

Report to Congress on Head Start Monitoring



FISCAL YEAR 2012



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) 2012 monitoring reviews, fulfilling the reporting requirement, Section 641A(f), of the Head Start Act. It highlights the enhancements made to the FY 2012 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2012.

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

Notes: Reviews are conducted by a team of reviewers who are knowledgeable about Head Start and led by a Review Team Leader (RTL). 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 2012 Review Process

Each year, OHS re-examines the monitoring review system to ensure ongoing system improvement of its review process. In FY 2012, 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:

- ▶ Enhancing the Monitoring Protocol and software to capture more information on grantee performance;
- ▶ Inclusion of sampling to ensure the generalizability of information collected through the review process; and

- ▶ Further integrating the Classroom Assessment Scoring System (CLASS™) instrument into the monitoring process.

Monitoring Protocol and Software

In FY 2012, OHS reduced the number of standards observed through the Protocol during onsite reviews from 600 to 400 to narrow the scope of on-site monitoring and ensure rigor in the areas most important to grantee success. OHS also restructured the FY 2012 Protocol to contain seven sections (rather than 11) that focused evaluation on the core functional service areas and how grantees' systems support grantee performance. OHS focused its FY 2012 monitoring system refinements on tightening consistency across the system.

OHS introduced the Evidence Assessment System to provide reviewers with consistent language for evaluating and describing grantee compliance. This system, which replaces the "Yes"/"No" system of previous years, allows OHS to evaluate the scope and materiality of findings. FY 2012 reviews include random samples selected using a probability sampling scheme for file reviews and observations. The algorithm used to select the sample is built into the software to ensure consistency in sampling methodology across review teams.

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

In FY 2012, the Office of Head Start, in consultation with the CLASS™ tool's developer, Teachstone, increased the sample size for CLASS™ observations. In addition, the amount of time reviewers spent reviewing each classroom was modified. In FY 2012, CLASS™ reviewers observed two 20-minute cycles per classroom, rather than the three 20-minute cycles that were observed in FY 2011. Data collected in earlier years suggested that this would allow the Office of Head Start to better understand the grantee's overall performance.

In addition, CLASS™ reporting was enhanced to allow grantees to better understand their scores. Review reports included standardized summaries (by dimension) that were used to inform grantees of the meaning of their score.

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 2012, approximately 12 percent of all Triennial and First-Year reviews were unannounced.

Outcomes of FY 2012 Monitoring Reviews

OHS completed 949 monitoring reviews in FY 2012, including 425 Triennial reviews, 9 First-Year reviews, 54 Other reviews, and 461 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. **Consistent with previous years, 20 percent of grantees were compliant in FY 2012.** Of the 474 grantees that underwent a Triennial, First-Year, or Other review in FY 2012,¹ 19.4 percent were found to be compliant on all reviews, 67.7 percent were found to have one or more noncompliances and an additional 13.9 percent were found to have one or more deficiencies.
- II. **Grantees correct nearly all findings during follow up reviews.** Almost 80 percent of grantees corrected all findings on their follow up review in FY 2012(77.1 percent).
- III. **Some groups of grantees had more performance issues than others.** Similar to previous years, larger grantees had more deficient findings than smaller grantees, and grantees that provide only Head Start services had a lower proportion of compliant grantees than findings than those that provide only Early Head Start services or both Head Start and Early Head Start services.
- IV. Head Start program CLASSTM average scores in FY 2012 were in the middle range of quality for Emotional Support and Classroom Organization domains, averaging 5.9 and 5.45 out of 7, respectively. Scores for Instructional Support also were in the middle range of quality, but at the lower end of this range, averaging 2.98 out of 7.

Number and Types of Findings Identified in FY 2012

A total of 1,556 findings were identified for 474 grantees receiving First Year, Triennial, and Other monitoring reviews in FY 2012. Of the 474 grantees reviewed, 382 (80.6.8 percent) had one or more findings. Key trends with respect to the number and types of findings included:

- I. **As in FY 2011, most FY 2012 grantees with findings had a small number of findings.** Among grantees with only noncompliances, close to one half (44.9 percent) had two or fewer findings. Similarly, a little over one-half (56.1 percent) of grantees with deficiencies had two or fewer findings (noncompliances or deficiencies).
- II. **Most findings were areas of noncompliance.** Nearly 95 percent (94.7 percent, 1,474) of findings were areas of noncompliance; 5.2 percent (82) were deficiencies. A total of 316 grantees, 71.8 percent of all grantees reviewed, had one or more noncompliances. Sixty-six grantees (15.0 percent) had one or more deficiencies and noncompliances.
- III. **Grantees with deficiencies averaged more findings per review.** Overall, grantees with findings averaged 4.1 findings per review. Grantees with one or more areas of noncompliance averaged 3.9 findings per grantee; this is similar to the average in FY 2011 (4.0). Grantees with one or more deficiencies averaged 4.7 findings

¹ Note that 474 grantees received a total of 488 reviews (425 Triennial + 9 First-Year + 54 Others) in FY 2012. Twelve 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 "14" between the number of grantees and the number of reviews.

(noncompliances and deficiencies)². This FY 2012 average is lower than that in FY 2011, when grantees with one or more deficiencies averaged 7.8 total findings per review. The overall decline in total noncompliances across all reviews from FY 2011 to FY 2012 may help explain the decrease in average number of findings per review. In addition, the scope of the protocol and the number of standards for which programs could be cited was reduced between FY 2011 and FY 2012 which could also explain the lower average in FY 2012.

Most Common Findings Identified in FY 2012

Many grantees with findings struggled with similar issues. In FY 2012, grantees were most likely to have findings in Criminal Record Checks (38.7 percent of grantees with noncompliances). We describe other frequently cited issues below.

- IV. ***Grantees were often cited in FY 2012 for issues pertaining to “Reporting to the Governing Body and Policy Council”.*** This was the most commonly cited finding in FY 2011 and the second most common in FY 2012, with over one-fifth (21.7 percent) of grantees that had noncompliant or deficient findings being cited for this issue.
- V. ***Code of Conduct issues were common among grantees with deficiencies.*** Approximately 60 percent (40 out of 66, 60.6 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 2013

In FY 2012, OHS will continue to implement changes to the monitoring process to improve the consistency and quality of the monitoring process. Anticipated changes to monitoring for FY 2012 include:

- I. ***Standardized Methodology.*** In FY2013, the Office of Head start will formalize the requirements that they’ve developed to ensure consistency, objectivity, and accuracy within the review process. The new guidelines, known as Standardized Methodology, define the full set of requirements designed to promote high standards for consistency and objectivity and for which Review Teams will be held accountable. Standardization not only improves the reliability of the information collected during reviews, but also provides OHS with the ability to analyze Review Teams’ performance and prioritize needs for training and support.

² It should be noted that there are several outlying grantees that have very high numbers of findings which is 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 fifteen or more findings in their FY 2012 review. Of the grantees that had deficiencies, six had fifteen or more findings in their FY 2012 review.

