

# Report to Congress on Head Start Monitoring



**FISCAL YEAR 2011**



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

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## Executive Summary

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. Monitoring reviews take several forms. As mandated by Section 641A of the Head Start Act, each Head Start grantee receives a full on-site review immediately after completion of their 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 they are determined to be at risk. Grantees found to be out of compliance with Head Start requirements receive a “Follow-Up” review to ensure that all findings are corrected.

### Exhibit 1: Types of Reviews

Type of Review	Description
First Year Review	<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>
Triennial Review	<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>
Other Review	<ul style="list-style-type: none"> <li>▶ Grantees may receive if they are determined to be at risk</li> </ul>
Follow Up	<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>

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 (OHS) 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, and other standards related to enrollment, recruitment and selection, and program design.

This report presents a summary of the findings of Fiscal Year (FY) 2011 monitoring reviews and outcomes of Quality Improvement Plans, fulfilling the reporting requirement, Section 641A(f), of the Head Start Act. It highlights the enhancements made to the FY 2011 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2011.

### Enhancements to the FY 2011 Review Process

Each year, the Office of Head Start examines the monitoring review system to determine if there are changes that will improve the process. In FY 2011, enhancements were implemented

to reflect changes in policy and procedure, to ensure compliance with the Head Start Act (amended December 2007) and the American Recovery and Reinvestment Act (enacted February 2009), as well as improve the overall monitoring process. Specific changes included: Enhancing the monitoring protocol and software to better capture information on grantee performance; the inclusion of reviews for grantees who received funding under the American Recovery and Reinvestment Act (ARRA); further integration of the Classroom Assessment Scoring System (CLASS™) instrument into the monitoring process; and expanded implementation of unannounced reviews.

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

In FY 2011, the number of standards observed through the protocol during onsite reviews was reduced; the protocol now includes only standards that were identified as indicators of program performance, can be effectively and efficiently reviewed, and are not redundant. The Protocol was organized into Compliance Frameworks, which group together related program requirements to make it easier for review teams to see the “big picture.” Compliance Frameworks highlight key objectives that programs should achieve in their service delivery and management system design and implementation (e.g. School Readiness).

OHS also enhanced the Enrollment, Recruitment, Selection, Eligibility, and Attendance (ERSEA) section of the FY 2011 Monitoring Protocol to provide stronger guidance to on-site monitoring teams; this revision was successfully piloted in several unannounced reviews in FY 2010.

### ***Monitoring American Recovery and Reinvestment Act Grantees***

On April 2, 2009, the U.S. Department of Health and Human Services (HHS) announced that Head Start and Early Head Start programs would receive increased funding; this funding allowed programs to serve an additional 55,000 pregnant women, infants, toddlers, and families, creating 66 new grantees and nearly doubling the number of Early Head Start participants. Additional questions were added to the Monitoring Protocol to monitor issues of compliance specifically pertaining to ARRA. These questions were used in addition to the standard protocol for grantees that were due for their First Year or Triennial reviews, and included questions across the range of protocol categories, including oversight and management, access to health and dental care, and building and maintaining community partnerships.

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

In FY 2011, the Office of Head Start, in consultation with the CLASS™ tool’s developer, Teachstone, increased the sample size for CLASS™ observations as well as the amount of time reviewers spent reviewing each classroom. In FY 2011,

- ▶ CLASS™ reviewers observed 30 percent of classrooms, or at least 12 classrooms (for smaller programs).

- ▶ CLASS™ reviewers observed three 20-minute cycles per classroom, rather than the one 20-minute cycle that was observed in FY 2010.

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***

OHS' continued dedication to increasing transparency, accountability, and the enhancement of providing services led to the implementation of unannounced monitoring reviews. In FY 2011, approximately ten percent of all Triennial and First-Year reviews were unannounced.

### ***Outcomes of FY 2011 Monitoring Reviews***

There were 1,171 monitoring reviews completed in FY 2011. Of these, 537 were Triennial Reviews, 73 were First-Year reviews, 43 were Other reviews, and 518 were Follow Up reviews. Monitoring reviews have three possible outcomes: compliant, having one or more noncompliances, or having 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, over 20 percent of grantees were compliant in FY 2011.*** Of the 633 grantees that underwent a Triennial, First-Year, or Other review in FY 2011,<sup>1</sup> 22.1 percent were found to be compliant on all reviews, 66.0 percent were found to have one or more noncompliances and an additional 11.8 percent were found to have one or more deficiencies.
- II. ***Grantees correct nearly all findings during follow up reviews.*** Almost 90 percent of grantees corrected all findings on their first follow up review in FY 2011 (89.5 percent).
- III. ***Some groups of grantees had more performance issues than others.*** Similar to previous years, grantees receiving First-Year reviews had more findings than grantees receiving Triennial reviews, larger grantees had more deficient findings than smaller grantees, and grantees that provide only Head Start services had more findings than grantees that provide only Early Head Start services or both Head Start and Early Head Start services.
- IV. ***Head Start program CLASS™ average scores in FY 2011 were in the middle range for Emotional Support and Classroom Organization domains,*** averaging 5.56 and 4.95 out of 7, respectively. Scores for Instructional Support also were in the middle range, but at

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<sup>1</sup> Note that 633 grantees received a total of 653 reviews (537 Triennial + 73 First-Year + 43 Others) in FY 2011. Eighteen grantees received both a Triennial review and an Other review and one grantee had a Triennial and two Other review in this fiscal year, accounting for the difference of "20" between the number of grantees and the number of reviews.

the lower end of this range, averaging 3.14 out of 7. This pattern is similar to the FY 2010 CLASS™ scores.

### ***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 to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program. Under the new system, grantees that are not found to be delivering a high-quality and comprehensive Head Start program are subject to recompetition. HHS issued proposed regulations that articulate the details of the proposed designation renewal system (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. HHS plans to modify its monitoring system as appropriate based on the implementation of the DRS. In addition to considering adjustments due to Performance Standards that were modified by the Act, OHS considered other changes to its monitoring to align with entirely new or expanded requirements.

The FY 2010 and FY 2011 protocols were refined to include the expanded or new requirements and grantees were cited for these types of issues, where appropriate. These improvements to monitoring reflect the Department's continued commitment to ensuring that the national monitoring system assesses the compliance of grantees in a uniform, thorough, and consistent manner. The first cohort of grantees subject to recompetition was announced on November 11, 2011. OHS identified 132 grantees that were required to re compete for their grant funding based on deficient findings identified between June 12, 2009 and November 9, 2011. Of the 132 grantees in the initial cohort, 39 qualified based on deficient findings identified during FY 2011 reviews.

### ***Number and Types of Findings Identified in FY 2011***

A total of 2,284 findings were identified on 633 grantees receiving First Year, Triennial, and Other monitoring reviews in FY 2011. Of the 633 reviewed grantees, 493 (77.9 percent) had one or more finding identified. Key trends with respect to the number and types of findings included:

- V. ***As in FY 2010, most grantees with findings had a small number of findings.*** Nearly one-third of grantees with findings had two or fewer findings (38.5 percent); over 70 percent had five or fewer findings (70.4 percent). However, a small number of grantees had a large number of findings; 21.7 percent of grantees had six to ten findings and 7.9 percent of grantees had 11 or more findings in FY 2011.
- VI. ***Most findings identified were areas of noncompliance.*** Nearly 95 percent (94.4 percent, 2,157) of findings were areas of noncompliance; 5.6 percent (127) were deficiencies. A total of 418 grantees, 66.0 percent of all grantees reviewed, had one or

more noncompliances identified. 75 grantees (11.8 percent) had one or more deficiencies or noncompliances identified.

- VII. ***Grantees with deficiencies averaged more findings per review.*** Overall, grantees with findings averaged 4.6 findings per review. Grantees with one or more areas of noncompliance, averaged 4.0 findings per grantee; this is the same as the average in FY 2010. Grantees with one or more deficiency averaged 7.9 findings (noncompliances and deficiencies), 3.9 more than grantees with one or more noncompliances. This is lower than in FY 2010, when grantees with one or more deficiency averaged 9.2 total findings per review.

### ***Most Common Findings Identified in FY 2011***

Many grantees had findings in similar areas. In FY 2011, similar to previous years, grantees were most likely to have findings in Program Design and Management (28.7 percent of grantees with findings) and Fiscal Management (17.3 percent), followed by Safe Environments (13.8 percent) and CDE (8.1 percent). Grantees were least likely to have findings related to their delivery of other direct services such as Transportation (4.2 percent), Disabilities Services (3.4 percent), and Mental Health Services (1.3 percent). Additional findings of note included:

- VIII. ***Grantees were cited most frequently in FY 2011 for issues pertaining to “Reporting to the Governing Body and Policy Council.”*** Over one-quarter (132 of 493 grantees, 26.8 percent) of all grantees that had noncompliant or deficient findings in FY 2011 were cited for this issue.
- IX. ***Health and Safety issues were common among grantees with deficiencies.*** Approximately 80 percent (81.3 percent, 61) of the 75 grantees found to have one or more deficiencies were cited for at least one deficiency in health and safety. Just under one-third (28.5 percent, 22) of these grantees were cited for at least one “failure to perform substantially” deficiency.

