by a workgroup of three current ACF Grants Officers supported by a Certified Public Accountant employed by the monitoring contractor. The workgroup reviewed each compliance indicator, addressing the following questions:

- ▶ Are the key risks addressed through the protocol?

- ▶ Are low risk items excluded from the protocol?
- ▶ Are reviewers directed to focus on procedures or implementation of those procedures?
- ▶ Does the instrument support the reviewer in collecting evidence to make an appropriate determination of compliance status?

In connection with this review, OHS analyzed FY 2013 preliminary and final findings from on-site monitoring reviews to determine the extent to which the protocol led reviewers to appropriate evidence sources and the extent to which the FY 2012 protocol questions needed refinement. Sustained findings were reviewed for significance (i.e., were indicative of a systemic fiscal issue as opposed to those that were not of sufficient severity or pervasiveness to meet that standard).

Similar to results of the assessment of FY 2011 and FY 2012, the review concluded that the FY 2013 protocol as designed provided reasonable assurance that Head Start agencies complied with applicable fiscal laws and regulations. Monitoring findings were generally substantive, and the analysis identified many findings addressed potential disallowances not detected through Single Audits. The FIFO was useful to signal risks and concerns to the OHSMS review team, and to identify areas where Regional Offices sought additional investigation through OHSMS. However, findings developed through transaction review yielded a better description of noncompliance.

## VIII. New Directions in Monitoring for FY 2014

### **Development and Pilot Testing of New Screening Tool**

The Head Start Key Indicators-Compliance Review is an evidence-based differentiated monitoring tool used to monitor grantees with a history of compliance. Recognizing that grantees with a consistent history of compliance may not need as much support as other grantees, OHSMS has developed a mechanism to screen historically compliant grantees in order to determine if a Comprehensive Monitoring Review is needed during the given grant cycle. Strict eligibility criteria have been developed to determine which grantees can be screened. If a grantee meets these criteria, and successfully passes the screening, it will go through a Differential Monitoring Process, ideally reducing the amount of resources necessary for grant-cycle monitoring and evaluation. Should a grantee be deemed ineligible for screening or fail the screening, the grantee will go through the traditional Comprehensive Monitoring Process. If successful, the introduction of this tool could dramatically change the allocation of resources among grantees who have demonstrated a history of compliance and those who require more support.

### **American Indian/Alaska Native (AI/AN) Reevaluation Tool**

Recognizing that there are issues unique to AI/AN grantees, OHS is interested in establishing a process by which AI/AN grantees will receive additional monitoring and support to address those issues through periodic re-evaluation. The re-evaluation process will follow traditional monitoring methods and include targeted on-site monitoring examining core compliance measures, targeted CLASS observations, and analyses of data provided by the grantee. Given the outcomes of these re-evaluations, AI/AN grantees will better understand their performance status and what steps they need to take to prevent grant recompetition.

## Appendix: Glossary

Term	Definition
<b>ACF</b>	Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) (includes the Regional Offices).
<b>Actual Enrollment</b>	Actual enrollment includes all children (and pregnant women) regardless of funding source (ACF or non-ACF) who are participating in a Head Start or Early Head Start program, and have attended at least one class or received at least one home visit.  Related Terms: Funded Enrollment and ACF.
<b>Area of Noncompliance (ANC)</b>	An Area of Noncompliance (ANC) is a type of review decision recorded in a complete Head Start Review Report that documents a grantee's lack of compliance with one or more Head Start program requirements. Depending on the documented severity of the grantee's lack of compliance and the degree to which the situation poses a threat to the safety and well-being of enrolled children, an Area of Noncompliance may become partial or sole justification for a deficiency determination or for a noncompliance determination.  An Area of Noncompliance begins as a Preliminary Area of Noncompliance (PANC) identified by the review team in the field. A PANC becomes an Area of Noncompliance when OHS decides the PANC has sufficient evidentiary support to justify a noncompliance or deficiency determination.  Related Terms: Deficiency, Determination, Noncompliance, Preliminary Area of Noncompliance, Head Start Performance Standards and Head Start Program Requirements.
<b>Citation</b>	A citation is a performance standard referenced on a Preliminary Area of Noncompliance or an Area of Noncompliance.  Related Terms: Area of Noncompliance, Preliminary Area of Noncompliance and Performance Standards.
<b>Completed Review</b>	A completed review is a conducted monitoring review of any type (Triennial, First-Year, Other or Follow-up) for which the Head Start Review Report has been officially received by the grantee.  Related Term: Head Start Review Report and Conducted Review.
<b>Conducted Review</b>	A conducted review is a review for which the onsite monitoring visit has been completed but for which the grantee may or may not yet have received the final Review Report.  Related Term: Head Start Review Report and Completed Review.
<b>Corrective Action Timeframe</b>	A Corrective Action Timeframe is the number of days a grantee is given to address all Areas of Noncompliance associated with a specific determination (deficiency or noncompliance). Deficiency determinations typically have corrective action timeframes of 10 days or 30 days, if the deficiency is a health & safety violation. Other deficiencies have a period of 90 days for correction. The corrective action timeframe for a noncompliance determination in FY 2009 was 90 days.

