

Report to Congress on Head Start Monitoring



FISCAL YEAR 2021



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

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Executive Summary

This report presents a summary of the findings of fiscal year (FY) 2021 Head Start monitoring reviews, fulfilling the reporting requirement in section 641A(f) of the Head Start Act, as amended in 2007. It highlights the enhancements made to the FY 2021 monitoring review system, summarizes recipient¹ review outcomes, and describes the types of findings most commonly identified in FY 2021.

FY 2021 Aligned Monitoring System (AMS)

In September 2016, the Office of Head Start (OHS) issued the first holistic revision and complete reorganization of the Head Start Program Performance Standards (HSPPS) since their original publication in 1975. OHS refined its system to monitor the new HSPPS and implemented the revised Aligned Monitoring System (AMS 2.0) in FY 2018. AMS 2.0 was also designed to streamline the monitoring process and reduce the recipient's burden of having multiple review events from multiple agencies. AMS 2.0 retained some components from its original design, including Classroom Assessment Scoring System (CLASS[®]), Special,² and Follow-up reviews, which were implemented with procedures identical to those implemented in the original AMS. AMS 2.0 also introduced the following two new review types: Focus Area 1 (FA1) and Focus Area 2 (FA2). OHS continued to use this system in FY 2021.

Impact of Coronavirus Disease 2019 (COVID-19) on FY 2021 Monitoring Reviews

On September 24, 2020, OHS suspended on-site reviews due to the coronavirus disease 2019 (COVID-19) pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.³ Reviews that were scheduled to be conducted virtually (e.g., FA1) were minimally impacted. However, FA2 reviews that are typically scheduled to be conducted onsite were scheduled to be conducted virtually in FY 2021. CLASS[®] reviews were suspended for FY 2021.

Exhibit 1 summarizes the types of reviews conducted in FY 2021.

¹ On July 28, 2021, OHS updated terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. These changes are part of a concerted effort encouraging consistency across all U.S. Department of Health and Human Services agencies, where applicable. Among the updated terms, “grantee” has been updated to “recipient.” See Information Memorandum “*Terminology Changes (ACF-IM-HS-21-04)*” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-21-04>.

² Special reviews were termed “Other” or “Targeted” reviews in previous fiscal years.

³ See Information Memorandum “*Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)*” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

Exhibit 1: Types of FY 2021 Reviews

Type of Review	Description
Focus Area 1	<ul style="list-style-type: none"> ▶ An off-site review that entailed reviewing recipient documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the recipient’s program design, management, and governance structure.
Focus Area 2	<ul style="list-style-type: none"> ▶ Conducted as an off-site review in FY 2021 that—through data tours and discussions with program management, staff, parents, the governing body, the policy council, and teachers—assessed how recipients operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements.
Special	<ul style="list-style-type: none"> ▶ Conducted for recipients if they are determined to be at risk for performance issues.
Follow-up	<ul style="list-style-type: none"> ▶ Conducted for recipients found to be out of compliance with Head Start requirements to ensure all findings are corrected. ▶ This report includes information on Follow-up reviews for all recipients with outstanding findings that were reviewed in FY 2021, including recipients with findings that originated in previous fiscal years.

Notes: Due to the COVID-19 pandemic and public health emergency, OHS suspended CLASS[®] reviews and conducted FA2 reviews virtually for FY 2021. FA1 reviews were typically conducted by one Review Lead (RL). FA2 reviews were typically conducted with three reviewers led by an RL. To assess a recipient’s compliance, Review Teams used OHS Monitoring Protocols, which employ a standardized approach to assess program services and quality.

FA1 Reviews

FA1 reviews provided an opportunity for recipients to discuss how they selected their program options, developed their management structure, and designed their services to meet the needs of the children and families they serve. This review was exploratory in nature and designed to provide feedback to the recipient early in its grant cycle regarding its program design, planning, and processes for providing program services.

During this review, recipients described their approaches to:

- ▶ Program design and management.
- ▶ Designing quality education and child development program services.
- ▶ Designing quality health program services.
- ▶ Designing quality family and community engagement program services.

- ▶ Developing effective eligibility, recruitment, selection, enrollment, and attendance (ERSEA) strategies and fiscal infrastructure.

The FA1 review was an off-site activity that entailed reviewing recipient documentation (e.g., grant application, Community Assessment, Program Information Report) and engaging in discussions (via conference call) with the program’s director and management team.

Prior to the discussions with the recipient, the reviewer talked with the recipient’s regional program specialists and fiscal specialists to gain the Regional Office’s (RO) perspective on the recipient.

FA2 Reviews

FA2 reviews provided an opportunity for recipients to demonstrate their effectiveness in implementing a high-quality program to promote positive outcomes and school readiness for children and their families. This focus area was designed to broaden OHS’ understanding of each recipient’s performance and to determine if programs are meeting the requirements of the HSPPS, the Office of Management and Budget’s (OMB) *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (commonly called “Uniform Guidance”), and the Head Start Act. The FA2 review focused on:

- ▶ Program management and quality improvement.
- ▶ Monitoring and implementing quality education and child development services.
- ▶ Monitoring and implementing quality health services.
- ▶ Monitoring and implementing quality family and community engagement services.
- ▶ Monitoring and implementing fiscal infrastructure.
- ▶ Monitoring ERSEA.