Other issues frequently cited for grantees on FY 2011 First Year and Triennial reviews included “Physical Arrangements Consistent with the Health, Safety, and Developmental Needs of Children”, “Ongoing Monitoring of Grantee Operations and Delegates”, “Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment”, and “Criminal Record Checks.”

### **New Directions in Monitoring for FY 2012**

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:

- X. ***Monitoring protocol and software.*** The FY 2012 Monitoring Protocol will be streamlined to ensure that review teams can focus on the most important issues related to performance. The total number of requirements will be reduced from 600 to

400 standards that OHS identifies as being most important to grantee success. In addition, the 11 sections of the FY 2011 protocol will be integrated into seven sections to promote a more comprehensive understanding of grantee performance and align with areas emphasized as critical in the HS Act.

- XI. ***The Evidence Assessment System.*** A new system will be introduced in FY 2012 called the Evidence Assessment System. This system will require reviewers to collect evidence in a way that allows OHS to better evaluate the scope and materiality of findings. For each Compliance Indicator, reviewers will be 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. 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 ensure greater generalizability of the evidence collected and improve consistency in the types and amount of information gathered across review teams.
- XII. ***Sampling.*** To ensure the generalizability of information collected during the review process, FY 2012 reviews will include random samples selected using a probability sampling scheme for file reviews and observations. The algorithm used to select the sample will be built into the software to ensure consistency in sampling methodology across review teams.
- XIII. ***The Classroom Assessment Scoring System (CLASS™).*** The CLASS™ samples will be selected using the sampling methodology described above. In addition, in order to maximize the number of classrooms observed, the FY 2012 methodology will reduce the number of cycles observed in each classroom from three to two. This approach was vetted by experts on the CLASS™ and consistent with best practices of using the tool for monitoring purposes.

## 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, and other standards related to enrollment, recruitment and selection, and program design.

The purpose of Head Start monitoring is to assess grantee performance and compliance with requirements governing Head Start programs. The Head Start Act mandates that each Head Start grantee receive 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.”* In FY 2011, reviews were conducted by teams of reviewers knowledgeable about Head Start and led by a Review Team Leader (RTL). Each review was guided by a standard Protocol, which reviewers used to assess program performance and compliance.

Grantees determined to have a finding (an area of noncompliance or a deficiency) on any monitoring review receive a more targeted Follow Up review to ensure that they corrected their findings. 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) 2011 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 to monitoring that were implemented in FY 2011.

### 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 an announced First-Year or Triennial review to advise them that they will be receiving a review during the fiscal year. In most cases, grantees are sent written notification of the specific date of the review thirty 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 online. In FY 2011, 10 percent of monitoring reviews were 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 will enable OHS to provide more accurate guidance and assistance to grantees.

There are four main types of reviews: First-Year, Triennial, Follow Up, and Other. Each Head Start grantee receives an on-site First-Year review, using the full monitoring protocol, immediately after completion of their first year of providing Head Start services. They then receive full on-site reviews (Triennial reviews) on a rotating triennial basis thereafter. Grantees also may receive targeted “Other” reviews if they are determined to be at risk. These reviews may be onsite or off-site 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 set out in the Head Start Act. Findings of a review, 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 have areas of noncompliance that do not constitute deficiencies, but must be corrected. 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 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 Office of Head Start 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 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 Protocol organizes elements of Head Start performance standards and other program regulations into 11 sections against which compliance is monitored:

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## II. Monitoring of Head Start Grantee Organizations

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- ▶ Health Services
- ▶ Nutritional Services
- ▶ Safe Environments
- ▶ Transportation Services
- ▶ Disabilities Services
- ▶ Mental Health Services
- ▶ Family and Community Services
- ▶ Education and Early Childhood Development Services (ECD)
- ▶ Fiscal Management
- ▶ Program Design and Management
- ▶ Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA)

The Protocol is organized into Compliance Frameworks (CFs), 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 Compliance Framework contains one or more Compliance Indicators (CI), each of which are linked to specific standards; together the CIs will help reviewers to assess whether the grantee is meeting the higher level objectives outlined within the Compliance Framework statement. Targeted Questions (TQs) are used by review teams to gather evidence to support the assessment of compliance for each CI. 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:

- ▶ Pre-site Guides
- ▶ Interview Guides
- ▶ Observation Guides
- ▶ Document Review Guides
- ▶ Checklists (e.g. Safe Environments Checklist)
- ▶ Child and Staff File Review Guides
- ▶ Management Systems Analysis Guides

The evidence collected through each guide is linked to CIs and used to assist review teams in making compliance assessments.

### **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.

Based on the analysis of the evidence and the team's recommendations, the RTL renders

preliminary decisions regarding grantee compliance with program requirements. An initial finding identified by the review team is referred to as a *preliminary area of noncompliance* (PANC). To support each preliminary area of noncompliance, the review team is required to cite at least one Head Start requirement and provide sufficient, well documented evidence and descriptions of the problem cited.

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.

### **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 is able to identify 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. 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.

### **Key Changes in Program Monitoring Effective in FY 2011**

Each year, the Office of Head Start examines the monitoring review system to determine if there are changes that will improve the process. In FY 2011, enhancements were implemented to reflect changes in policy and procedure, to ensure compliance with the Head Start Act (as

amended in December 2007) and the American Recovery and Reinvestment Act (enacted February 2009), as well as improve the overall monitoring process. Specific changes included: Enhancing the monitoring protocol and software to better capture information on grantee performance; the inclusion of reviews for grantees who received funding under the American Recovery and Reinvestment Act (ARRA); further integration of the Classroom Assessment Scoring System (CLASS™) instrument into the monitoring process; and expanded implementation of unannounced reviews.

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

In FY 2011, the Protocol was organized into Compliance Frameworks, which group together related program requirements to make it easier to see the “big picture.” OHS also enhanced the Enrollment, Recruitment, Selection, Eligibility, and Attendance (ERSEA) section of the FY 2011 Monitoring Protocol to provide stronger guidance to on-site monitoring teams; this revision was successfully piloted in several unannounced reviews in FY 2010.

### ***Monitoring American Recovery and Reinvestment Act Grantees***

On April 2, 2009, the U.S. Department of Health and Human Services (HHS) announced that Head Start and Early Head Start programs would receive funding and be eligible to apply for grants worth \$2.1 billion under the American Recovery and Reinvestment Act (ARRA). Grantee organizations were invited to apply for grants in May 2009, with the first awards given in FY 2010.

In FY 2011, additional reviews were performed to monitor grantees who received ARRA funding. These reviews included additional Targeted Questions that were added to monitor issues of compliance specifically pertaining to ARRA Performance Standards. These questions were used in addition to the standard protocol for grantees that were due for their First Year or Triennial reviews, and included questions across the range of protocol categories, including oversight and management, access to health and dental care, and building and maintaining community partnerships,

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

In FY 2009, as required in the Head Start Act, OHS pilot-tested the CLASS™ instrument as a method of monitoring teacher effectiveness and classroom quality. Developed by the University of Virginia and validated in over 3,000 classrooms, the CLASS™ is an observational instrument that assesses interactions between children and teachers in three domains: Emotional Support, Classroom Organization, and Instructional Support.

In FY 2010, OHS implemented the CLASS™ instrument as part of all Triennial reviews in order to observe and assess classroom interactions between children and teachers. In FY 2011, all First Year and Triennial reviews with eligible classes will include a CLASS™ review. These reviews will include larger samples and more observation cycles than previous years. Prior to participating

as a team member on reviews, CLASS<sup>TM</sup> Reviewers were trained and certified by Teachstone, an organization founded by two of the CLASS<sup>TM</sup> tool's authors to make the tool available and accessible to those working in the field. Specific enhancements in FY 2011 include:

- ▶ CLASS<sup>TM</sup> reviewers observed 30 percent of classrooms, or at least 12 classrooms (for smaller programs).
- ▶ CLASS<sup>TM</sup> reviewers observed three 30-minute cycles per classroom (20 minutes observing, ten coding), rather than a single 30-minute cycle that was conducted in FY 2010.
- ▶ Standardized summaries (by dimension) were used to inform grantees of the meaning of their score. These summaries were included in the report to the grantee.

Expanded Implementation of Unannounced Reviews. OHS' continued dedication to increasing transparency, accountability, and the enhancement of providing services, led to the implementation of unannounced monitoring reviews. This system was piloted with ten unannounced reviews in FY 2010; in FY 2011, approximately ten percent of all Triennial and First-Year reviews were unannounced.