Term	Definition
	<p>The corrective action timeframe clock does not start ticking until the grantee officially receives the Head Start Review Report.</p> <p>Related Terms: Deficiency, Noncompliance, Determination and Head Start Review Report.</p>
<b>Deficiency</b>	<p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:</p> <p>(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> <li>(i) A threat to the health, safety, or civil rights of children or staff;</li> <li>(ii) A denial to parents of the exercise of their full roles and responsibilities related to program operations;</li> <li>(iii) A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</li> <li>(iv) The misuse of funds received under this subchapter;</li> <li>(v) Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</li> <li>(vi) Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</li> </ul> <p>(B) Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) An unresolved area of noncompliance.</p> <p><i>Deficiency is an OHS determination that a grantee has failed to substantially to provide the required services or to substantially implement required procedures.</i></p> <p>A deficiency [determination] is documented in a final Review Report and includes one or more Areas of Noncompliance. In a report, a statement of a deficiency determination includes a corrective action timeframe (of 30 days or 180 days depending on the severity), a finding category or deficiency type, and required corrective actions (Follow-up review and/or Quality Improvement Plan (QIP)).</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
<b>Delegate Agency</b>	<p>A delegate agency is a public or private nonprofit or for-profit organization or agency to which a Head Start grantee has delegated by written agreement the carrying out of all or part of its responsibility for operating a Head Start program or programs.</p> <p>Related Terms: Grantee and Head Start Program.</p>
<b>Determination</b>	<p>A determination is an Office of Head Start decision regarding a grantee’s lack of compliance with state and/or federal requirements. A determination is documented in the Head Start Review Report and is supported by one or more Areas of Noncompliance each citing one or more performance standards. There are two types of determinations: Deficiency Determinations and Noncompliance Determinations. A determination statement indicates the type</p>

Term	Definition
	<p>of determination, the corrective action timeframe, the required corrective actions (Follow-up review and/or Quality Improvement Plan (QIP)).</p> <p>Related Terms: Deficiency, Noncompliance, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
<i>Early Head Start Program</i>	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services to children from birth to three years of age and pregnant women.</p> <p>Related Terms: Delegate Agency and Head Start Program.</p>
<i>Fiscal Year (FY)</i>	<p>Twelve-month accounting period (federal FY 2013 began on October 1, 2013 and ended on September 30, 2014).</p>
<i>Follow-up Review</i>	<p>Return visits made to grantees to verify whether corrective actions have been implemented. Determinations in First-year, Triennial or Other reviews indicate whether or not a Follow-up review is required, and the timeframe within which the grantee must correct the Areas of Noncompliance. If the initial Follow-up review team identifies that one or more Areas of Noncompliance have not been corrected, the Office of Head Start (OHS) may decide a second Follow-up review is required. Less often, a third or fourth Follow-up review is conducted.</p> <p>Related Terms: Triennial Review, First-Year Review, Other Review and Monitoring Reviews.</p>
<i>Funded Enrollment</i>	<p>Funded enrollment is the total number of children (and pregnant women) that a Head Start (Early Head Start or Head Start/Early Head Start) program is to serve as indicated on the federal Financial Assistance Award from ACF.</p> <p>Related Terms: Actual Enrollment and ACF.</p>
<i>Grant</i>	<p>A federally funded monetary award that is provided to an agency to perform Head Start (Early Head Start or Head Start/Early Head Start) services either directly or through delegate agencies.</p> <p>Related Terms: Grantee and Head Start Program.</p>
<i>Grantee</i>	<p>An agency (i.e. public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families (ACF) to administer one or more Head Start programs (Early Head Start or Head Start/Early Head Start) or to oversee the programs administered by a delegate agency.</p> <p>Related Terms: Delegate Agency and Program Type.</p>
<i>Grantee Compliance Status</i>	<p>The final determination made on the grantee by the Office of Head Start (OHS) based on the results of the on-site monitoring review. The status is one of the following:</p> <ol style="list-style-type: none"> <li>1) Compliant: Grantees without a noncompliant or deficient finding</li> <li>2) Having one or more noncompliances: Grantees with one or more noncompliant findings</li> <li>3) Having one or more deficiencies: Grantees with one or more deficient findings,</li> </ol>