Conducted as an off-site review in FY 2021, FA2 review events provided an opportunity for recipients to demonstrate how they operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements. The reviewers learned about the recipient’s performance prior to the review by first reviewing documents such as the grant application, Self-Assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual updates to the Community Assessment. In addition, similar to the approach in FA1, reviewers talked with the recipient’s assigned program specialists and fiscal specialists to learn additional information about the RO’s experiences with the recipient and gain a more comprehensive understanding of the recipient’s performance.

The virtual reviews were conducted via video conference calls and included discussions, classroom explorations, and data tours. Virtual discussions occurred with program management, staff, parents, the governing body, the policy council, and teachers. Data tours were conducted with management staff, center leaders, and directors, providing an opportunity for the recipient staff to show the data they collect, analyze, use, and share to make informed program decisions. In lieu of classroom explorations, interviews were conducted with groups of lead teachers asking

targeted questions about the classroom environment (e.g., how teachers support children’s learning, how teachers ensure that the organized activities, schedules, lesson plans, and learning experiences are responsive to the children’s individual developmental patterns and progressions, how teachers create a nurturing and responsive learning environment for children).

Special and Follow-up Reviews

Recipients also received Special reviews if OHS determined the recipient was at risk for performance issues. Any recipient found to be out of compliance with Head Start requirements during any review received a Follow-up review to ensure all findings were corrected.

After each review event, recipients received a report that summarized identified findings and/or concerns, as well as areas of exceptional program performance.

Outcomes of FY 2021 Monitoring Reviews

OHS conducted reviews of 975 recipients in FY 2021. Of the 975 recipients that received monitoring reviews:⁴

- ▶ 555 received a FA1 review.
- ▶ 289 received a FA2 review.
- ▶ 70 received at least one Special review.
- ▶ 148 received at least one Follow-up review.⁵

Monitoring reviews have three possible outcomes: compliant, one or more noncompliances with no deficiencies, or one or more deficiencies (with or without noncompliances). A “noncompliance” is issued if OHS determines sufficient evidence and documentation exist of a recipient’s failure to comply with a given HSPPS or regulation. 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*

⁴ The sum of the numbers of different review types is greater than the number of reviewed recipients because recipients can receive more than one review during the fiscal year.

⁵ A total of 120 Follow-up reviews were conducted among the 148 grants. Of the 120 Follow-up reviews completed in FY 2021, 1 (0.8 percent) were follow-ups of reviews completed in a previous fiscal year.

- (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.*

Observed areas of noncompliance or deficiencies are referred to as “findings.” The determination of a noncompliance or a deficiency is based on evidence collected by the Review Team during the monitoring review. If there is not sufficient evidence of a noncompliance or a deficiency, then the recipient is considered “compliant.”

Key outcomes of monitoring reviews included:

- ▶ **High percentages of recipients reviewed in FA1 were compliant with the monitored standards.** Of the 555 recipients that underwent a FA1 review, almost all (94.8 percent) were found to be compliant with the monitored standards.
- ▶ **Almost three-quarters of the recipients reviewed in FA2 were compliant with the monitored standards.** Of the 289 recipients that underwent a FA2 review, 73.0 percent were found to be compliant with the monitored standards.
- ▶ **All recipients that received Special reviews were found to be deficient or noncompliant.** Of the 70 recipients that underwent a Special review in FY 2021, 51.4 percent were found to have one or more deficiencies, and 48.6 percent were found to have one or more noncompliances (and no deficiencies).
- ▶ **Recipients corrected nearly all findings on Follow-up reviews.** Of the 148 recipients that received Follow-up reviews in FY 2020, 97.3 percent had corrected their previously identified findings upon follow-up, while 2.7 percent of the recipients had not corrected their findings.

Number and Types of Findings Identified in FY 2021

Key trends with respect to the number and types of findings included:

- ▶ **In FA1 reviews, most FY 2021 recipients with “noncompliant” findings had a small number of findings.** Among the recipients with FA1 noncompliances, 79.3 percent had one or two findings. No recipients receiving a FA1 review had a deficiency in FY 2021.
- ▶ **In FA2 reviews, more than two-thirds of the FY 2021 recipients with “noncompliant” findings had a small number of findings.** Among the recipients with FA2 noncompliances, 67.1 percent had one or two findings. In contrast, of the recipients with at least one FA2 deficiency, 100 percent of those had 6 to 10 findings. However, these results should be interpreted with caution as only a small number of recipients (N=2) had a FA2 deficiency.

► **Recipients struggled with a range of issues in FY 2021.**

- For FY 2021 FA1 reviews, “Supporting Teachers in Promoting School Readiness” was the most commonly cited noncompliance issue, with 38.6 percent of the “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Child Health Status and Care” (12.3 percent) and “Program Management” (10.5 percent).
- For FY 2021 FA2 reviews, “Facilities and Equipment” was the most commonly cited noncompliance issue, with 23.5 percent of the “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Supporting Teachers in Promoting School Readiness” (14.0 percent) and “Safety Practices” (11.0 percent).