### III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2011, 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**

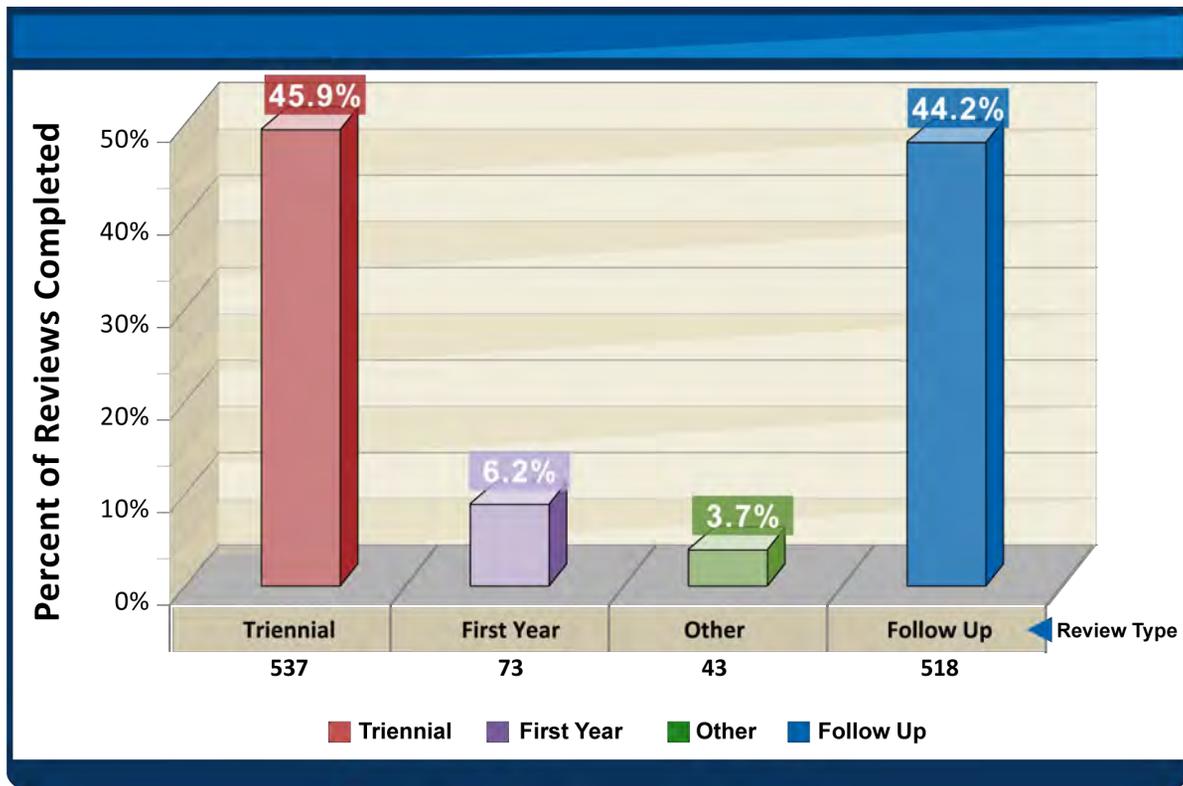
This Annual Head Start Monitoring Report to Congress for FY 2011 focuses on the cohort of grantees that underwent Triennial, First-Year, and Other reviews in FY 2011 and received review reports by August 6, 2012. The report also includes information on Follow-up reviews for all grantees that had outstanding findings that were reviewed in FY 2011, including grantees that had findings that originated in previous fiscal years.

In total, 1,180 monitoring reviews were conducted in FY 2011; 1,171 reviews are complete, with the grantee having received their final report by the end of FY 2011. Four reviews (three Follow Up and one Other reviews) have since then been completed. Five reviews are still incomplete and currently going through the quality control process as of September 30, 2013.. Only the 1,171 reviews completed entirely in FY 2011 are included in this report. In FY 2010 a total of 946 reviews were conducted and subsequently completed. The increase in the number of reviews conducted in FY 2011 is primarily due to an increase in follow up reviews and the addition of several new grantees due to ARRA funding.

The 1,171 monitoring reviews completed in FY 2011 included ([Exhibit 2](#)):

- ▶ 537 Triennial reviews
- ▶ 73 First-Year reviews
- ▶ 43 Other reviews
- ▶ 518 Follow up reviews

**Exhibit 2: Number of Reviews Completed in FY 2011 by Review Type (n = 1171)**



### Grantee Review Outcomes

After a Triennial, First-Year, Other, or Follow-up review is complete, a Head Start Review Report is issued to each grantee. The report indicates the compliance outcome of the review and the Head Start program requirement(s) for which the grantee was found 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 sustained 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, they receive 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 they also have noncompliances, they receive a review determination of “Deficient”, referred to throughout this report as “having one or more deficiencies.” Grantees also can be cited for an immediate deficiency finding on their review. 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 receiving this report.

### III. Grantee Monitoring Review Outcomes

Approximately one-fifth of grantees receiving FY 2011 Triennial, First-Year, or Other reviews were compliant (140 of 633,<sup>2</sup> 21.1 percent). Approximately 70 percent of grantees had at least one area of noncompliance (ANC) cited in a review report (418 of 633, 66.0 percent) and an additional 11.8 percent (75 of 633) had one or more deficiencies. Nineteen grantees received both Triennial/ First Year reviews and Other reviews in FY 2012. In this report, findings from both reports are considered in making grantee status determinations.

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

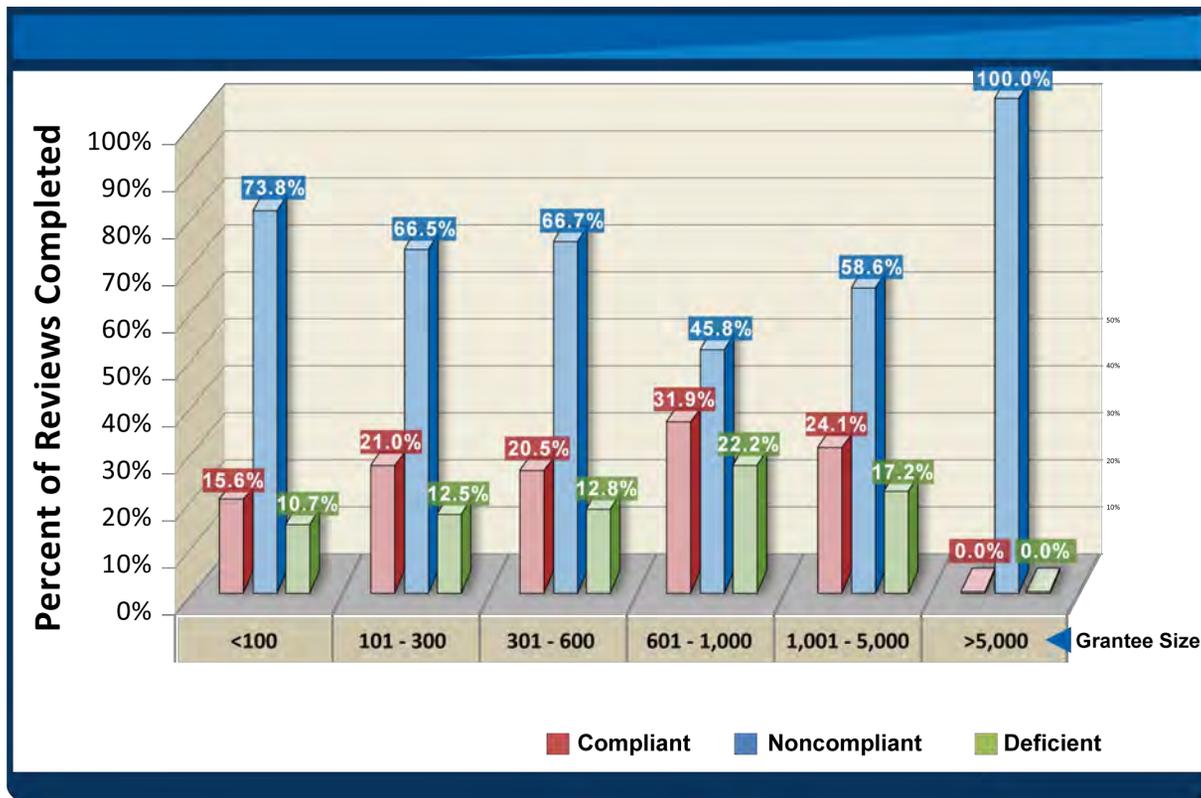
Review Type	Review Outcome	FY 2009		FY 2010		FY 2011	
Triennial & First Year Reviews	Compliant	97	20.3%	93	19.2%	141	23.2%
	Noncompliant	357	74.8%	337	69.5%	421	69.1%
	Deficient	23	4.8%	55	11.3%	47	7.7%
Other Reviews	Compliant	1	6.3%	1	3.4%	0	0.0%
	Noncompliant	4	25.0%	13	44.8%	9	20.9%
	Deficient	11	68.8%	15	51.7%	34	79.1%
Total Reviews	Compliant	98	19.8%	94	18.3%	141	21.6%
	Noncompliant	361	73.2%	350	68.1%	430	66.0%
	Deficient	34	7.0%	70	13.6%	81	12.4%

In FY 2011, 7.7 percent of grantees receiving First Year and Triennial Reviews were deficient; this is lower than FY 2010, but higher than FY 2009 (11.3 percent and 4.6 percent, respectively). The percentage of grantees determined to be compliant on their Triennial or First-Year review increased slightly over the same time period (20.3 percent in FY 2009, 19.2 percent in FY 2010, and 23.2 percent in FY 2011).

Similar to previous years, large grantees were more likely to have one or more deficiencies than small grantees: 22.2 percent of grantees with between 601 and 1,000 children and 17.2 percent of grantees with 1,001 to 5,000 children had one or more deficiencies. Very small and very large grantees were most likely to have one or more noncompliances: 73.8 percent of grantees with an enrollment between less than 100 and all four super grantees reviewed in FY 2011 were found to have either one or more noncompliances. Grantees with large enrollments (between 601 and 1,000) were most likely to be found compliant, with a compliance rate of 31.9 percent. Additionally, grantees that provide only Head Start services had more findings than grantees that provide only Early Head Start services or both Head Start and Early Head Start services.