Term	Definition
	<p>deficient grantees may have one or more noncompliant findings in addition to one or more deficient findings</p> <p>Related terms: Deficiency and Noncompliance.</p>
<b>Head Start Program</b>	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.</p> <p>Related Terms: Delegate Agency and Early Head Start Program.</p>
<b>Head Start Program Requirements</b>	<p>The Head Start Program Requirements include the Head Start Program Performance Standards and applicable laws, regulations and policy requirements to which all grantees operating a Head Start program must adhere. During the on-site monitoring review, review teams assess grantee's compliance with the Head Start Program Requirements.</p> <p>Related Terms: Head Start Program Performance Standards and Monitoring Reviews.</p>
<b>Head Start Review Report</b>	<p>The Head Start Review Report serves as legal notice to a Head Start grantee of the results of the on-site monitoring review. It provides the grantee with detailed information on the areas in which the grantee is not meeting Head Start program requirements. The Head Start Review Report also documents the corrective action timeframes that the grantee has to resolve the issues addressed in the report.</p> <p>Related Terms: Completed Review, Conducted Review, Corrective Action Timeframe, Deficiency and Noncompliance.</p>
<b>HHS</b>	<p>U.S. Department of Health and Human Services, which oversees the Administration for Children and Families (ACF).</p> <p>Related Terms: Administration for Children and Families (ACF).</p>
<b>Monitoring Reviews</b>	<p>Per Section 641A of the Head Start Act, grantees are required to receive a full-on-site monitoring review every three years (i.e. Triennial reviews) and newly funded programs are required to receive a monitoring review after their first full year (i.e. Regular First-year reviews) of providing Head Start services. Programs that are not in compliance with Head Start federal regulations and requirements during the on-site monitoring review are required to have a Follow-up review to verify whether corrective actions have been implemented. There are four main types of monitoring reviews or review types: 1) Triennial, 2) Regular First-Year, 3) Other, and 4) Follow-up.</p> <p>Related Terms: Head Start Program Performance Standards, Head Start Program Requirements, Triennial Review, Regular First-Year Review, Other Review and Follow-up Review.</p>
<b>Noncompliance</b>	<p>A noncompliance is an area of noncompliance (ANC) citing one or more performance standards and related to a noncompliance determination in the completed Head Start Review Report.</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>

Term	Definition
<b>Office of Head Start (OHS)</b>	<p>Within the Administration for Children and Families in the U.S. Department of Health and Human Services (HHS), the Office of Head Start (OHS) serves as the principal advisory unit to the Assistant Secretary on issues regarding the Head Start program. OHS provides leadership, coordinates activities, develops legislative and budgetary proposals, and presents objectives and initiatives for the Head Start program. (OHS was formerly the Head Start Bureau.)</p> <p>Related Terms: U.S. Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF).</p>
<b>OHSMS Software</b>	<p>Office of Head Start Monitoring System software is an integrated technology solution supporting a broad spectrum of monitoring review activities: pre-site planning and document-sharing, on-site review coordination and documentation, and post-review corrective action activities.</p>
<b>Other Review</b>	<p>Alerted to a potential performance issue or concern with a grantee, OHS may resolve to conduct an out-of-cycle review, referred to as an Other review. Other reviews, unlike Triennial and Regular First-Year reviews, are non-routine in nature.</p> <p>Related Terms: Triennial Review, Follow-up Review and Monitoring Reviews.</p>
<b>Performance Standards (Head Start Program Performance Standards) and other regulations</b>	<p>Head Start functions, activities, and facility criteria required to meet the objectives of the Head Start program as they relate directly to children and their families. The Performance Standards are one source for measuring grantee compliance.</p> <p>Related Terms: Head Start Program Requirements.</p>
<b>Preliminary Area of Noncompliance (PANC)</b>	<p>A preliminary conclusion of a grantee's failure to comply with a given Head Start program performance standard or regulation. This conclusion is based on evidence collected by the review team during the monitoring review. A PANC becomes an Area of Noncompliance in a final Review Report if OHS determines that the PANC has sufficient evidence and documentation.</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee and Head Start Review Report.</p>
<b>Program Type</b>	<p>Program type describes the category of services (i.e. Early Head Start or Head Start) that a Head Start program provides. There are three program types: 1) Head Start, 2) Early Head Start, and 3) Head Start/Early Head Start.</p> <p>Related Terms: Head Start, Early Head Start and Head Start Program.</p>
<b>Protocol</b>	<p>In Fiscal Year 2007, OHS introduced a new integrated Monitoring Protocol that was designed to assess the performance and compliance of Head Start grantees in a more focused, efficient, and comprehensive manner. The protocol focused on the delivery of services as well as the management systems that support services, accountability, and fiscal integrity. This integrated protocol contains a set of compliance questions that cover all program service areas and management systems. Each compliance question is directly linked to a regulation; therefore, any review activity including interviews, observations or document review relates to a clearly defined performance requirement. Requiring review teams to adhere to a uniform and</p>