- **Overall, a small percentage of recipients had identified deficiencies in FY 2021 reviews.** Only 4.0 percent of the recipients overall had an identified deficiency across FA1, FA2, Special, and Follow-up reviews. Special reviews had the highest proportion of identified deficiencies. Just over half (51.4 percent) of the recipients who had a Special review had an identified deficiency. Among those, 38.6 percent of the “deficient” citations were related to issues such as Discipline (e.g., engaging in inappropriate punishment), followed by Supervision (22.7 percent) (e.g., leaving children alone or unsupervised), and Safety Practices (11.4 percent).

New Directions in Monitoring for FY 2022

Anticipating the need for flexibility during the current COVID-19 pandemic, OHS plans continued minimal refinements to the FA1 and FA2 Monitoring Protocols in FY 2022, rather than larger-scale enhancements. Refinements will focus on improving the consistency and quality of the monitoring process, while being mindful of COVID-19’s impact on recipient operations. OHS also anticipates reviewing the monitoring methodology to improve efficiencies within the monitoring system and enhance the quality of the Head Start Monitoring Report provided to recipients upon completion of a monitoring review event. Examples of some refinements to the monitoring process for FY 2022 include:

- **Revise in-person Monitoring Protocols to a virtual or hybrid format to comply with pandemic-related restrictions.** OHS will continue to monitor pandemic-related restrictions to ensure the safety of its monitoring reviewers and Head Start staff, children, and families. In-person monitoring procedures (such as classroom and center observations, staff interviews, and document reviews) will be revised to be conducted in a virtual format if necessary.
- **Refine protocol items to monitor how recipients are adapting their service delivery models to the requirements of pandemic-related restrictions.** Based on the data collected in FY 2021, OHS will revise items in its monitoring review protocols to better understand how service delivery and program operations are continuing to be impacted in the second year of the COVID-19 pandemic, including any potential risk factors such as health and safety fluctuations, and the recruitment and retainment of staff and staff support systems. This will also include an understanding of how the recipient invests in

their staff and adapts its approach to providing comprehensive services based on the evolving needs of the children and families receiving Head Start services, as well as any new COVID-19 related restrictions in service delivery.

- ▶ **Refine protocol items to better monitor how recipients are engaging and building the capacity of families and ensure children’s health needs are met and they are ready for school.** OHS will revise its monitoring review protocols to better understand how programs are engaging families and supporting family well-being through their family partnership process and goal-setting strategies. Monitoring items will also include how the program’s mental health consultant supports staff and families in meeting children’s mental health and social and emotional needs. Further, the protocols will be revised to better understand how the program uses its data to ensure children’s health and developmental needs are met and the program is achieving its desired child and family outcomes in all service areas.

Introduction

Head Start monitoring assesses recipients’⁶ 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); HSPPS; and other applicable federal, state, and local regulations. HSPPS include provisions surrounding education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, enrollment, recruitment and selection, and program design.

The Head Start Act mandates that each Head Start recipient receive a monitoring review at least once every 3 years; each newly designated recipient be reviewed after the completion of its first year (and then at least once every 3 years thereafter); and all recipients that “fail to meet the standards” receive Follow-up reviews. Reviewers knowledgeable about Head Start conducted fiscal year (FY) 2021 reviews, with Review Leads (RLs) leading teams of reviewers, where appropriate. Each review was guided by the standardized methodology and the Monitoring Protocols, which guide reviewers’ on-site activities in assessing program performance and compliance.

Recipients with a finding (an area of noncompliance [ANC] or a deficiency) on any monitoring review receive a more targeted Follow-up review to ensure they have corrected any previously identified findings. If a recipient does not correct an ANC within 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 1 year, under a Quality Improvement Plan (QIP). If the recipient does not correct the deficiency within 1 year, OHS initiates the termination process or the recipient may relinquish the grant. If a review determines children or staff members are in imminent danger with no immediate solution, then OHS may suspend the program, assign an interim provider to ensure services are not interrupted, and/or only permit the program to reopen when the recipient has resolved the problem satisfactorily.

This report fulfills the FY 2021 reporting requirement found in section 641A(f) and 650(c)(2) of the Head Start Act, which requires a summary report to be published at the end of each Federal FY on the findings of monitoring reviews and outcomes of QIPs.

⁶ On July 28, 2021, OHS updated terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. These changes are part of a concerted effort encouraging consistency across all U.S. Department of Health and Human Services agencies, where applicable. Among the updated terms, “grantee” has been updated to “recipient.” See Information Memorandum “*Terminology Changes (ACF-IM-HS-21-04)*” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-21-04>.

I. Head Start Program Services

Head Start, created in 1965 under the Head Start Act (42 U.S.C. 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages 0 to 5) 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 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 to help them 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 OHS of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The ACF Regional Offices (ROs), OHS' American Indian and Alaska Native (AI/AN) Programs branch, and OHS' Migrant and Seasonal Programs branch award grants 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 Recipient Organizations

The following sections describe the basic mechanics of the monitoring process, the reporting system, the steps OHS has taken to improve the process, and key monitoring changes OHS implemented in FY 2021.