<sup>2</sup> Note that 633 grantees received a total of 653 reviews (537 Triennial + 73 First-Year + 43 Others) in FY 2011. Eighteen grantees received both a Triennial review and an Other review and one grantee had a Triennial and two Other reviews in this fiscal year, accounting for the difference of “20” between the number of grantees and the number of reviews.

Exhibit 4: FY 2011 Review Outcomes by Grantee Size (n = 641)



Note: Grantee size was not available for all grantees reviewed in FY 2011.

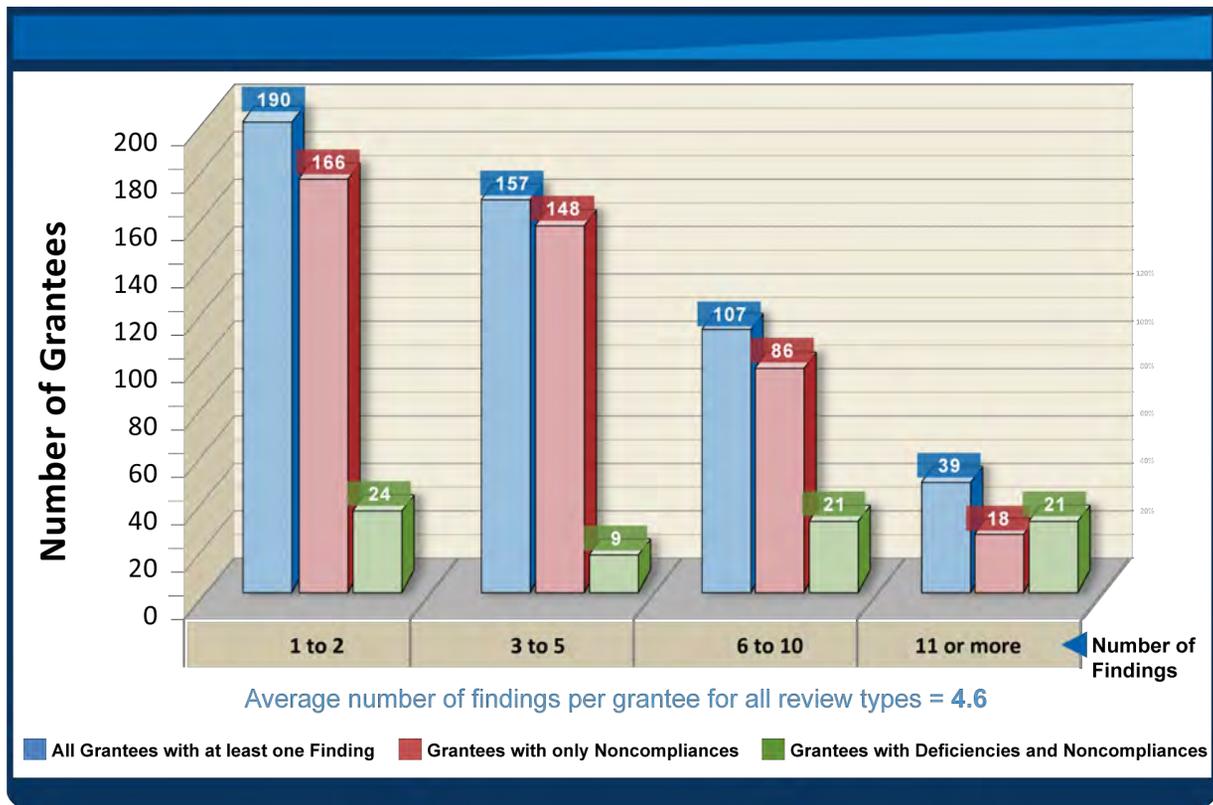
## Number and Types of Findings Identified

### Number of Findings per Review

Grantees receiving FY 2011 Triennial, First Year, and Other reviews averaged 4.6 findings per grantee. Grantees that had one or more deficiencies had more findings overall than grantees with only noncompliant findings (7.9 vs. 4.0.) Grantees that had one or more deficiencies had more noncompliant findings (6.2 vs. 4.0) than grantees with only noncompliances, in addition to deficient findings (1.7 average findings per review).

Most grantees with findings had a relatively small number of findings; nearly 1/3 of grantees with findings had two or fewer findings (38.5 percent); over 70 percent had five or fewer findings (70.4 percent). However, a small number of grantees had a large number of findings; 21.7 percent of grantees had six to ten findings and 7.9 percent of grantees had 11 or more findings in FY 2011.

**Exhibit 5: Distribution of Grantees Reviewed by Number of Findings (n = 493)**



Note: In FY 2011, 18 grantees received both a Triennial review and an Other review and one grantee had a Triennial and two Other reviews. This table includes findings from all reviews in the total count for those grantees.

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

#### *Most Frequently Cited Areas of Noncompliance*

In FY 2011, “Reporting to the Governing Body and Policy Council” was the issue most frequently cited as noncompliant during First-Year, Triennial, and Other Reviews; over one-quarter (130 of 471, 27.6 percent) of all grantees with findings were cited in this area. “Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children”, which was the most commonly cited noncompliant finding in FY 2010, was second, with over one-fifth of grantees (102 of 471, 21.7 percent) with noncompliant or deficient findings cited for at least one standard related to the issue.

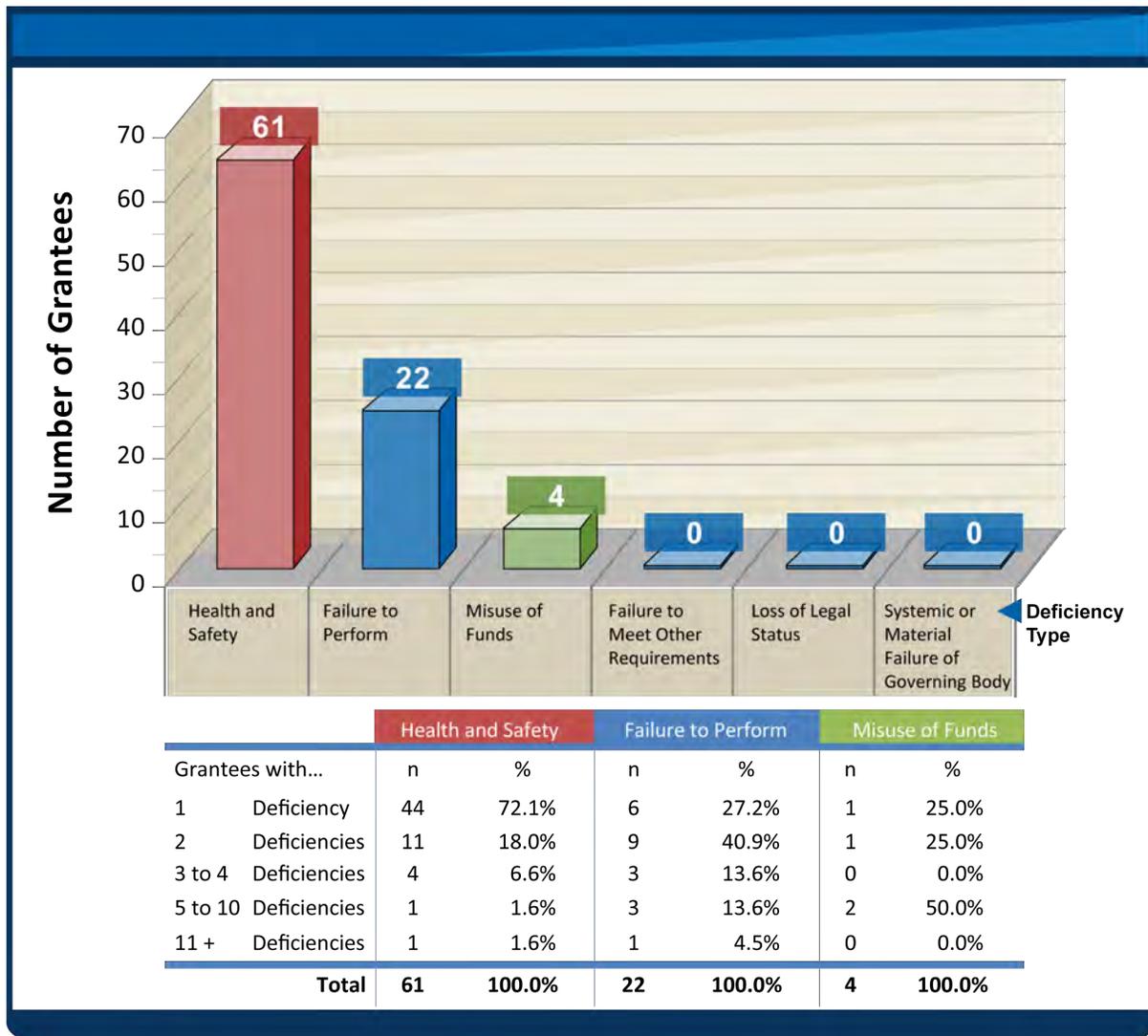
**Exhibit 6: Performance Issues Most Frequently Cited as Noncompliant (n = 471)**

Rank	Issue	Grantees Reviewed With Noncompliant Citations	
		n	%
1	Reporting to the Governing Body and Policy Council	130	27.6%
2	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	102	21.7%
2	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	82	17.4%
4	Ongoing Monitoring of Grantee Operations and Delegates	81	17.2%
5	Screening for Developmental, Health, Sensory, and Behavioral Concerns	68	14.4%
6	Criminal Record Checks	61	13.0%
7	Determining Child Health Status	58	12.3%
8	Procurement Procedures	56	11.9%
9	Governing Body Responsibilities	54	11.5%
10	Financial Management Systems	50	10.6%
11	Staff Performance Appraisals	49	10.4%
12	Annual Report to the Public	47	10.0%
13	Staff Qualifications	47	10.0%
14	Recruitment and Enrollment of Children with Disabilities	39	8.3%
15	Davis Bacon Act	37	7.9%

***Types of Deficiencies Defined in the Head Start Act***

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. Grantees who received deficiencies on First-Year, Triennial, or Other reviews in FY 2011 primarily had issues in two areas: failure to perform substantially and health and safety.