Term	Definition
	defined set of compliance questions increases focus, efficiency, fairness and comprehensiveness of the scope of the review.
<i>Quality Improvement Plan (QIP)</i>	<p>Once a grantee is determined to have one or more deficiencies, the grantee must submit for approval a quality improvement plan (QIP) to the Regional Office outlining the deficiencies to be corrected, the actions to be taken to correct each deficiency, and the timeframe for accomplishing the corrective actions specified</p> <p>Related Terms: Determination and Deficiency.</p>
<i>Regular First-Year Review</i>	<p>Newly funded Head Start grantees are reviewed after their first full year of operation. These types of reviews are commonly referred to as “First-Year” reviews. After their first-year review, grantees will then be reviewed every three years.</p> <p>Related Terms: Triennial Review, Follow-up Review, Other Review and Monitoring Reviews.</p>
<i>Review Decision</i>	<p>Decision about a grantee’s compliance with applicable laws and regulations based on evidence collected during the monitoring review. (Review decisions include “no areas of noncompliance,” “areas of noncompliance,” and deficiency determinations.)</p> <p>Related Terms: Areas of Noncompliance, Deficiency, Noncompliance, Determination and Monitoring Reviews.</p>
<i>Review Team Leader (RTL)</i>	<p>Staff person who leads the monitoring review team. The team leader (or RTL) delegates tasks, assigns reviewers to complete sections of the Protocol, and facilitates and coordinates interaction between grantee staff and review team members.</p> <p>Related Terms: Monitoring Reviews.</p>
<i>Reviewer</i>	<p>Member of a monitoring review team who under the guidance of the monitoring review team leader gathers evidence through observations, interviews and document review to assess the performance of a Head Start grantee being reviewed.</p> <p>Related Terms: Monitoring Reviews.</p>
<i>Triennial Review</i>	<p>Head Start grantees undergo monitoring reviews every three years. These types of reviews are referred to as “Triennial” reviews.</p> <p>Related Terms: First-Year Review, Follow-up Review, Other Review and Monitoring Reviews.</p>