- II. **Reorganization of CDE section to focus on School Readiness.** In response to the Congressional mandate requiring grantees to establish School Readiness goals, Compliance Measures in the Monitoring Protocol (the tool that guides the on-site monitoring review process) are being designed to assess grantee performance in setting School Readiness goals and monitoring and reporting progress toward meeting those goals. Methods of evidence collection will include interviews with the Early Childhood Development (ECD) Coordinator, Head Start Director, and ECD Staff to assess the program's progress in collecting, analyzing, and using both child-level and program-level data.
- III. **CLASS™.** In FY 2013, new teachers and substitute teachers will have worked with a group of children for ten days or more before they can be observed using the CLASS™. In addition, new background questions will be added to the CLASS™ monitoring software to collect contextual information on the observation cycle (e.g., whether the observed teacher is a substitute or new teacher; the time of day the observation takes place).
- IV. **Systems Matrix.** In FY 2013, a new visualization tool will be added to the software to collect systems data throughout the review process and organize it in a way that highlights high-level grantee performance strengths and weaknesses.

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 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 every three years thereafter), and that Follow-up reviews be conducted for all grantees that “*fail to meet the standards.*” FY 2012 reviews are conducted by teams of reviewers knowledgeable about Head Start, and each team is led by a Review Team Leader (RTL). 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 Fiscal Year (FY) 2012 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 2012.

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 RTL 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 2012, 12 percent of 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.

There are 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. A deficiency, as defined by the Head Start Act, as amended in 2007, is:

(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 any 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 an RTL, 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, observations, documentation review, 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 RTL 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 2012 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 2012 Protocol and highlights key changes from the FY 2011 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 2012 Monitoring Protocol was streamlined to focus the review on those items most important for performance and best measured during the on-site monitoring process. The 11 sections of the FY 2011 Protocol were integrated into seven sections for FY 2012 to promote a more comprehensive understanding of grantee performance and align with areas emphasized as critical in the HS 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 (CM), 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
- ▶ Observation Guides
- ▶ Document Review 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 assessments.

Sampling

A key change in the FY 2012 reviews is the use of 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.

Evidence Assessment System

In FY 2012, 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 also will standardize 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 440 grantees receiving Triennial or First Year reviews in FY 2012, 392, or 89.1 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"> ▶ Positive Climate ▶ Negative Climate ▶ Teacher Sensitivity ▶ Regard for Student Perspective 	<ul style="list-style-type: none"> ▶ Behavior Management ▶ Productivity ▶ Instructional Learning Formats 	<ul style="list-style-type: none"> ▶ Concept Development ▶ Quality of Feedback ▶ Language Modeling

Several key changes were made to the FY 2012 CLASS™ Protocol. CLASS™ sample sizes shifted from a 30 percent sample of all eligible classrooms at each grantee in FY 2011 to a statistically-driven sample size selected randomly in FY 2012. For example, a grantee with 100 eligible classrooms would have had 30 classrooms observed for CLASS™, using the FY 2011 sampling approach. Using the FY 2012 sampling approach, that grantee would have had 45 classrooms statistically sampled for CLASS™ observations. The monitoring software reflects the classes selected for the sample and provides replacement classrooms as needed. The number of cycles observed per classroom decreased from three to 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. In addition, OHS provided 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 RTL identifies a deficiency that requires immediate corrective action, an HHS Responsible Official provides written notice of the deficiency requiring immediate correction and the RTL 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 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 2012 are listed below:

- ▶ The total number of grants in the DRS pool = 123
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores alone = 44
- ▶ The number of grantees in the DRS pool due to noncompliant findings that were elevated to deficiencies alone = 39
- ▶ The number of grantees in the DRS pool due to immediate deficiencies alone = 24
- ▶ The number of grantees in the DRS pool due to deficiencies alone = 12
- ▶ The number of grantees that had a License Revocation = 1
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores AND immediate deficiencies = 2
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores AND deficiencies = 1

OHS announced the cohort of grantees subject to recompetition on January 17, 2013. OHS identified 123 grants (122 grantees³) that are required to re compete for their grant funding based on deficient findings or CLASS™ scores identified between November 10, 2011 and September 30, 2012. Of the 123 grantees in the DRS pool, 75 qualified based on deficient findings while 44 qualified due to low CLASS™ scores. There were three grantees in the DRS pool due to both low CLASS™ scores and uncorrected findings.

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

³ One grantee had two grants in the DRS pool.

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 2012

As mentioned, several enhancements were implemented to the Protocol in FY 2012. Specific changes included:

- ▶ Enhancement of the Monitoring Protocol and software to better capture information on grantee performance, including streamlining the protocol to ensure that review teams can focus on the most important issues related to performance and launching the Evidence Assessment System to allow reviewers to collect evidence in a way that allows OHS to better evaluate the scope and materiality of findings;
- ▶ Inclusion of sampling to ensure the generalizability of information collected through the review process; and
- ▶ Further integration of the CLASSTM instrument into the monitoring process.

III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2012, 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 2012 focuses on the cohort of grantees who underwent Triennial, First-Year, and Other reviews in FY 2012, and who received review reports by January 28, 2013. The report also includes information on Follow-up reviews for all grantees who had outstanding findings that were reviewed in FY 2012, including grantees who had findings that originated in previous fiscal years.

In total, 791 grantees received final reports from 949 FY 2012 reviews by January 28, 2013. In FY 2011, a total of 1,180 reviews were conducted and subsequently completed. The increase in the number of reviews conducted in FY 2011 was primarily due to an increase in Follow Up reviews and the addition of several new grantees due to ARRA funding.

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 949 monitoring reviews completed in FY 2012 included:

- ▶ 425 Triennial reviews
- ▶ 9 First-Year reviews
- ▶ 54 Other reviews
- ▶ 461 Follow Up reviews⁴

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: FY 2012 Review Outcomes by Review Type