**Exhibit 7: Distribution of Grantees with One or More Deficiencies by Deficiency Type (n = 75)**



Just over four-fifths (81.3 percent, 61) of the 75 grantees with deficiencies in FY 2011 were cited for a “health and safety” deficiency. For the vast majority of these grantees (44, 72.1 percent), the health and safety issue was the only deficient finding identified during the fiscal year.

Health and safety issues can be found in any center, classroom, or playground space visited during a review. Examples of health and safety violations that may require immediate correction include:

- ▶ Improper storage or preparation of food and milk;
- ▶ Children having access to storage areas and cabinets that contain cleaning materials, pesticides, and flammable liquids;
- ▶ Infestation of bugs;

- ▶ Facilities and playground hazards;
- ▶ Insufficient staff-to-child ratios or a lack of staff supervision that endangers children.

Just under 30 percent (29.3 percent, 22) of the 75 grantees with deficiencies in FY 2011 were cited for a “failure to perform substantially” deficiency. These grantees were more likely to have multiple deficiencies. Sixteen (72.7 percent) of the 22 grantees with “failure to perform substantially” deficiencies had more than one deficiency. In addition, slightly more than ten percent (11.7 percent, 9) of the grantees with one or more deficiency were cited for deficiencies in both “health and safety” and “failure to perform substantially.”

Among other reasons, a grantee may be cited for a “failure to perform substantially” deficiency if they fail to adequately monitor grantee operations and delegates. A grantee may also be cited for a “failure to perform substantially” deficiency if the combined weight of multiple noncompliances suggests a failure to perform, or if a single noncompliance, considered alone, is sufficiently egregious.

Four grantees (5.3 percent of grantees with one or more deficiencies) were cited for misuse of funds on a Triennial, First Year, or Other review in FY 2011. No grantees were cited for loss of legal status, failure to meet other requirements, or systemic or material failure of the governing body deficiencies in FY 2011.

#### ***Deficiency Correction Timeframes***

Deficiencies identified during a review that indicate imminent harm or danger to children and staff require that the grantee take immediate corrective action. The Office of Head Start interprets “immediate corrective action”, as specified in the Act, as needing to be resolved at the point of discovery or up to 30 days from when the review takes place.

The 75 grantees with one or more deficiencies found on FY 2011 reviews had a total of 127 deficiencies, averaging 1.7 deficiencies per grantee; this was down from an average of 2.0 deficient findings per grantee with one or more deficiencies in FY 2010. Of the 127 deficient FY 2011 findings, 18 were given a 10-day corrective action timeframe (14.2 percent), 60 (47.2 percent) were given a 30-day corrective action timeframe, 5 (3.9 percent) were given a 45 day deadline and 44 (34.6 percent) were given either a 90-day timeframe or an 180-day timeframe. As was expected, most of the 77 health and safety deficiencies were given 10-day, 30-day, or 45-day corrective action timeframes (74, 96.1 percent), while a large percentage of the Failure to Perform Substantially deficiencies (32 of 41, 78.0 percent) were given either a 90-day or 180-day corrective action timeframe.

**Exhibit 8: Deficiencies on FY 2011 Triennial and First-Year Reviews by Finding Category and Corrective Action Timeframe**

Finding Category	Corrective Action Timeframe					
	10 Days	30 Days	45 Days	90 Days	180 Day	Total
<i>Health and Safety</i>	16	55	3	1	2	77
<i>Failure to Perform</i>	2	5	2	1	31	41
<i>Misuse of Funds</i>	0	0	0	0	9	9
<i>Failure to Meet any Other Requirement within Period Specified</i>	0	0	0	0	0	0
<i>Loss of Legal Status</i>	0	0	0	0	0	0
<i>Systemic or Material Failure of Governing Body</i>	0	0	0	0	0	0
<b>Total</b>	18	60	5	2	42	127

**Most Frequently Cited Deficiencies**

This section further classifies the types of deficiencies that fall under the Head Start Act into smaller categories to facilitate analysis of specific issues facing grantees.

Almost one-quarter (18 of 75, 24.0 percent) of grantees with deficient findings were cited for Code of Conduct, a category which primarily consists of leaving children unattended or unsupervised. This was higher than FY 2010, when 10 (14.7 percent) grantees had this finding. Nearly 20 percent of grantees (18.7 percent, 14) had deficient findings related to Criminal Record Checks, up slightly from FY 2010 when 10 (14.7 percent) grantees were cited as deficient in this area. Ongoing Monitoring, which was the most commonly cited deficient finding in FY 2010 (23.5 percent, 16), was the fourth most common deficient finding in FY 2011 with ten citations (13.3 percent). Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children citations also dropped in FY 2011 with seven citations (9.3 percent), down from 12 citations (17.4 percent) in FY 2010.

**Exhibit 9: Performance Issues Most Frequently Cited as Deficient (n = 75)\***

Rank	Issue	Grantees Reviewed With Deficient Citations	
		n	%
1	Code of Conduct	18	24.0%
2	Criminal Record Checks	14	18.7%
3	Children are Only Released to a Parent or Legal Guardian	12	16.0%
4	Ongoing Monitoring of Grantee Operations and Delegates	10	13.3%
5	Initial Health Examinations for Staff	9	12.0%
6	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	7	9.3%
7	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	7	9.3%
8	Financial Management Systems	5	6.7%
9	Governing Body Responsibilities	5	6.7%
10	Developmentally and Nutritionally Appropriate Foods	3	4.0%
11	Payments to Grantee Funds	2	2.7%
12	Record-Keeping Systems	2	2.7%
13	Reporting to the Governing Body and Policy Council	2	2.7%
14	Licensing Requirements	2	2.7%
15	Screening for Developmental, Health, Sensory, and Behavioral Concerns	2	2.7%

### Correction of Findings during Follow up Reviews

Overall, grantees were successful in correcting their findings on follow up. Of the 1,826 findings reviewed on FY 2011 follow up reviews, 1,732 (94.9 percent) were corrected on their first review in FY 2011; 94 (5.1 percent) were not corrected. Three findings that were not corrected on their first FY 2011 review were reviewed an additional time; all were corrected on their second review. Almost 90 percent of grantees (89.5 percent) corrected all findings on their first review in FY 2011, slightly more than in 2010 (89.1 percent).

Grantees have more difficulty in correcting some findings than others. Similar to previous years, findings most likely to be elevated include Determining Child Health Status (7, 7.4 percent), Payroll Records and Procedures (6, 6.4 percent), and Reporting to the Governing Body and Policy Council (6, 6.4 percent).

**Exhibit 10: Performance Issues Most Frequently Elevated (n=94)\***

Rank	Issue	Grantees Reviewed with Elevated Findings	
		n	%
1	Determining Child Health Status	7	7.4%
2	Payroll Records and Procedures	6	6.4%
2	Reporting to the Governing Body and Policy Council	6	6.4%
4	Initial Health Examinations for Staff	5	5.3%
4	Screening for Developmental, Health, Sensory, and Behavioral Concerns	5	5.3%
4	Teacher Qualifications	5	5.3%
7	Financial Management Systems	4	4.3%
7	Governing Body Responsibilities	4	4.3%
7	Ongoing Monitoring of Grantee Operations and Delegates	4	4.3%
10	Allocability of Costs	3	3.2%
10	Allowable Non-federal Share Costs	3	3.2%
10	Staff Performance Appraisals	3	3.2%
10	Staff Qualifications	3	3.2%

## **IV. Strengths**

On each Head Start monitoring review, the review team identifies and documents a strength 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.) FY 2011 strengths included examples of strong community partnerships that provided additional resources to children and families, grantees that effectively used new technology to enhance services, staff and parent training programs, literacy programs, grantee's efforts to be culturally and linguistically responsive to the populations they serve, and overall program management systems and the implementation of services that surpassed established performance standards in the areas of education, nutrition, health, mental health and disabilities services. For example, one grantee developed effective collaborations with community partners to assist children and families in creating and sustaining a healthy lifestyle and reducing childhood obesity. Children and families received access to well-coordinated and low- or no-cost services to improve their health and wellness. Services included nutrition and physical activity consultation and information, body mass index screenings for children, free fresh fruits and vegetables for families, and backpacks of food for children to take home over the weekend. In addition, many of the strengths written for ARRA-funded grantees in FY 2011 focused on the practices implemented to ease the transition of expansion and maintain quality of services to the base grant.