Monitoring Review Events

In September 2016, OHS issued the first holistic revision and complete reorganization of HSPPS since their original publication in 1975. OHS significantly modified the FY 2017 review schedule to provide opportunities for the Head Start community to implement the new HSPPS and for OHS to refine its system to monitor the new HSPPS. OHS implemented the new monitoring system in FY 2018 and continued its use in FY 2021. The revised Aligned Monitoring System (AMS 2.0) is designed to monitor the newly implemented HSPPS, streamline the monitoring process for recipients, and reduce the recipient's burden of receiving multiple review events from multiple agencies (e.g., Head Start, licensing).

Impact of Coronavirus Disease 2019 (COVID-19) on FY 2021 Monitoring Reviews

On September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.⁷ Reviews that were scheduled to be conducted virtually (e.g., FA1) were minimally impacted. However, FA2 reviews that are typically scheduled to be conducted onsite were scheduled to be conducted virtually in FY 2021. CLASS[®] reviews were suspended for FY 2021. In FY 2021, AMS 2.0 was comprised of four review events:

- ▶ Focus Area 1 (FA1)
- ▶ Focus Area 2 (FA2)
- ▶ Follow-up
- ▶ Special

The monitoring process used a rigorous, evidence-based approach to confirm that recipients comply with federal legislative, regulatory, and program requirements. Follow-up and Special reviews were implemented with procedures identical to those implemented in the original Aligned Monitoring System (AMS).

FA1 Reviews

FA1 reviews provided an opportunity for recipients to discuss how they selected their program options, how they developed their management structure, and how they designed their services to meet the needs of the children and families they serve. This review was exploratory in nature and designed to provide feedback to the recipient early in its grant cycle regarding its program design, planning, and processes for providing program services. Recipients described approaches to:

⁷ See Information Memorandum “Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

- ▶ Program design and management.
- ▶ Designing quality education and child development program services.
- ▶ Designing quality health program services.
- ▶ Designing quality family and community engagement program services.
- ▶ Developing effective eligibility, recruitment, selection, enrollment, and attendance (ERSEA) strategies and fiscal infrastructure.

The FA1 review was an off-site activity that entailed reviewing recipient documentation (e.g., grant application, Community Assessment, Program Information Report) and engaging in discussions (via conference call) with the program’s director and management team.

Prior to the discussions with the recipient, the reviewer talked with the recipient’s regional program specialists and fiscal specialists to get additional information on the recipient.

FA2 Reviews

FA2 reviews provided an opportunity for recipients to demonstrate their effectiveness in implementing a high-quality program to promote positive outcomes and school readiness for children and their families. This focus area review was designed to broaden OHS’ understanding of each recipient’s performance and to determine if programs are meeting the requirements of HSPPS, OMB’s *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards, 45 CFR Part 75* (commonly called “Uniform Guidance”), and the Head Start Act. The FA2 review focused on:

- ▶ Program management and quality improvement.
- ▶ Monitoring and implementing quality education and child development services.
- ▶ Monitoring and implementing quality health services.
- ▶ Monitoring and implementing quality family and community engagement services.
- ▶ Monitoring and implementing fiscal infrastructure.
- ▶ Monitoring ERSEA.

Conducted as an off-site review in FY 2021, FA2 review events provided an opportunity for recipients to demonstrate how they operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements. The reviewers learned about the recipient’s performance prior to the on-site review by first reviewing documents such as the grant application, Self-Assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual updates to the Community Assessment.

The virtual reviews were conducted via video conference calls and included discussions, classroom explorations, and data tours. Virtual discussions occurred with program management, staff, parents, the governing body, the policy council, and teachers. Data tours were conducted with management staff, center leaders, and directors, providing an opportunity for the recipient staff to show the data they collect, analyze, use, and share to make informed program decisions. In lieu of classroom explorations, interviews were conducted with groups of lead teachers asking

targeted questions about the classroom environment (e.g., how teachers support children's learning, how teachers ensure that the organized activities, schedules, lesson plans, and learning experiences are responsive to the children's individual developmental patterns and progressions, how teachers create a nurturing and responsive learning environment for children).

Special and Follow-up Reviews

Recipients received Special reviews if OHS determined the recipient was at risk for performance issues. Any recipient found to be out of compliance with Head Start requirements during any review received a Follow-up review to ensure all findings were corrected.

Basic Mechanics of the Monitoring Process

Prior to the start of the fiscal year, OHS sent a letter to all 5-year recipients to advise them of the reviews they would receive during the fiscal year. Recipients scheduled for an announced review then received written notification of the specific date of the review 30 days prior to the on-site review. Soon after receipt of the official written notification of the review date, the RL contacted the recipient to begin scheduling on-site activities. Prior to the review, team members reviewed recipient documents posted on the OHS monitoring website. In FY 2021, one review event⁸ was unannounced, in which OHS' monitoring Review Team did not provide the recipient with advanced notification of the review's occurrence. This allowed OHS to observe recipients without recipients preparing for the review in advance of the monitoring team's arrival. The information gathered from these reviews provided OHS with a more candid, less planned interaction with the recipient, providing a different perspective into the day-to-day struggles and successes that the recipients encounter.