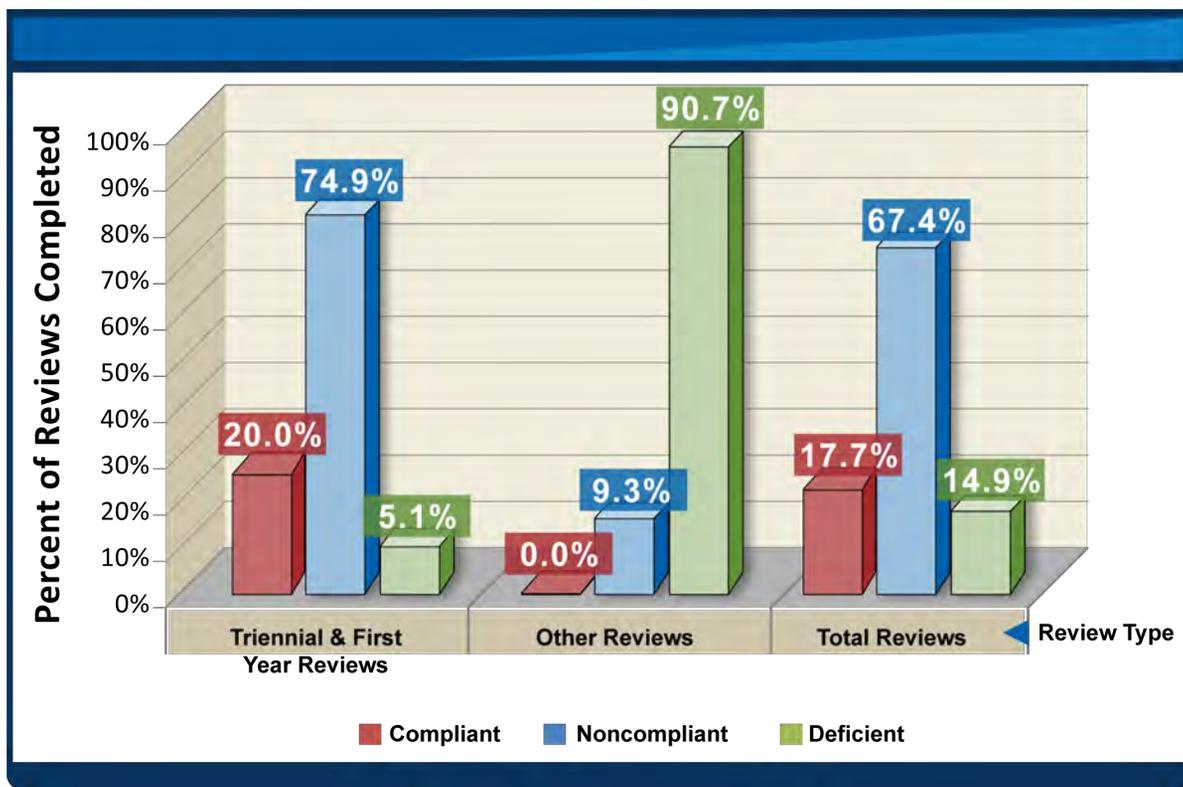


Exhibit 2 displays review types and their outcomes in FY 2012. In total, 20.0 percent of First year and Triennial reviews in FY 2012 found grantees to be compliant. Across all reviews, a small proportion (14.9 percent) of grantees was found deficient. On Triennial and First Year reviews, only 5.1 percent 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.

⁴ Of the 461 Follow Up reviews completed in FY 2012, 353 (77 percent) were follow ups from reviews completed in previous fiscal years.

Exhibit 3 shows review outcomes by review type since FY 2010. Overall, deficiencies increased since FY 2011, but much of that increase is due to Other reviews. In FY 2011, about 80 percent of grantees receiving Other reviews were found deficient. That number increased to over 90 percent in FY 2012. On Triennial and First Year reviews, deficiencies decreased since FY 2011, and noncompliances increased.

Exhibit 3: Review Outcomes by Review Type and Fiscal Year

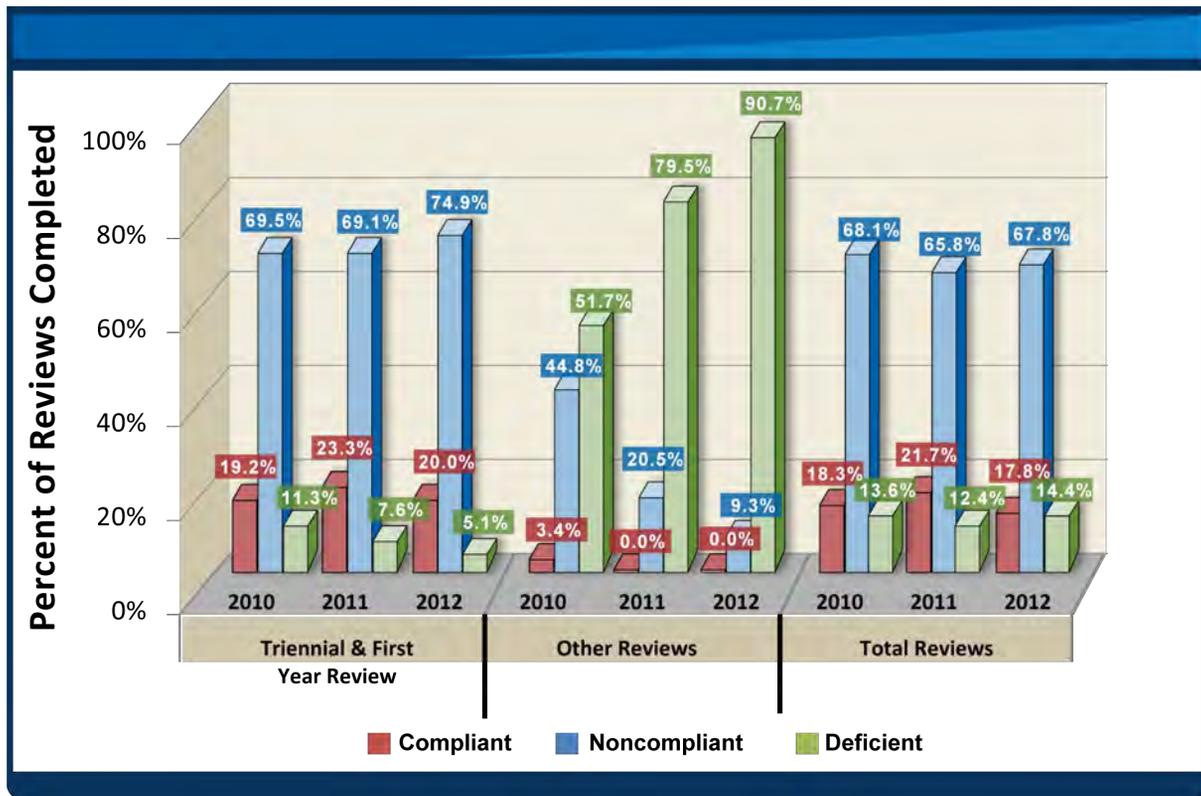
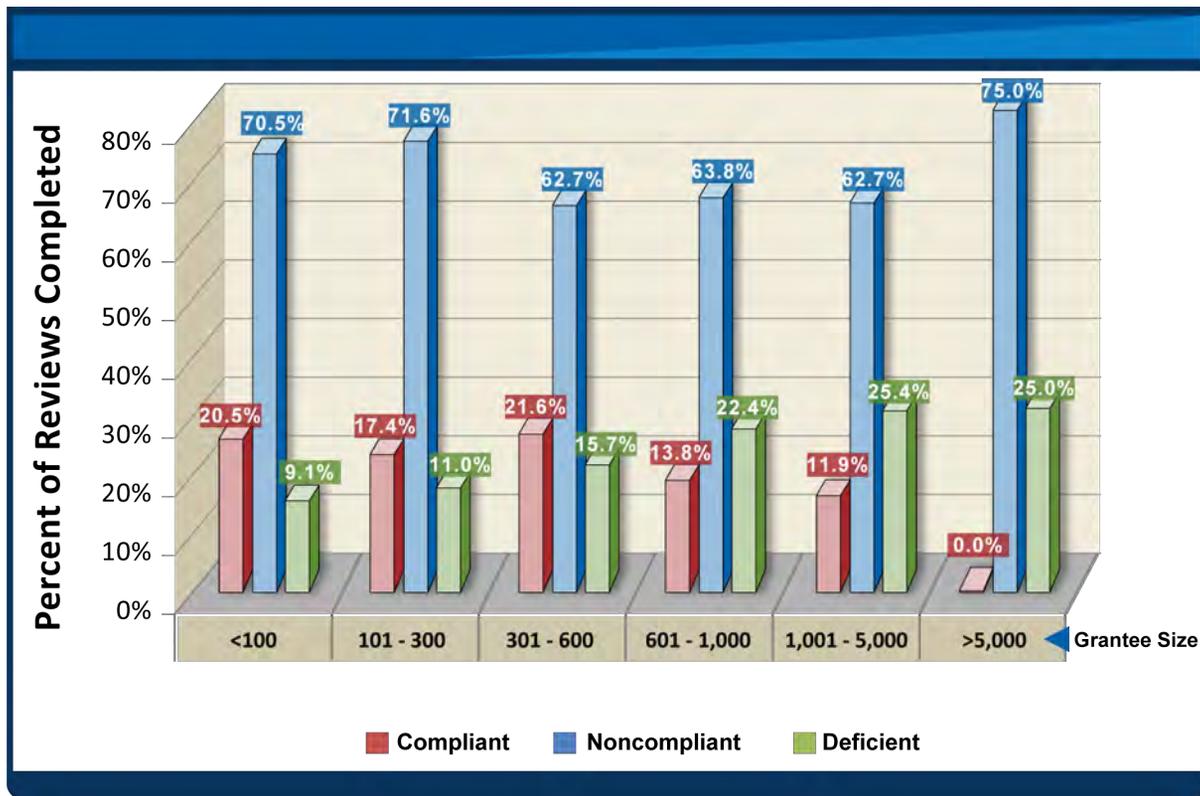