## V. CLASS™

To gain a better understanding of the quality of Head Start classrooms, grantees with a center-based option serving preschool age children received an additional assessment during their Triennial or First Year review. Reviewers used 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 a score of one to a score of 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 610 grantees receiving Triennial or First Year reviews in FY 2011, 491, or 80.5 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**

- ▶ Positive Climate
- ▶ Negative Climate
- ▶ Teacher Sensitivity
- ▶ Regard for Student Perspective

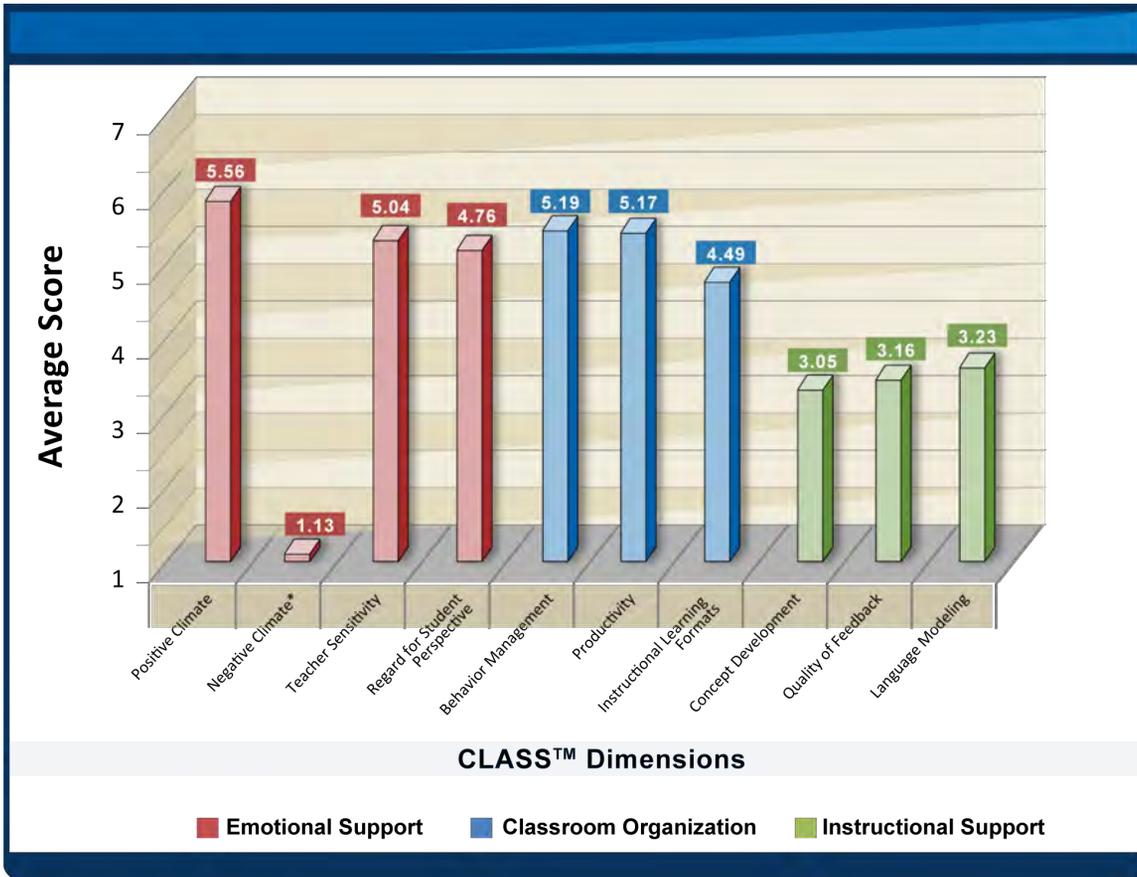
### **Classroom Organization**

- ▶ Behavior Management
- ▶ Productivity
- ▶ Instructional Learning Formats

### **Instructional Support**

- ▶ Concept Development
- ▶ Quality of Feedback
- ▶ Language Modeling

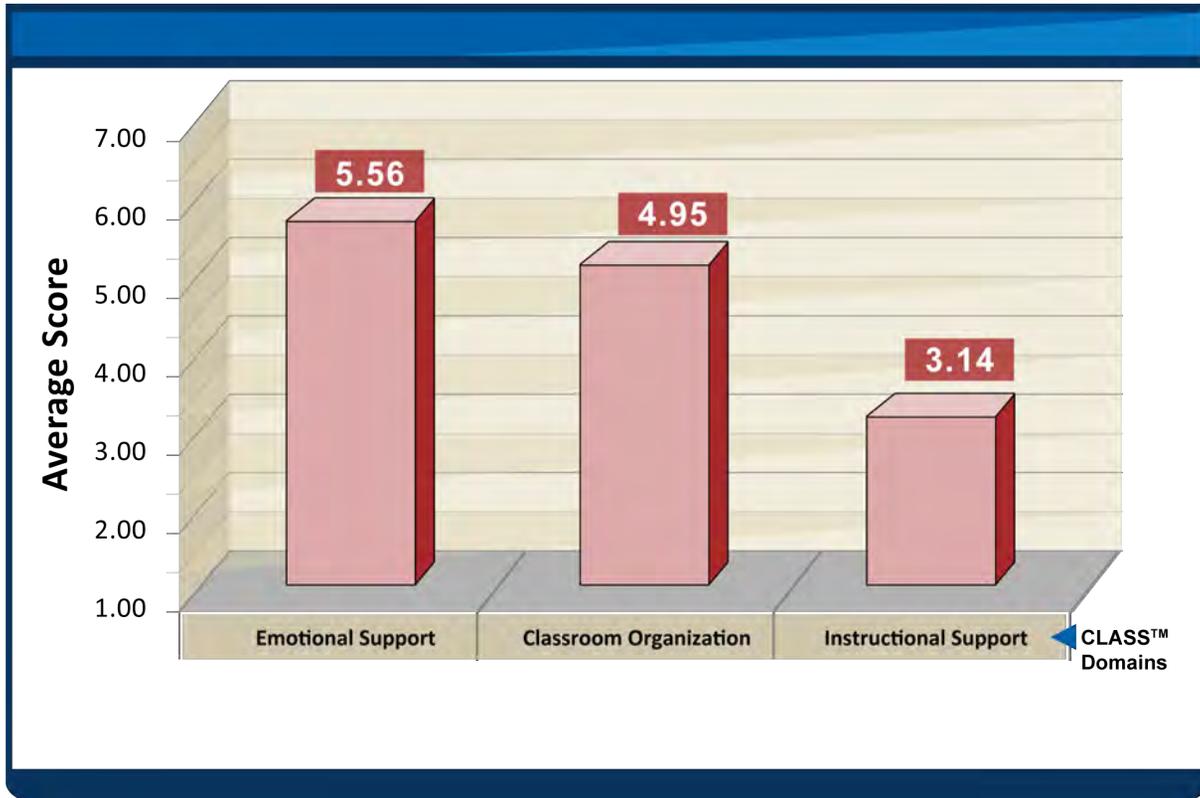
Exhibit 11: Average CLASS™ Scores by Dimension (n = 491)



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)

In FY 2011, grantees generally scored in the middle range across all ten dimensions (Exhibit 11). Scores were higher in the Emotional Support and Classroom Organizations than in the Instructional Support dimensions, as they were in FY 2010.

Exhibit 12: Average CLASS™ Scores by Domain (n = 491)



## VI. Annual Review of the FY 2011 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 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 2011 Fiscal Monitoring Protocol**

Prior to the launch of the FY 2011 monitoring process, OHS reviewed the FY 2010 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 2010 Protocol.

XIV. In FY 2011, the Fiscal Protocol was redesigned to include only targeted questions that were relevant to the fiscal management system, moving more general management questions to the Program Design and Management section. This shift in emphasis recognized that program management was a broader set of skills supporting both fiscal operations and the accomplishment of general program goals and objectives. For example, targeted questions related to responsibilities of the governing bodies, as specified in Sec. 642 of the 2007 Head Start Act, were moved to Program Design and Management. There were also questions added to ensure the assessment of these governance responsibilities.

Fiscal questions with low reliability were revised or deleted. These included questions eliciting findings without a strong systemic connection to fiscal operations and frequently dropped findings. In addition, the general targeted questions that were part of the FY 2010 Fiscal protocol but not linked to citations proved difficult to relate to potential areas of noncompliance and immediate deficiencies regarding fiscal practices.

Further, all targeted questions were aligned with applicable regulatory citations in FY 2011. **Exhibit 13** describes the realignment of the targeted questions and the renaming of the six Fiscal protocol sections.