Recipients received Special reviews that were not included in the original schedule of reviews if OHS determined the program to be at risk for performance issues. These reviews occurred onsite or offsite (remotely, from the RO), depending on the nature of the concern being investigated.

In terms of the conduct of each type of review, each FA1 review event was conducted remotely by an RL, and generally took place over a 3- to 5-day period.

Managed by an RL, FA2 review events are conducted onsite by three to four qualified non-federal consultants (who are supervised by the assigned RL) and generally occur over a 5-day period. FA2 Review Team sizes vary, depending on the size and complexity of the recipient. For example, larger recipients, including those with delegate agencies and those with complex program designs (e.g., recipients with both Head Start and Early Head Start programs), may require more reviewers. The largest recipients require both substantially larger Review Teams and longer review periods.

Once onsite, the FA2 Review Team initiates the information collection process, which is guided by OHS Monitoring Protocols. Review Teams rely on multiple modes of inquiry—interviews with concurrent documentation review, observations, and analysis—to assess a recipient's

⁸ The FY 2021 unannounced review was a Special review event.

compliance with program requirements. Team members share information with their RL on a routine basis through the IT-AMS⁹ software application, team meetings, email, and telephone communications. The RL 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 recipient's compliance and notifies recipients of any areas that require correction.

Monitoring reviews had the following three possible outcomes: compliant, one or more noncompliances with no deficiencies, or one or more deficiencies (with or without noncompliances). A "noncompliance" was issued if OHS determined sufficient evidence and documentation existed of a recipient's failure to comply with a given HSPPS or regulation. 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.*

Observed ANC's or deficiencies were referred to as "findings." OHS determined, on the basis of the review, whether recipients were compliant, had ANC's that did not constitute deficiencies, or had deficiencies. Recipients found to have had an ANC or a deficiency received a Follow-up review to ensure that the finding was corrected.

OHS Monitoring Protocols

OHS Monitoring Protocols are designed to guide Review Teams in assessing recipient compliance with HSPPS and the Head Start Act. The protocols reflect the department's

⁹ IT-AMS is OHS' secure online data management system.

continued commitment to ensuring the national monitoring system assesses recipients in a uniform, thorough, and consistent manner. The FA1 and FA2 review events each have their own protocols to guide the respective review events.

Each protocol was organized into Performance Measures (PMs), which grouped together related program requirements for that content area and highlighted key objectives that programs should have achieved in their service delivery and management system design and implementation (e.g., School Readiness). Each PM contained one or more criteria, which were linked to specific standards; together, the criteria helped reviewers assess whether the recipient was meeting the higher-level objectives outlined within the PM statement. Review Teams gathered evidence to support the assessment of compliance for each criterion. Each protocol indicated 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 was developed to organize the evidence-gathering process. These guides, which organized the review questions by method of data collection and source, included:¹⁰

- ▶ Interview Guides (including documents reviewed with the recipient during interviews)
- ▶ Observation Guides
- ▶ Child File Review Guides

The evidence collected through each guide was linked to PMs and is used to assist Review Teams in making their assessments.

Standardized Methodology and Reviewer Reliability

To ensure consistency, objectivity, and accuracy within the review process, OHS established a standardized methodology that governs the conduct of each review type. The standardized methodology defines the process by which every team collects, documents, analyzes, and reports on data for each recipient participating in a review. The methodology standardizes various components of the review events, such as interacting and communicating with the recipient, sampling files and classrooms, determining acceptable times for conducting observations, facilitating discussions with recipient and RO staff, and other review activities.

Sampling

The FY 2021 Monitoring Protocol continued to use random samples for child files to ensure the generalizability of information collected through the review process. The sample size and composition were determined by a probability-driven algorithm that selected a random sample to ensure that monitoring child file reviews were valid and generalizable to an entire recipient. The sampling algorithm was implemented in the OHS monitoring software to ensure consistency in its implementation.

¹⁰ Note that in FY 2021, classroom observation and child file review protocols were conducted virtually over video conference calls.

The Reviewer Pool

OHS ensured each review was staffed by individuals who were 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. Review Teams were created based on a governing framework that limited reviewers who were employed by a Head Start recipient or delegate agency to a certain number of reviews per year and prevented them from reviewing programs in their own states. OHS also maintains a process for providing Review Team members with a standard set of recipient documents for review in advance of the site visit as well as weekly pre- and post-review team briefings. Through post-review briefings, OHS identified the processes that needed to be strengthened and the areas in which additional support was required to facilitate the reviewers' work. These efforts continued to maintain the efficiency and effectiveness of the Review Teams.

Reporting

OHS used a system of exception-based reporting to comply with the federal mandate to inform recipients of findings that should be corrected (section 641A[e] of the Head Start Act, as amended in 2007). Fundamental to the reporting process was the collection, verification, and substantiation of evidence from multiple sources to corroborate findings of noncompliance. As guided by the Monitoring Protocol, Review Teams conducted interviews with program staff, the policy council and governing board members, parents, and others; observed children and teachers in classroom settings; and reviewed program documents and materials, as well as children's files, to assess compliance with Head Start requirements.