Exhibit 4 shows how review outcomes vary by grantee size. In FY 2012, large grantees were more likely to have one or more deficiencies than small grantees: between 22 percent and 25 percent of grantees with more than 601 children had one or more deficiencies. On the other end of the spectrum, only 9.1 percent of grantees with fewer than 100 children had a deficiency. Smaller grantees were more likely to have a noncompliance than larger grantees: Over 70percent of grantees with 300 or fewer children had one or more noncompliances, while approximately 63percent of grantees with over 300 children had one or more noncompliances. The exception is the largest grantees; 75 percent of grantees with 5,000 or more children had one or more noncompliances. It is also notable that none of the largest grantees were found to be compliant.

Exhibit 4: FY 2012 Review Outcomes by Grantee Size



Note: Grantee size was not available for all grantees reviewed in FY 2012.

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 2012. About one-third of grantees had only one or two findings in total. Approximately 20 percent of grantees had no findings. At the other end of the spectrum, five percent of grantees had 11 or more findings in FY 2012. Among these grantees with 11 or more findings, the large majority of findings were noncompliances (96.9 percent). The most common findings for these grantees were in the category of Program Design and Management (27.6 percent of findings) and Fiscal (23.1 percent). The most common citations for these grantees were in the areas of Screening for Developmental, Sensory, and Behavioral Concerns (1304.20(b)(1)); Monthly financial statements (642(d)(2)(A)); and Criminal Record Checks (648A(g)(3)(A)). Almost half (48.0 percent) of the grantees with 11 or more findings were American Indian and Alaska Native (AIAN) grantees.

Exhibit 5: FY 2012 Distribution of Reviewed Grantees by Number of Findings

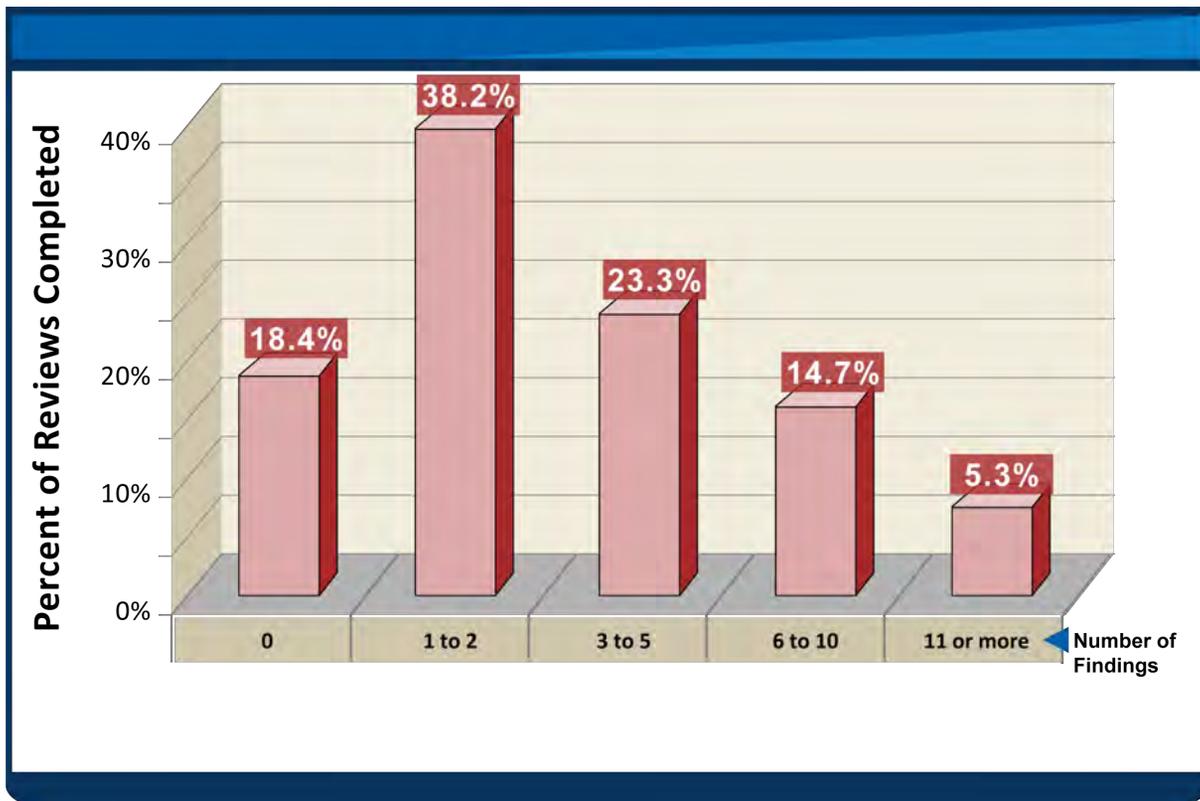
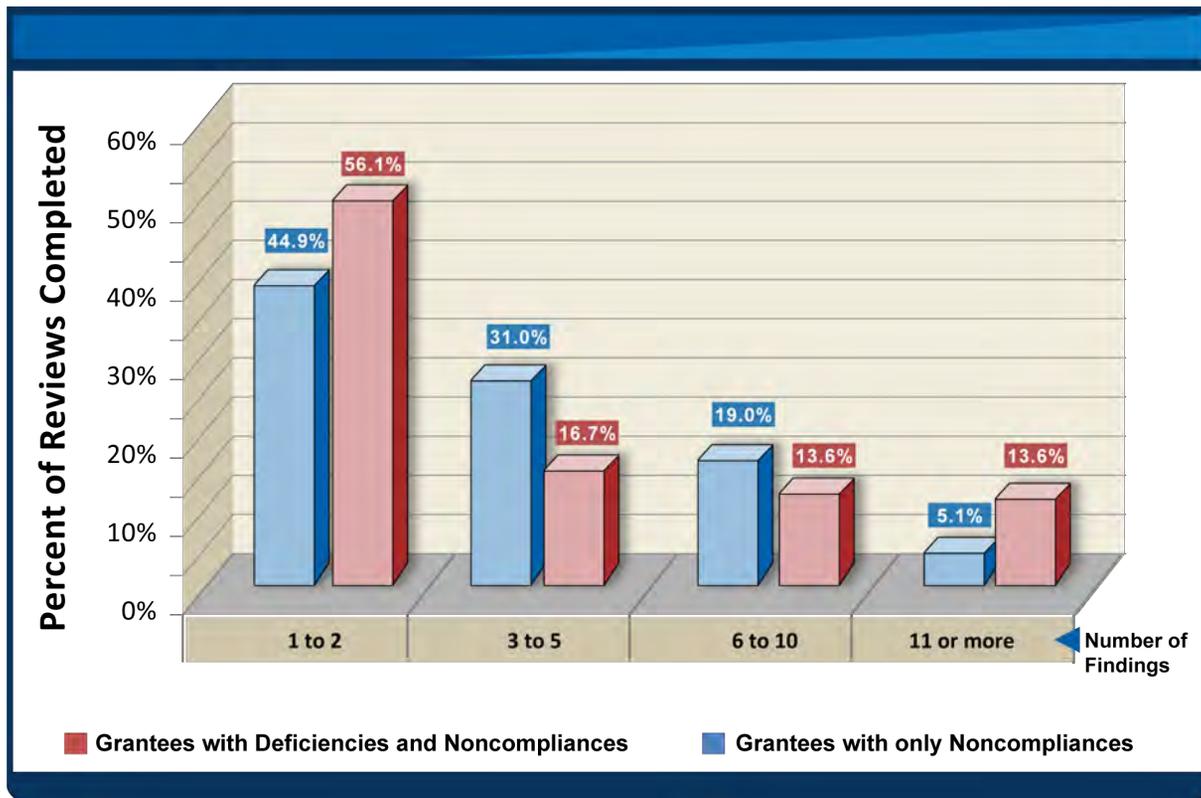