## Appendix: Tables

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
1304.52(k)(1)	SYS	Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination	42	16.1%
642(d)(2)(A)	GOV	Monthly financial statements	36	13.8%
1304.20(b)(1)	HEA	Screening for Developmental, Sensory, and Behavioral Concerns	33	12.6%
648A(g)(3)(A)	SYS	Criminal Record Checks	30	11.5%
641A(g)(3)	SYS	Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A] (g) Self-Assessments- (3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).	29	11.1%
1304.53(a)(7)	SAF	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	27	10.3%
644(a)(2)(B)	SYS	An explanation of budgetary expenditures and proposed budget for the fiscal year.	26	10.0%
642(d)(2)(D)	GOV	Conduct of Responsibilities. Each Head Start agency shall ensure the sharing of accurate information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including monthly reports of meals and snacks provided through programs of the Department of Agriculture;	23	8.8%
1304.20(a)(1)(iii)	HEA	Obtain or arrange further diagnostic testing, examination, and treatment	22	8.4%
1304.20(a)(1)(ii)	HEA	Child is up-to-date on a schedule of age appropriate preventive and primary health care	18	6.9%
645A(h)(1)	PDM	The Secretary shall--(1) ensure that, not later than September 30, 2010, all teachers providing direct services to children and families participating in Early Head Start programs located	18	6.9%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		in Early Head Start centers, have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development		
<b>648A(a)(3)(B)(i)</b>	<b>ECD</b>	Staff Qualifications	16	6.1%
<b>1304.51(g)</b>	<b>SYS</b>	Establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.	15	5.7%
<b>648A(a)(3)(B)(ii)</b>	<b>ECD</b>	Staff Qualifications	14	5.4%
<b>1304.53(a)(10)(viii)</b>	<b>SAF</b>	Cleaning of indoor and outdoor premises	14	5.4%
<b>74.21(b)(3)</b>	<b>PDM</b>	Financial management systems shall provide for effective control over and accountability for all funds, property and other assets.	13	5.0%
<b>1304.52(a)(1)</b>	<b>SYS</b>	Organizational Structure	12	4.6%
<b>648A(a)(3)(B)(iii)</b>	<b>ECD</b>	Staff Qualifications	11	4.2%
<b>644(a)(2)(G)</b>	<b>SYS</b>	The agency's efforts to prepare children for kindergarten.	11	4.2%
<b>1307.3(b)(2)(i)</b>	<b>CDE</b>	Agency has been determined not to have taken steps to achieve the school readiness goals by aggregating and analyzing aggregate child-level assessment data at least three times per year (except for programs operating less than 90 days, which will be required to do so at least twice within their operating program period) and using that data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions	10	3.8%
<b>1304.40(i)(6)</b>	<b>HEA</b>	Health staff must visit each newborn within two weeks of birth	10	3.8%
<b>1305.4(e)</b>	<b>PDM</b>	A signed statement identifying which documents was examined to verify income eligibility must be maintained	10	3.8%
<b>1304.53(a)(10)(x)</b>	<b>CHS</b>	Playground equipment and surfaces	9	3.4%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
<i>230, App A(A)(4)(a)(2)</i>	<b>FIS</b>	A cost is allocable to a Federal award if it benefits both the award and other work and can be distributed in reasonable proportion	9	3.4%
<i>642(d)(2)(E)</i>	<b>GOV</b>	Financial audit	9	3.4%
<i>642(d)(2)(C)</i>	<b>PDM</b>	Program enrollment reports	9	3.4%

Head Start Acronym	Head Start Definition
<b>CDE</b>	Child Development and Education
<b>CHS</b>	Child Health and Safety
<b>ECD</b>	Education and Early Childhood Development
<b>FIS</b>	Fiscal Management
<b>GOV</b>	Program Governance
<b>HEA</b>	Health Services
<b>PDM</b>	Program Design and Management
<b>SAF</b>	Safe Environments
<b>SYS</b>	Management Systems
<b>TRAN</b>	Transportation Services

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
<i>1304.52(i)(1)(iii)</i>	<b>PDM</b>	Code of conduct specifies that children are not unsupervised or left alone	27	56.3%
<i>648A(g)(3)(A)</i>	<b>SYS</b>	Criminal Record Checks	8	16.7%
<i>1304.52(i)(1)(iv)</i>	<b>SYS</b>	Code of conduct specifies that the program will not They will use positive methods of child guidance and will not engage in corporal punishment	5	10.4%
<i>1310.10(g)</i>	<b>TRAN</b>	Each agency must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian.	4	8.3%
<i>1304.22(c)(1)</i>	<b>HEA</b>	Labeling and storage of medications	2	4.2%
<i>1306.30(c)</i>	<b>SAF</b>	facilities used must comply with State and local requirements concerning licensing	2	4.2%
<i>641A(g)(3)</i>	<b>SYS</b>	Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A] (g) Self-Assessments- (3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).	2	4.2%
<i>1304.53(a)(10)(x)</i>	<b>CHS</b>	Playground equipment and surfaces	1	2.1%
<i>1309.1</i>	<b>FIS</b>	A Grantee which Proposes to Use Grant Funds to Purchase, Construct, or to Undertake Major Renovation of a Facility Must Submit a Written Application to the Responsible HHS Official	1	2.1%
<i>230, App A(A)(3)(b)</i>	<b>FIS</b>	In determining the reasonableness of a given cost, consideration shall be given to the restraints or requirements imposed by factors generally accepted as sound business practices, arm's length bargaining, Federal and State laws and regulations, and terms and conditions of the award.	1	2.1%
<i>1304.22(a)(5)</i>	<b>PDM</b>	Health Emergency Procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include: Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable	1	2.1%