If, during an on-site review, the RL identified a deficiency that required immediate corrective action, an HHS responsible official provided written notice of the deficiency requiring immediate correction. The RL was authorized to direct the recipient to take immediate corrective action to ensure staff and/or children were removed from imminent harm or immediate danger and the cause of the imminent harm or immediate danger was corrected. The corrective action required of the recipient to correct the immediate deficiency was provided in the notice.

Designation Renewal System

In FY 2009 and FY 2010, in response to mandates in the 2007 reauthorization of the Head Start Act, OHS developed regulations that created a Designation Renewal System (DRS). Under DRS, recipients that are found to meet any of the criteria that preclude them from receiving automatic renewal of their grant are subject to recompetition for their grants. HHS issued proposed regulations articulating the details of the proposed DRS in September 2010. On November 9, 2011, the final DRS was published in the *Federal Register*; it became effective December 9, 2011.

- ▶ The first cohort of 132 recipients required to recompete under DRS was announced in December 2011.

- ▶ The second cohort of 122 recipients required to recompetete under DRS was announced in February 2013.
- ▶ The third cohort of 103 recipients required to recompetete under DRS was announced in February 2014.
- ▶ The fourth cohort of 90 recipients required to recompetete under DRS was announced in December 2014.
- ▶ The fifth cohort of 12 recipients required to recompetete under DRS was announced in March 2016.
- ▶ The FY 2017 DRS cohort of 58 recipients required to recompetete under DRS was announced in April 2017.¹¹
- ▶ The FY 2018 DRS cohort of 171 recipients required to recompetete under DRS was announced in January 2018.
- ▶ The FY 2019 DRS cohort of 181 recipients required to recompetete under DRS was announced in February 2019.¹²
- ▶ The FY 2020 DRS cohort of 117 recipients required to recompetete under DRS was announced in February 2020.¹³
- ▶ The FY 2021 DRS cohort of 13 recipients required to recompetete under DRS was announced in February 2021.¹⁴

On August 27, 2020, OHS announced a final rule updating the DRS.¹⁵ Under this final rule, DRS no longer requires competition for recipients with a single deficiency during their project period. While all deficiencies are serious and substantial or systemic, changing the condition to require competition if a recipient receives two deficiencies during the project period better reflects significant quality failures of an agency. Additionally, the change will appropriately put the focus on recipients having systems in place to ensure health and safety incidents do not occur or are quickly identified and rectified and on financial and human resource systems that support ongoing, high-quality operations. The new DRS conditions were effective on November 9, 2020, and recipient performance after this effective date (including performance for the FY 2022 DRS cohort) is subject to these new conditions.

¹¹ In FY 2017, OHS started referencing DRS cohorts by the fiscal year in which the recipients required to compete under DRS were announced.

¹² The majority of competitive notifications were sent out February 2019; however, grants continued to receive notifications throughout 2019 if they met a DRS condition.

¹³ The majority of competitive notifications were sent out February 2020; however, grants will continue to receive notifications throughout 2020 if they met a DRS condition.

¹⁴ The majority of competitive notifications were sent out February 2021; however, grants will continue to receive notifications throughout 2021 if they met a DRS condition.

¹⁵ See Program Instruction “*Final Rule on Designation Renewal System Changes (ACF-PI-HS-20-05)*” issued on August 27, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-20-05>.

- ▶ The FY 2022 DRS cohort of 2 recipients required to recompetete under DRS was announced in March 2022.^{16, 17}

Centralized Quality Control and Finalization of Review Reports

After each review event, recipients received a report that summarized findings and/or concerns for that specific content area. To ensure consistency in monitoring, OHS' central office was responsible for the form, content, and issuance of monitoring reports to recipients. OHS assumed responsibility for the quality assurance process to ensure the Head Start review reports submitted by Review Teams met rigorous standards for accuracy, clarity, and legal soundness. Centralization of quality control and the heavy emphasis on evidence-based findings increased consistency in the quality, detail, specificity, and utility of Head Start review reports. A centralized process also increased timeliness in issuing monitoring review reports to recipients.

¹⁶ Grants will continue to receive notifications throughout 2021 if they met a DRS condition.

¹⁷ Note that CLASS® reviews were suspended in FY 2021 due to the COVID-19 pandemic and public health emergency. As a result, all recipients in the FY 2022 DRS cohort were subject to recompetetion due to deficiencies alone.

III. Recipient Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2021, specifically addressing the following:

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

Types of Monitoring Reviews Conducted

This report to Congress on Head Start Monitoring for FY 2021 focuses on the cohort of recipients who underwent FA1, FA2, Special, and Follow-up reviews and who received review reports in FY 2021. **Exhibit 2** summarizes the four types of reviews conducted in FY 2021.

Exhibit 2: Types of FY 2021 Reviews

Type of Review	Description
Focus Area 1	<ul style="list-style-type: none"> ▶ An off-site review that entailed reviewing recipient documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the recipient’s program design, management, and governance structure.
Focus Area 2	<ul style="list-style-type: none"> ▶ An on-site review that—through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers—assessed how recipients operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements.
Special	<ul style="list-style-type: none"> ▶ Conducted for recipients if they are determined to be at risk for performance issues.
Follow-up	<ul style="list-style-type: none"> ▶ Conducted for recipients found to be out of compliance with Head Start requirements to ensure all findings are corrected. ▶ This report includes information on Follow-up reviews for all recipients with outstanding findings that were reviewed in FY 2021, including recipients with findings that originated in previous fiscal years.