Exhibit 6 shows that the plurality of noncompliant and deficient grantees in FY 2012 had only one or two findings in total. Just under half of the grantees with a review outcome of Noncompliant had one or two findings, and just over half of the grantees with a review outcome of Deficient had one or two findings. Approximately three-quarters of the grantees with findings had five or fewer findings. Smaller proportions of the grantees that had FY 2012 reviews had six or more findings.

Exhibit 6: FY 2012 Distribution of Reviewed Grantees with Findings by Total Number of Findings



Most Frequently Cited Areas of Noncompliance and Areas of Deficiency

Most Frequently Cited Areas of Noncompliance

In FY 2012, “Criminal Record Checks” was the issue most frequently cited as noncompliant during First-Year, Triennial, and Other reviews; over one-third (134 of 346, 38.7 percent) of all grantees with findings were cited in this area (Exhibit 7). “Reporting to the Governing Body and Policy Council”, which was the most commonly cited noncompliant finding in FY 2011, was the second most frequently cited issue, with over one-fifth of grantees (75 of 346, 21.7 percent) with noncompliant findings cited for at least one standard related to the issue.

**Exhibit 7: Performance Issues Most Frequently Cited as Noncompliant in FY 2012
(n = 346)**

Rank	Issue	Grantees Reviewed With Noncompliant Citations	
		n	%
1	Criminal Record Checks	134	38.7%
2	Reporting to the Governing Body and Policy Council	75	21.7%
2	Screening for Developmental, Health, Sensory, and Behavioral Concerns	71	20.5%
4	Determining Child Health Status	68	19.7%
5	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	63	18.2%
6	Ongoing Monitoring of Grantee Operations and Delegates	60	17.3%
7	Annual Report to the Public	54	15.6%
8	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	46	13.3%
9	Initial Health Examinations for Staff	41	11.8%
10	Governing Body Responsibilities	40	11.6%
11	Financial Management Systems	39	11.3%
12	Non-federal Share	38	11.0%
13	Record-Keeping Systems	38	11.0%
14	Eligibility	30	8.7%
15	Staff Qualifications	27	7.8%

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 in FY 2012
(n = 66)**

Rank	Issue	Grantees Reviewed With Deficient Citations	
		n	%
1	Code of Conduct	40	60.6%
2	Criminal Record Checks	13	19.7%
2	Ongoing Monitoring of Grantee Operations and Delegates	5	7.6%
4	Children are Only Released to a Parent or Legal Guardian	4	6.1%
5	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	2	3.0%
6	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	2	3.0%
7	Initial Health Examinations for Staff	2	3.0%
8	Policy Council Responsibilities	2	3.0%
9	Organizational Structure/Staffing	1	1.5%
10	Classroom Size and Staffing	1	1.5%
11	Eligibility	1	1.5%
12	Financial Reporting	1	1.5%
13	Health Emergency Procedures	1	1.5%
14	Reporting to the Governing Body and Policy Council	1	1.5%
15	Child Health and Safety	1	1.5%

Over half (40 out of 66, 60.6 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 2011, when 24percent of grantees had the finding. Criminal record checks made up the second most common deficiency citation with 19.7 percent of deficient grantees cited, which is a small increase from FY 2011 (18.7 percent). A smaller proportion of grantees had deficiencies in only releasing children to a parent or legal guardian when compared with FY 2011 (6.1percent vs. 16percent). Review Outcomes for Follow up Reviews (Correction of Findings)

Overall, grantees were successful in correcting their findings on follow up. Of the 1,645 findings reviewed on FY 2012 Follow Up reviews, 1,589 (96.6 percent) were corrected on their first review in FY 2012; 56 (3.4 percent) were not corrected and were, therefore, elevated to deficiencies.

III. Grantee Monitoring Review Outcomes

Grantees have more difficulty in correcting some findings than others. Similar to previous years, grantees were most likely to have findings elevated for issues related to Reporting to the Governing Body and Policy Council (8 grantees, 26.7 percent) and Determining Child Health Status (3, 10 percent). Criminal Record Checks also had high elevation rates (3, 10 percent) (Exhibit 9).

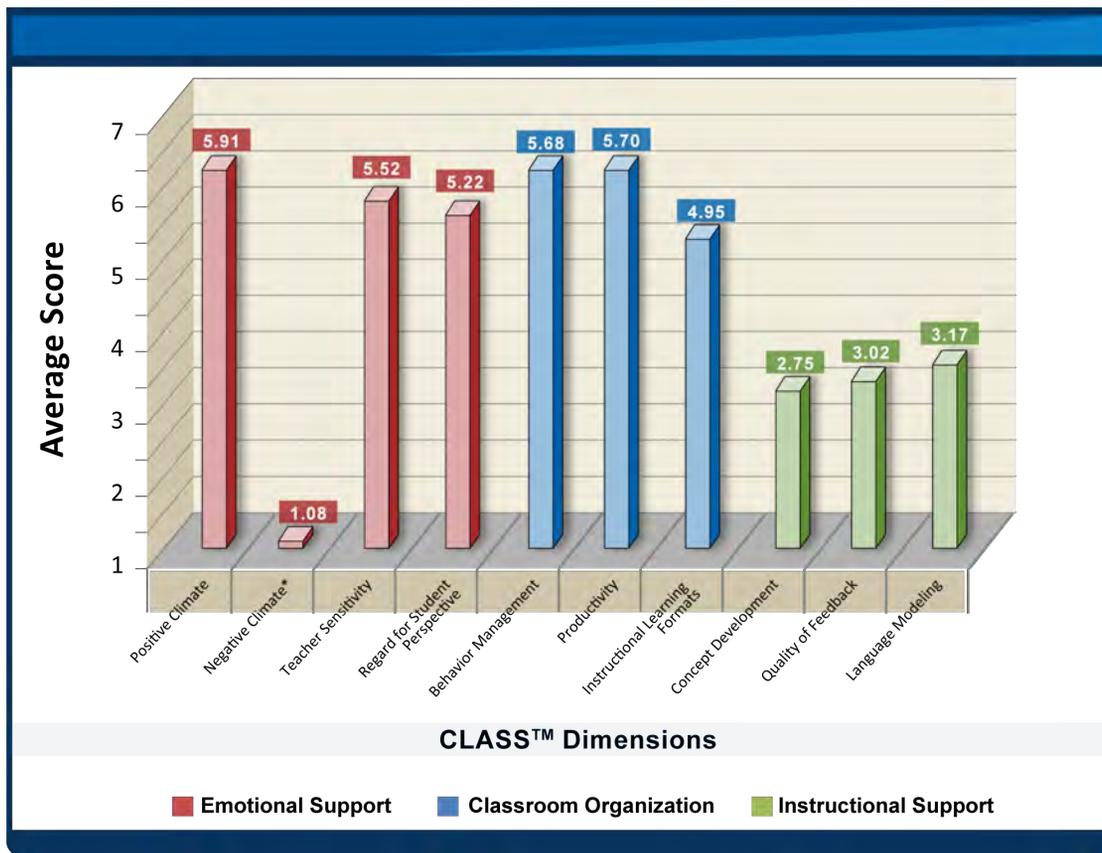
Exhibit 9: Performance Issues Most Frequently Elevated, FY 2012 (n=30)