**Exhibit 13: Realignment of targeted questions and renaming of the FY 2011 Fiscal protocol sections**

FY 2010 Fiscal Protocol	FY 2011 Fiscal Protocol	Description of the change
<i>Governance and Internal Controls</i>	Program Design and Management Section	Governing body structure and reports to the governing body previously addressed as part of the Fiscal Management protocol were moved to the Program Design and Management section in FY2011. For example, the requirement that the Governing Body include at least one member with a background and expertise in fiscal management or accounting was moved from the Fiscal Management section of the FY2010 protocol to the Program Governance section of the FY2011 protocol. Internal control activities were moved to their associated fiscal area. The purpose of this change was to align review activities with content areas.
<i>Use of Head Start Grant Funds</i>	Cost Principles	In FY 2010 the Use of Head Start Grant Funds included cost principles application and procurement activities. In FY2011 cost principles questions were grouped in their own section. The FY2011 Cost Principles section of the Fiscal Protocol added targeted questions to link cost principle application to internal controls. Questions were added to determine the adequacy of allocation methodologies for grantees without a negotiated indirect cost rate. Application of the cost principles to non-federal share was also emphasized in FY2011 to assure that grantee's claims of non-federal share supported program operations as required by the cost principles.
	Procurement	Procurement received its own section in FY2011, with questions targeting the critical elements of the procurement process; free and open competition, compliance with federal procurement standards, adequacy of contracts and existence of written standards of conduct for employees engaged in the procurement process.
<i>Grant Property</i>	Facilities and Property	In FY2010 questions related to facilities and other property were somewhat scattered throughout the fiscal protocol. The FY2011 protocol grouped facilities and property questions in a single section, adding questions to examine higher-cost facilities activities covered by 45 CFR 1309 in greater detail.
<i>Compensation</i>	Compensation	Compensation questions in the FY2011 fiscal protocol were similar to those used in FY2011, continuing to emphasize adequacy of personnel compensation documentation, wage comparability and Executive Level II limitations.
<i>Financial Reporting</i>	Reporting	Review of documents to verify fiscal reporting practices was expanded and linked to identified reporting requirements. Language in the governing body reporting section was aligned with the requirements of Sec. 642 of the Head Start Act.
<i>Management Systems Analysis</i>	Program Design and Management Section	This section of the FY2010 Fiscal Management protocol contained a series of targeted questions not linked to a performance standard at the service area level. The intent of the questions was to provide insight into how key management systems function in relationship to each service area. The questions related to fiscal system operations were moved to their associated area of fiscal management and linked to citations. Some questions, such as the use of Annual Self-Assessment information, were linked to citations, and then moved to the Program Design and Management section of the protocol.

There were several other key enhancements made to the FY 2011 Fiscal protocol:

- ▶ The pre-site monitoring process was enhanced by the creation and implementation of the Pre-Site Fiscal Information Form (FIFO) in FY 2011. 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. This process decreased the number of documents required during pre-site preparation.
- ▶ During FY 2011, special review protocols were added to the monitoring system to address compliance for programs receiving expansion funding through the American Recovery and Reinvestment Act of 2009<sup>[1]</sup> (ARRA) for new or expanded Early Head Start and Head Start services and unannounced reviews were also conducted.
- ▶ In their assessment of the FY 2011 Fiscal Protocol, experts recommended direct observation of high dollar equipment to verify their existence, review of bank statements and the program's general ledger for unusual transactions (large dollar amounts, duplicate payments), and review of credit card statements for unusual transactions.
- ▶ The experts also suggested minor refinements to the Protocol, such as eliminating redundant questions to allow for additional time to investigate key issues more deeply. Based on these recommendations, the FY 2011 Protocol included the following: increased transaction testing, removal of duplicative questions in the Protocol, and expanded examination of compliance with facilities, cost allocation, and non-federal share requirements.

As in FY 2010, the FY 2011 Fiscal Protocol continued to include questions specific to those grantees receiving funds under the American Recovery and Reinvestment Act of 2009.

### **Assessment of the FY 2011 Fiscal Protocol**

The FY 2011 Fiscal protocol was reviewed between January and July 2011. The review was conducted by a fiscal subject matter expert and attorney and a workgroup of three retired ACF Grants Officers supported by a Certified Public Accountant employed by the monitoring contractor. The group 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?

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<sup>[1]</sup> Public Law 111-5: American Recovery and Reinvestment Act of 2009.

In connection with this review, OHS analyzed FY 2011 preliminary and final findings from onsite 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).

The review concluded that the 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 indicated that many findings addressed potential disallowances not detected through Single Audits. It was found that 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, OHS staff also concluded that findings developed through onsite transaction review yielded a better description of noncompliance than review of documents submitted in advance of the review.

Review of the FY 2011 protocol also found that the expert recommendations, such as implementing direct observation of high dollar value equipment, review of bank statements and general ledger for unusual transactions, and review of credit card statements, resulted in a more in-depth review of grantees' fiscal practices.

## VII. New Directions in Monitoring for FY 2012

### Monitoring Protocol and Software

In FY 2012, the Office of Head Start will introduce a new, streamlined monitoring protocol that focuses on high quality performance for grantees who are working towards school readiness. This protocol was revised to place a greater emphasis on the systems programs have in place to enhance the quality of the delivery and management of program services; it arranges the elements of program performance standards, the Head Start Act, and other regulations into seven sections against which compliance will be monitored:

1. Program Governance (GOV)
2. Management Systems (SYS)
3. Fiscal Integrity (FIS)
4. ERSEA
5. Child Health and Safety (CHS)
6. Family and Community Engagement (FCE)
7. Child Development and Education (CDE)

The number of standards observed through the protocol during onsite reviews was reduced. OHS reduced the number of standards to include only standards that were identified as indicators of program performance, could be effectively and efficiently reviewed, and were not redundant. The new questions associated with these standards in the protocol are designed to refine the focus to the most essential part of the issue.

### Evidence Assessment System

In FY 2012, reviewers will collect information about grantee performance and report it through the new Evidence Assessment System (EAS). This system allows reviewers to more easily summarize information collected during the review as well as to provide OHS with more information about the scope and materiality of the evidence collected. For each Compliance Indicator, reviewers will be 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., 11 to 20 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 ensure greater generalizability of the evidence collected and improve consistency in the types and amount of information gathered across review teams.

### Sampling

In order to ensure the generalizability of information collected through the review process, FY

2012 reviews will include random samples for all staff files, child files, and class/group observations (CHS, CDE, and CLASS™). The sample size and composition is determined by a probability-driven algorithm that selects a random sample to ensure that monitoring review observations are valid and generalizable to the entire grantee. The sampling algorithm will be implemented in the OHS monitoring software to ensure consistency in its implementation.

**CLASS™**

CLASS™ sample sizes will shift from a 30 percent sample of all eligible classrooms at each grantee to a statistically-driven sample size selected randomly in FY 2012. The monitoring software will reflect the classes selected for the sample and provide replacement classrooms as needed. The number of cycles observed per classroom will decrease from 3 to 2, as is supported by research done by the tool developer indicating that for purposes of monitoring, maximizing the number of classrooms observed should take priority over the number of cycles observed per classroom. In addition, rigorous training will be provided to reviewers in FY 2012 on implementing OHS' defined methodology (e.g., timing and settings for observations, conditions under which observations should or should not occur).

## 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>	<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>
<b>Area of Noncompliance (ANC)</b>	<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>
<b>Citation</b>	<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>
<b>Completed Review</b>	<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>
<b>Conducted Review</b>	<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>
<b>Corrective Action Timeframe</b>	<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 &amp; 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 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 style="padding-left: 40px;"><i>(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i></p>

Term	Definition
	<p>(i) A threat to the health, safety, or civil rights of children or staff;</p> <p>(ii) A denial to parents of the exercise of their full roles and responsibilities related to program operations;</p> <p>(iii) A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</p> <p>(iv) The misuse of funds received under this subchapter;</p> <p>(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</p> <p>(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;</p> <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>Deficiency is an OHS determination that a grantee has failed to substantially to provide the required services or to substantially implement required procedures.</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 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>
<b>Early Head Start Program</b>	<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>
<b>Fiscal Year (FY)</b>	<p>Twelve-month accounting period (federal FY 2009 began on October 1, 2008 and ended on September 30, 2009).</p>

Term	Definition
<i>Follow up Review</i>	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.
	Related Terms: Triennial Review, First-Year Review, Other Review and Monitoring Reviews.
<i>Funded Enrollment</i>	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.
	Related Terms: Actual Enrollment and ACF.
<i>Grant</i>	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.
	Related Terms: Grantee and Head Start Program.
<i>Grantee</i>	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.
	Related Terms: Delegate Agency and Program Type.
<i>Grantee Compliance Status</i>	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: <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, deficient grantees may have one or more noncompliant findings in addition to one or more deficient findings</li> </ol>
	Related terms: Deficiency and Noncompliance.
<i>Head Start Program</i>	An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.
	Related Terms: Delegate Agency and Early Head Start Program.
<i>Head Start Program Requirements</i>	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.
	Related Terms: Head Start Program Performance Standards and Monitoring Reviews.
<i>Head Start Review Report</i>	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.