Notes: Due to the COVID-19 pandemic and public health emergency, OHS suspended CLASS® reviews and conducted FA2 reviews virtually. FA1 reviews were typically conducted by one RL. FA2 reviews were conducted virtually with three reviewers led by an RL. To assess recipient compliance, Review Teams used OHS Monitoring Protocols, which employ a standardized approach to assess program services and quality.

Recipient Review Outcomes

After a review was completed, OHS issued a Head Start Review Report to each recipient. The report indicated the compliance outcome of the review and the Head Start program requirement(s) for which OHS found the recipient to be out of compliance. The compliance outcome was a function of the final determination made by OHS on each of the findings documented by the Review Team during the review. Each finding issued by OHS was one of the following two types: noncompliant or deficient.

Recipients with no findings received a review determination of “compliant.” If a recipient was found to only have ANCs, then it received a review determination of “noncompliant,” which is referred to throughout this report as “having one or more noncompliances.” If a recipient was found to have one or more deficiencies, regardless of whether it also had noncompliances, then it received a review determination of “deficient,” referred to throughout this report as “having one or more deficiencies.” Recipients also could be cited with an “immediate deficiency” finding on their reviews. These findings affected the recipient’s status in the same way as a “deficient” finding. However, unlike a “deficient” finding, if an “immediate deficiency” was found, the recipient received a separate report and was required to correct the issue immediately upon receipt.

Of the 975 recipients that received monitoring reviews in FY 2021:^{18, 19}

- ▶ 555 received a FA1 review.
- ▶ 289 received a FA2 review.
- ▶ 70 received a Special review.
- ▶ 148 received a Follow-up review.²⁰

Exhibits 3-11 present outcomes for recipients that received FA1 and FA2 reviews. A glossary at the end of this report provides a full definition of each type of review.

Exhibit 3 displays review types and outcomes for recipients receiving those reviews in FY 2021. In FY 2021, almost all recipients (94.8 percent) that received a FY 2021 FA1 review had a compliant review outcome, and 73.0 percent of recipients receiving a FA2 review had compliant outcomes.

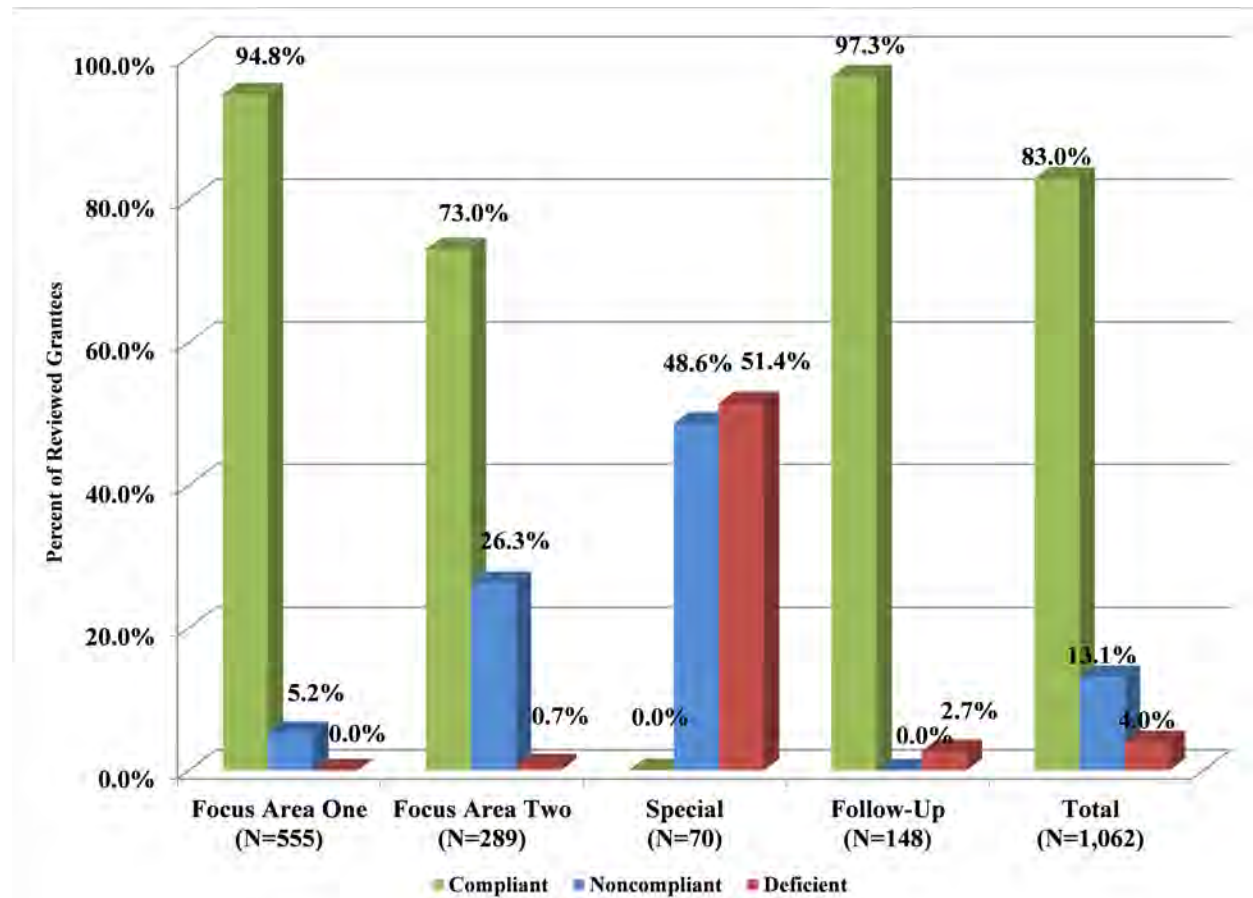
Across all reviews, a small proportion (4.0 percent) of recipients was found to be deficient. In FY 2021, deficiencies were found at the highest rate in Special reviews, which monitor recipient performance outside of the scheduled reviews. On a Special review, RO staff or local community members request that OHS focus a review on known or suspected issues.