Rank	Issue	Grantees Reviewed with Elevated Findings	
		n	%
1	Reporting to the Governing Body and Policy Council	8	26.7%
2	Criminal Record Checks	3	10.0%
2	Determining Child Health Status	3	10.0%
4	Screening for Developmental, Health, Sensory, and Behavioral Concerns	3	10.0%
4	Services for Pregnant Women and New Mothers	3	10.0%
4	Ongoing Monitoring of Grantee Operations and Delegates	3	10.0%
7	Policy Council Responsibilities	2	6.7%
7	Governing Body Responsibilities	2	6.7%
7	Record-Keeping Systems	2	6.7%
10	Depreciation and Use Allowance	2	6.7%
10	Payroll Records and Procedures	2	6.7%

V. CLASS™

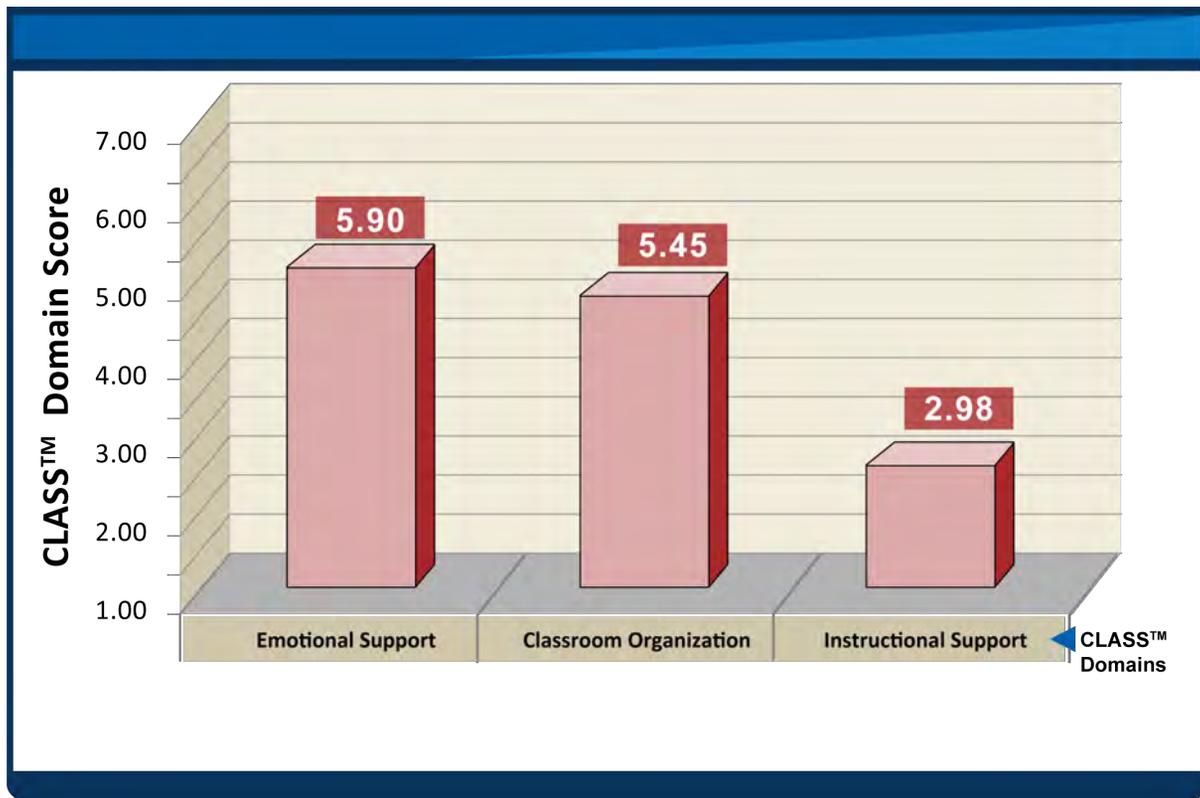
As noted in Section II of this report, CLASS™ dimensions are grouped into three main domains - Classroom Organization, Emotional Support, and Instructional Support - that assess the way teachers and students interact in various ways. In FY 2012, grantees generally scored in the middle quality range across the dimensions (Exhibit 10). An exception was in negative climate, which fell in the high quality range, approaching the highest possible score, meaning negative climate was infrequently observed (Negative climate is coded in the opposite direction of all the other dimensions).

Exhibit 10: Average CLASS™ Scores by Dimension (n = 392)



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 2011. 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: FY 2012 Average CLASS™ Scores by Domain

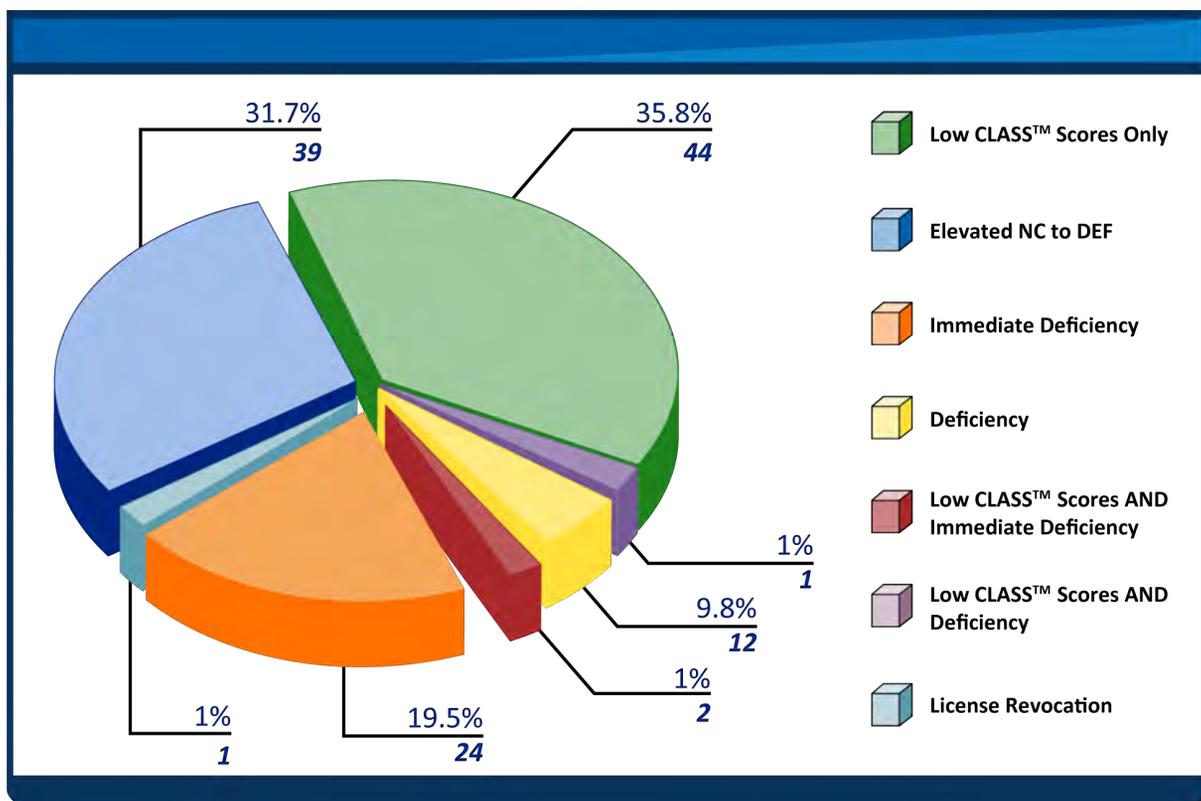


NOTE: The score for Negative Climate was inverted to calculate the average Emotional Support score (i.e. a score of one became a score of seven)