Term	Definition
	Related Terms: Completed Review, Conducted Review, Corrective Action Timeframe, Deficiency and Noncompliance.
<b>HHS</b>	U.S. Department of Health and Human Services, which oversees the Administration for Children and Families (ACF). Related Terms: Administration for Children and Families (ACF).
<b>Monitoring Reviews</b>	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. Related Terms: Head Start Program Performance Standards, Head Start Program Requirements, Triennial Review, Regular First-Year Review, Other Review and Follow up Review.
<b>Noncompliance</b>	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. Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.
<b>Office of Head Start (OHS)</b>	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).
<b>OHSMS Software</b>	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.
<b>Other Review</b>	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.
<b>Performance Standards (Head Start Program Performance Standards) and other regulations</b>	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.

Term	Definition
<p><i>Preliminary Area of Noncompliance (PANC)</i></p>	<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>
<p><i>Program Type</i></p>	<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>
<p><i>Protocol</i></p>	<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 defined set of compliance questions increases focus, efficiency, fairness and comprehensiveness of the scope of the review.</p>
<p><i>Quality Improvement Plan (QIP)</i></p>	<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>
<p><i>Regular First-Year Review</i></p>	<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>
<p><i>Review Decision</i></p>	<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>
<p><i>Review Team Leader (RTL)</i></p>	<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>

Term	Definition
<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	%
<i>642(d)(2)(A)</i>	<b>PDM</b>	Monthly financial statements	102	21.7%
<i>1304.51(i)(2)</i>	<b>PDM</b>	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	81	17.2%
<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.	80	17.0%
<i>1304.20(b)(1)</i>	<b>ECD</b>	Screening for Developmental, Sensory, and Behavioral Concerns	63	13.4%
<i>1304.52(j)</i>	<b>PDM</b>	Staff performance appraisals	49	10.4%
<i>642(d)(2)(D)</i>	<b>PDM</b>	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;	48	10.2%
<i>1304.53(a)(10)(x)</i>	<b>SAF</b>	Playground equipment and surfaces	46	9.8%
<i>648A(g)(3)(A)</i>	<b>PDM</b>	Criminal Record Checks	45	9.6%
<i>74.44(a)(3)(v)</i>	<b>FIS</b>	Written procedures include solicitation for goods and services require acceptance of the metric system	41	8.7%
<i>640(d)(1)</i>	<b>ERSEA</b>	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.	39	8.3%
<i>644(a)(2)(D)</i>	<b>PDM</b>	The results of the most recent review by the Secretary and the financial audit.	39	8.3%
<i>74.44(a)(3)(vi)</i>	<b>FIS</b>	Written procedures include solicitation for goods and services require preference for products and services that conserve natural resources	38	8.1%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
<i>1304.20(a)(1)(ii)(A)</i>	<b>HEA</b>	Assist parents in making the necessary arrangements to bring the child up-to-date	38	8.1%
<i>1309.54</i>	<b>FIS</b>	Contractors working on construction or renovation of Head Start facilities shall be paid wages prevailing wage for similar work in the locality	37	7.9%
<i>1304.53(a)(10)(viii)</i>	<b>SAF</b>	Cleaning of indoor and outdoor premises	36	7.6%
<i>74.44(a)(3)(iv)</i>	<b>FIS</b>	Written procedures include solicitation for goods and services require descriptions of brand name or equal features	35	7.4%
<i>644(a)(2)(C)</i>	<b>PDM</b>	The total number of children and families served, the average monthly enrollment (as a percentage of funded enrollment), and the percentage of eligible children served.	35	7.4%
<i>644(a)(2)(B)</i>	<b>PDM</b>	An explanation of budgetary expenditures and proposed budget for the fiscal year.	34	7.2%
<i>644(a)(2)(E)</i>	<b>PDM</b>	The percentage of enrolled children that received medical and dental exams.	34	7.2%
<i>642(d)(3)</i>	<b>PDM</b>	Appropriate training and technical assistance shall be provided to the members of the governing body	32	6.8%
<i>1304.51(g)</i>	<b>PDM</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.	32	6.8%
<i>74.44(a)(3)(ii)</i>	<b>FIS</b>	Written procedures include solicitation for goods and services require detailing requirements which the bidder/offeror must fulfill	31	6.6%
<i>74.44(a)(3)(iii)</i>	<b>FIS</b>	Written procedures include solicitation for goods and services require description of technical requirements	30	6.4%
<i>642(g)</i>	<b>PDM</b>	Each Head Start agency shall enroll 100 percent of its funded enrollment and maintain an active waiting list at all times with ongoing outreach to the community	30	6.4%
<i>642(d)(2)(B)</i>	<b>PDM</b>	Monthly program information summaries	30	6.4%
<i>644(a)(2)(G)</i>	<b>PDM</b>	The agency's efforts to prepare children for kindergarten.	30	6.4%

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	15	20.0%
<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.	12	16.0%
<i>1304.51(i)(2)</i>	<b>PDM</b>	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	10	13.3%
<i>648A(g)(3)(A)</i>	<b>PDM</b>	Criminal Record Checks	9	12.0%
<i>1304.52(k)(1)</i>	<b>PDM</b>	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	9	12.0%
<i>648A(g)(3)(C)</i>	<b>PDM</b>	Criminal Record Checks	7	9.3%
<i>74.21(b)(3)</i>	<b>FIS</b>	Financial management systems shall provide for effective control over and accountability for all funds, property and other assets.	5	6.7%
<i>648A(g)(3)(B)</i>	<b>PDM</b>	Criminal Record Checks	5	6.7%
<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.	5	6.7%
<i>1304.52(i)(1)(iv)</i>	<b>PDM</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	4	5.3%
<i>1304.53(a)(10)(viii)</i>	<b>SAF</b>	Cleaning of indoor and outdoor premises	4	5.3%
<i>1304.23(b)(1)(iv)</i>	<b>NUT</b>	Infant/toddler food developmentally appropriate	3	4.0%
<i>1304.53(a)(10)(x)</i>	<b>SAF</b>	Playground equipment and surfaces	3	4.0%
<i>74.22(b)(2)</i>	<b>FIS</b>	Limitations, timing and amounts of cash advances to recipient organizations	2	2.7%
<i>642(d)(2)(F)</i>	<b>PDM</b>	Annual self-assessment	2	2.7%
<i>1301.31(b)(1)(iii)</i>	<b>PDM</b>	Criminal Record Check prior to hiring employees	2	2.7%

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
<i>1304.51(g)</i>	<b>PDM</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.	2	2.7%
<i>642(d)(2)(A)</i>	<b>PDM</b>	Monthly financial statements	2	2.7%
<i>642(d)(2)(B)</i>	<b>PDM</b>	Monthly program information summaries	2	2.7%
<i>642(d)(2)(C)</i>	<b>PDM</b>	Program enrollment reports	2	2.7%
<i>642(c)(1)(E)(ii)</i>	<b>PDM</b>	The governing body shall adopt practices that	2	2.7%
<i>642(d)(2)(I)</i>	<b>PDM</b>	The sharing of accurate and regular information for use by the governing body and the policy council regarding the program information reports.	2	2.7%

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

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
<i>642(d)(2)(D)</i>	<b>PDM</b>	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,	5	10.9%

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
		including monthly reports of meals and snacks provided through programs of the Department of Agriculture;		
<i>1304.52(k)(1)</i>	<b>PDM</b>	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	5	10.9%
<i>642(d)(2)(I)</i>	<b>PDM</b>	The sharing of accurate and regular information for use by the governing body and the policy council regarding the program information reports.	5	10.9%
<i>648A(a)(3)(A)(i)</i>	<b>ECD</b>	Each Head Start classroom in a center-based program is assigned one teacher who has a child development associate (CDA) credential appropriate to age served	4	8.7%
<i>230, App B(8)(m)(1)</i>	<b>FIS</b>	Selected Items of Cost: Charges to awards for salaries and wages	4	8.7%
<i>1304.20(b)(1)</i>	<b>HEA</b>	Screening for Developmental, Sensory, and Behavioral Concerns	4	8.7%
<i>642(d)(2)(C)</i>	<b>PDM</b>	Program enrollment reports	4	8.7%
<i>648A(a)(3)(A)(ii)</i>	<b>ECD</b>	Each Head Start classroom in a center-based program is assigned one teacher who has a state-awarded certificate for preschool teachers	3	6.5%
<i>648A(a)(3)(A)(v)</i>	<b>ECD</b>	Each Head Start classroom in a center-based program is assigned one teacher who has a bachelor's degree and has been admitted into the Teach for America program	3	6.5%
<i>648A(a)(3)(A)(iv)</i>	<b>ECD</b>	Each Head Start classroom in a center-based program is assigned one teacher who has an associate degree in a related field with experience in teaching pre-school aged children	3	6.5%
<i>648A(a)(3)(A)(iii)</i>	<b>ECD</b>	Each Head Start classroom in a center-based program is assigned one teacher who has an associate degree in early childhood education	3	6.5%
<i>230, App B(8)(m)(2)(a)</i>	<b>FIS</b>	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.	3	6.5%
<i>1304.20(a)(1)(ii)(A)</i>	<b>HEA</b>	Assist parents in making the necessary arrangements to bring the child up-to-date	3	6.5%

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
<i>1304.51(i)(2)</i>	<b>PDM</b>	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	3	6.5%
<i>642(d)(2)(A)</i>	<b>PDM</b>	Monthly financial statements	3	6.5%

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