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		Federal, State, or Tribal laws.		
<i>1304.53(a)(10)(viii)</i>	<b>SAF</b>	Cleaning of indoor and outdoor premises	1	2.1%
<i>1304.53(a)(10)(xi)</i>	<b>SAF</b>	Electrical outlets	1	2.1%
<i>1304.53(a)(8)</i>	<b>SAF</b>	Environment is free of air pollutants as well as soil and water contaminants	1	2.1%
<i>1304.53(a)(10)(vii)</i>	<b>SAF</b>	Exits and evacuation routes	1	2.1%
<i>1304.53(a)(10)(iv)</i>	<b>SAF</b>	Facility lighting	1	2.1%
<i>1304.53(a)(10)(v)</i>	<b>SAF</b>	Fire extinguishers	1	2.1%
<i>1304.53(a)(7)</i>	<b>SAF</b>	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	1	2.1%
<i>1304.53(a)(10)(xiv)</i>	<b>SAF</b>	Hand washing, diapering, and toilet practices	1	2.1%
<i>1304.53(a)(10)(i)</i>	<b>SAF</b>	Heating and cooling systems	1	2.1%
<i>1304.53(a)(10)(iii)</i>	<b>SAF</b>	Storage and labeling of medication and storage of hazardous materials	1	2.1%
<i>648A(g)(3)(B)</i>	<b>SYS</b>	Criminal Record Checks	1	2.1%
<i>648A(g)(3)(C)</i>	<b>SYS</b>	Criminal Record Checks	1	2.1%
<i>1310.16(b)</i>	<b>TRAN</b>	An applicant review process must be used to hire bus drivers and drivers must be notified of the required background checks at the time of application.	1	2.1%

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<b>HEA</b>	Health Services
<b>PDM</b>	Program Design and Management
<b>SAF</b>	Safe Environments
<b>SYS</b>	Management Systems
<b>TRAN</b>	Transportation Services

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
1304.20(b)(1)	HEA	Screening for Developmental, Sensory, and Behavioral Concerns	5	23.8%
642(d)(2)(D)	GOV	Conduct of Responsibilities. Each Head Start agency shall ensure the sharing of accurate information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including monthly reports of meals and snacks provided through programs of the Department of Agriculture;	3	14.3%
642(d)(2)(A)	GOV	Monthly financial statements	3	14.3%
1304.20(a)(1)(ii)(A)	HEA	Assist parents in making the necessary arrangements to bring the child up-to-date	3	14.3%
1304.20(a)(1)(iii)	HEA	Obtain or arrange further diagnostic testing, examination, and treatment	3	14.3%
641A(g)(3)	SYS	Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A] (g) Self-Assessments- (3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).	3	14.3%
1304.40(i)(2)	FCS	Teachers must visit home of each enrolled child	2	9.5%
642(d)(2)(G)	PDM	Communitywide strategic planning and needs assessment	2	9.5%
642(d)(2)(C)	PDM	Program enrollment reports	2	9.5%
92.20(b)(3)	PDM	Standards for financial management systems: Internal controls	2	9.5%
648A(g)(3)(A)	SYS	Criminal Record Checks	2	9.5%
1304.51(g)	SYS	Establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.	2	9.5%
648A(a)(3)(B)(i)	ECD	Staff Qualifications	1	4.8%
648A(a)(3)(B)(ii)	ECD	Staff Qualifications	1	4.8%
648A(a)(3)(B)(iii)	ECD	Staff Qualifications	1	4.8%

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
1304.40(f)(1)	FCS	Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.	1	4.8%
74.28	FIS	A recipient may charge to the award only allowable costs resulting from obligations incurred during the funding period	1	4.8%
74.23(a)(3)	FIS	Cost sharing or matching contributions must be necessary and reasonable for proper and efficient accomplishment of project or program objectives	1	4.8%
74.23(a)(1)	FIS	Cost sharing or matching contributions must be verifiable from the recipient's records	1	4.8%
74.34(f)(1)(i)	FIS	Equipment records shall be maintained accurately and shall include a description of the equipment	1	4.8%
74.34(f)(1)(ii)	FIS	Equipment records shall include identification number	1	4.8%
74.34(f)(1)(vi)	FIS	Equipment records shall include information from which one can calculate the percentage of HHS's share in the cost of the equipment	1	4.8%
74.34(f)(1)(vii)	FIS	Equipment records shall include location and condition of the equipment and the date the information was reported	1	4.8%
74.34(f)(1)(iii)	FIS	Equipment records shall include source of the equipment, including the award number	1	4.8%
74.34(f)(1)(ix)	FIS	Equipment records shall include ultimate disposition data	1	4.8%

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