VI. Designation Renewal System (DRS) Results

OHS identified 123 grants (122 grantees) that are required to compete for renewed grant funding based on deficient findings or CLASS™ scores identified between November 10, 2011 and September 30, 2012. Of the 123 grants in the DRS cohort, 75 qualified based on elevated findings, immediate deficiencies, or deficiencies identified during FY 2012 reviews and 44 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: FY 2012 Number of Grantees in Designation Renewal System (DRS) Pool and Reason for Inclusion (n = 123)



VII. Annual Review of the FY 2012 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 2012 Fiscal Monitoring Protocol

Prior to the launch of the FY 2012 monitoring process, OHS reviewed the FY 2011 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 2011 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 2011 and FY 2012 Fiscal protocols. In FY 2012, the Fiscal Protocol, like the other sections of the protocol, was streamlined to focus the review on those items most important for performance and best measured during the on-site monitoring process. In addition, the new Evidence Assessment System (EAS) allowed 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.

The Pre-Site Fiscal Information Form (FIFO) implemented in FY 2011 continued to be used in FY 2012. 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 2012 Fiscal Protocol

The approach to review the FY 2012 Fiscal protocol was similar to that used to review the FY 2011 Fiscal protocol. The FY 2012 Fiscal protocol was reviewed between January and July 2012. The review was conducted by a workgroup of three retired 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 2012 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 2011 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, the review concluded that the FY 2012 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 2013

Standardized Methodology

Standardized Methodology refers to a set of requirements that OHS established for the monitoring process. Over the years, OHS has highlighted requirements for ensuring consistency, objectivity, and accuracy within each component of its monitoring system. In FY 2013, the OHS established a Standardized Methodology to formally define the full set of requirements designed to promote high standards for consistency and objectivity and for which Review Teams will be held accountable. Standardization not only improves the reliability of the information collected during reviews, but also provides OHS with the ability to analyze the Review Team's performance and prioritize needs for training and support.

Reorganization of Child Development and Education (CDE) section to focus on School Readiness

In response to the Congressional mandate requiring grantees to establish School Readiness goals, Compliance Measures in the Evidence Assessment System (EAS) and the corresponding Targeted Questions (TQs) are being designed to assess grantee performance in setting School Readiness goals and monitoring and reporting progress toward meeting those goals. Methods of evidence collection include interviews with the Early Childhood Development (ECD) Coordinator, Head Start Director, and ECD Staff to assess the program's progress in collecting, analyzing, and using both individual child level and program level data.

The Classroom Assessment Scoring System (CLASS™)

In FY 2013, new teachers and substitute teachers must work with a group of children for 10 days or more before they could be observed using the CLASS™. In addition, new background questions will be added to the CLASS™ monitoring software to collect contextual information on the observation cycle (e.g., if the observed teacher was a substitute or new teacher; what time of day the observation took place).

Appendix: Glossary

Term	Definition
ACF	Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) (includes the Regional Offices).
Actual Enrollment	<p>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.</p> <p>Related Terms: Funded Enrollment and ACF.</p>
Area of Noncompliance (ANC)	<p>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.</p> <p>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.</p> <p>Related Terms: Deficiency, Determination, Noncompliance, Preliminary Area of Noncompliance, Head Start Performance Standards and Head Start Program Requirements.</p>
Citation	<p>A citation is a performance standard referenced on a Preliminary Area of Noncompliance or an Area of Noncompliance.</p> <p>Related Terms: Area of Noncompliance, Preliminary Area of Noncompliance and Performance Standards.</p>
Completed Review	<p>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.</p> <p>Related Term: Head Start Review Report and Conducted Review.</p>
Conducted Review	<p>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.</p> <p>Related Term: Head Start Review Report and Completed Review.</p>
Corrective Action Timeframe	<p>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, or 180 days. The corrective action timeframe for a noncompliance determination in FY 2009 was 90 days.</p> <p>The corrective action timeframe clock does not start ticking until the grantee</p>

Term	Definition
	<p>officially receives the Head Start Review Report.</p> <p>Related Terms: Deficiency, Noncompliance, Determination and Head Start Review Report.</p>
Deficiency	<p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:</p> <ul style="list-style-type: none"> (A) <i>Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i> <ul style="list-style-type: none"> (i) <i>A threat to the health, safety, or civil rights of children or staff;</i> (ii) <i>A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i> (iii) <i>A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i> (iv) <i>The misuse of funds received under this subchapter;</i> (v) <i>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</i> (vi) <i>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;</i> (B) <i>Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i> (C) <i>An unresolved area of noncompliance.</i> <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>
Delegate Agency	<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>
Determination	<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 of determination, the corrective action timeframe, the required corrective</p>

Term	Definition
	<p>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>
Early Head Start Program	<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>
Fiscal Year (FY)	<p>Twelve-month accounting period (federal FY 2009 began on October 1, 2008 and ended on September 30, 2009).</p>
Follow up Review	<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>
Funded Enrollment	<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>
Grant	<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>
Grantee	<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>
Grantee Compliance Status	<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"> 1) Compliant: Grantees without a noncompliant or deficient finding 2) Having one or more noncompliances: Grantees with one or more noncompliant findings 3) Having one or more deficiencies: Grantees with one or more deficient findings,

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>
Head Start Program	<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>
Head Start Program Requirements	<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>
Head Start Review Report	<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>
HHS	<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>
Monitoring Reviews	<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>
Noncompliance	<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</p>

Term	Definition
	Improvement Plan (QIP) and Head Start Review Report.
Office of Head Start (OHS)	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.)
	Related Terms: U.S. Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF).
OHSMS Software	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.
Other Review	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.
	Related Terms: Triennial Review, Follow up Review and Monitoring Reviews.
Performance Standards (Head Start Program Performance Standards) and other regulations	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.
	Related Terms: Head Start Program Requirements.
Preliminary Area of Noncompliance (PANC)	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.
	Related Terms: Area of Noncompliance, Determination, Grantee and Head Start Review Report.
Program Type	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.
	Related Terms: Head Start, Early Head Start and Head Start Program.
Protocol	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

Term	Definition
	performance requirement. Requiring review teams to adhere to a uniform and defined set of compliance questions increases focus, efficiency, fairness and comprehensiveness of the scope of the review.
Quality Improvement Plan (QIP)	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 Related Terms: Determination and Deficiency.
Regular First-Year Review	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. Related Terms: Triennial Review, Follow up Review, Other Review and Monitoring Reviews.
Review Decision	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.) Related Terms: Areas of Noncompliance, Deficiency, Noncompliance, Determination and Monitoring Reviews.
Review Team Leader (RTL)	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. Related Terms: Monitoring Reviews.
Reviewer	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. Related Terms: Monitoring Reviews.
Triennial Review	Head Start grantees undergo monitoring reviews every three years. These types of reviews are referred to as “Triennial” reviews. Related Terms: First-Year Review, Follow up Review, Other Review and Monitoring Reviews.

Appendix: Tables

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
648A(g)(3)(A)	SAF	Criminal Record Checks	121	35.0%
1304.20(b)(1)	HEA	Screening for Developmental, Sensory, and Behavioral Concerns	69	19.9%
642(d)(2)(A)	GOV	Monthly financial statements	62	17.9%
1304.53(a)(7)	SAF	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	62	17.9%
644(a)(2)(B)	FIS	An explanation of budgetary expenditures and proposed budget for the fiscal year.	51	14.7%
641A(g)(3)	PDM	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).	43	12.4%
1304.52(k)(1)	HEA	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	41	11.8%
1304.51(g)	PDM	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.	38	11.0%
644(a)(2)(G)	ECD	The agency's efforts to prepare children for kindergarten.	36	10.4%
1304.20(a)(1)(ii)	HEA	Child is up-to-date on a schedule of age appropriate preventive and primary health care	34	9.8%
1304.20(a)(1)(iii)	HEA	Obtain or arrange further diagnostic testing, examination, and treatment	34	9.8%
1304.53(a)(10)(x)	CHS	Playground equipment and surfaces	33	9.5%
642(d)(2)(D)	GOV	Conduct of Responsibilities. Each Head Start agency shall ensure the sharing of accurate	27	7.8%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		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;		
642(d)(3)	PDM	Appropriate training and technical assistance shall be provided to the members of the governing body	26	7.5%
1305.4(e)	ERSEA	A signed statement identifying which documents was examined to verify income eligibility must be maintained	24	6.9%
645A(h)(1)	PDM	Through Sept. 30th 2011, classroom teachers must maintain the following qualifications: a child development associate certificate for the appropriate age group; a state-awarded certificate for pre-school teachers; an associate degree in early childhood education; an associate degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; or a baccalaureate degree and has been admitted into the Teach For America program, passed a rigorous early childhood content exam, such as the Praxis II, participated in a Teach For America summer training institute that includes teaching preschool children, and is receiving ongoing professional development and support from Teach For America's professional staff.	23	6.6%
642(d)(2)(C)	ERSEA	Program enrollment reports	22	6.4%
74.21(b)(3)	FIS	Financial management systems shall provide for effective control over and accountability for all funds, property and other assets.	21	6.1%
648A(a)(3)(B)(i)	ECD	Staff Qualifications	20	5.8%
648A(a)(3)(B)(ii)	ECD	Staff Qualifications	20	5.8%
648A(a)(3)(B)(iii)	ECD	Staff Qualifications	20	5.8%
74.23(h)(3)	FIS	Value of donated space shall not exceed the fair rental value of comparable space as established by an independent appraisal	20	5.8%
642(c)(1)(E)(iv)(II)	ERSEA	Establishing procedures and criteria for recruitment, selection, and enrollment of children;	18	5.2%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
<i>640(d)(1)</i>	FIS	The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services.	18	5.2%
<i>642(c)(1)(E)(iv)(VI)</i>	PDM	Developing procedures for how members of the policy council are selected	18	5.2%
<i>648A(f)</i>	ECD	Professional Development Plans	17	4.9%

Head Start Acronym	Head Start Definition
ECD	Education and Early Childhood Development
HEA	Health Services
ERSEA	Eligibility, Recruitment, Selection, Enrollment and Attendance
SAF	Safe Environments
FIS	Fiscal Management
PDM	Program Design and Management

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>	PDM	Code of conduct specifies that children are not unsupervised or left alone	37	56.1%
<i>648A(g)(3)(A)</i>	SAF	Criminal Record Checks	11	16.7%
<i>1304.52(i)(1)(iv)</i>	SAF	Code of conduct specifies that the program will not use positive methods of child guidance and will not engage in corporal punishment	7	10.6%
<i>1310.10(g)</i>	SAF	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	4	6.1%

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		guardian.		
1304.51(i)(2)	PDM	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	3	4.5%
1304.53(a)(10)(x)	CHS	Playground equipment and surfaces	2	3.0%
1304.52(k)(1)	HEA	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	2	3.0%
648A(g)(3)(B)	PDM	Criminal Record Checks	2	3.0%
648A(g)(3)(C)	PDM	Criminal Record Checks	2	3.0%
642(c)(2)(A)	PDM	Each Head Start agency shall have a policy council responsible for the direction of the Head Start program, including program design and operation, and long- and short-term planning goals and objectives	2	3.0%
641A(g)(3)	PDM	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	3.0%
1305.4(e)	ERSEA	A signed statement identifying which documents was examined to verify income eligibility must be maintained	1	1.5%
642(d)(2)(C)	ERSEA	Program enrollment reports	1	1.5%
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;	1	1.5%
642(d)(2)(A)	GOV	Monthly financial statements	1	1.5%
1304.22(a)(1)	HEA	Health Emergency Procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental	1	1.5%

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include: Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention		
<i>642(d)(2)(F)</i>	PDM	Annual self-assessment	1	1.5%
<i>642(d)(3)</i>	PDM	Appropriate training and technical assistance shall be provided to the members of the governing body	1	1.5%
<i>1304.51(h)(2)</i>	PDM	Generate official reports for federal, state, and local authorities	1	1.5%
<i>642(d)(2)(B)</i>	PDM	Monthly program information summaries	1	1.5%
<i>642(c)(1)(E)(iv)(V)(cc)</i>	PDM	Personnel policies of such agencies regarding the hiring, evaluation, termination, and compensation of agency employees	1	1.5%
<i>642(c)(1)(E)(iv)(V)(bb)</i>	PDM	Program Design and Management. The governing body shall review and approve agencies' progress in carrying out the programmatic and fiscal provisions in such agency's grant application, including implementation of corrective actions;	1	1.5%

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Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
642(d)(2)(A)	GOV	Monthly financial statements	6	20.7%
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.	4	13.8%
1304.20(b)(1)	ECD	Screening for Developmental, Sensory, and Behavioral Concerns	3	10.3%
648A(g)(3)(A)	PDM	Criminal Record Checks	3	10.3%
1304.51(i)(2)	PDM	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	3	10.3%
642(d)(2)(C)	PDM	Program enrollment reports	3	10.3%
1304.40(i)(6)	FCS	Health staff must visit each newborn within two weeks of birth	2	6.9%
230, App B(8)(m)(2)(a)	FIS	Reports reflecting the distribution of activity of each employee must be maintained for all staff members. The reports must reflect an after-the-fact determination of the actual activity of each employee.	2	6.9%
230, App B(8)(m)(1)	FIS	Selected Items of Cost: Charges to awards for salaries and wages	2	6.9%
642(d)(2)(E)	GOV	Financial audit	2	6.9%
1304.20(a)(1)(ii)(A)	HEA	Assist parents in making the necessary arrangements to bring the child up-to-date	2	6.9%
642(c)(2)(D)(i)	PDM	Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.	2	6.9%
1304.51(g)	PDM	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	6.9%

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
642(d)(2)(B)	PDM	Monthly program information summaries	2	6.9%
642(c)(2)(D)(v)	PDM	Policy Council Responsibilities: Bylaws for the operation of the policy council	2	6.9%

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