¹⁸ The sum of the numbers of different review types is greater than the number of reviewed recipients because recipients can receive more than one review during the fiscal year. This report presents data that are current as of March 25, 2021.

¹⁹ Due to the COVID-19 pandemic and public health emergency, OHS suspended CLASS® reviews in FY 2021.

²⁰ A total of 120 Follow-up reviews were conducted among the 148 grants. Of the 120 Follow-up reviews completed in FY 2021, 1 (0.8 percent) were follow-ups of reviews completed in a previous fiscal year.

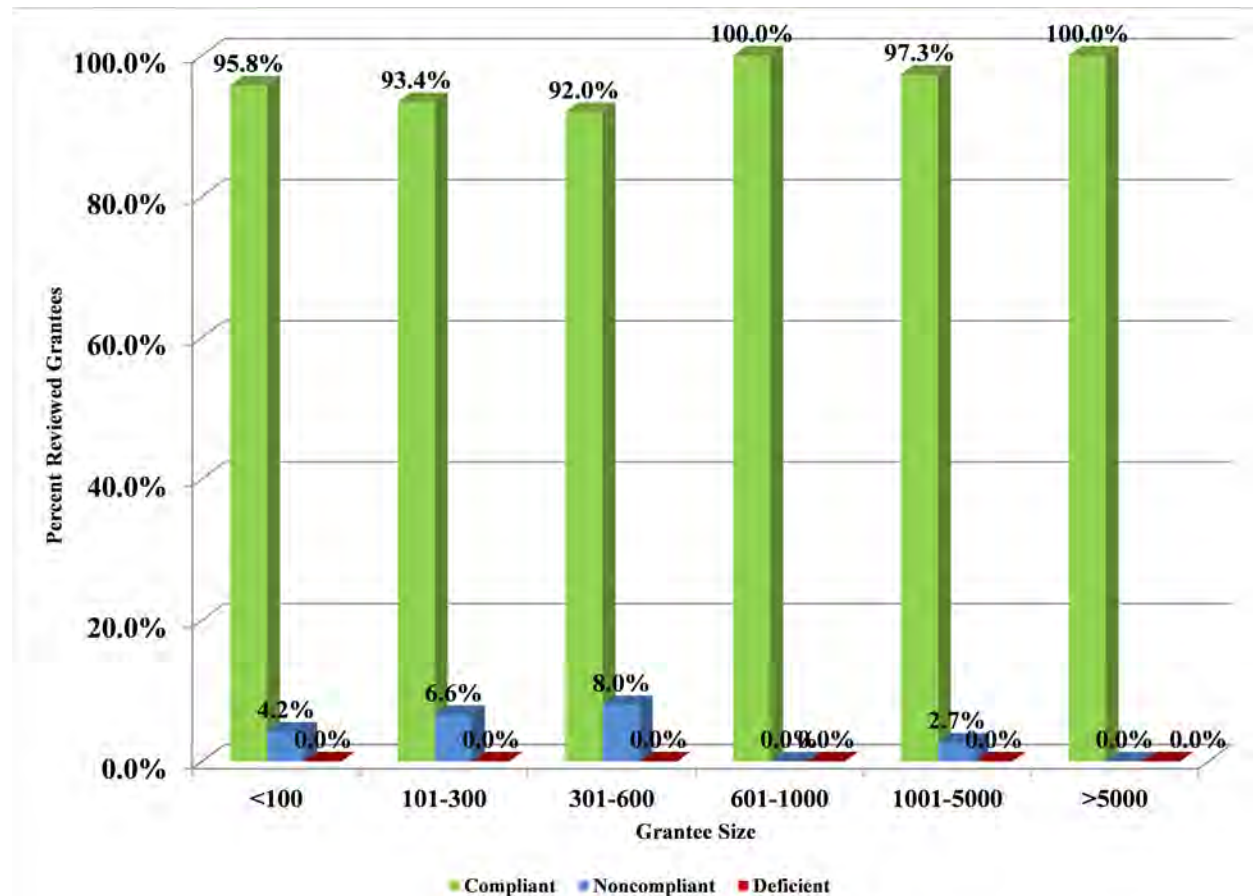
Exhibit 3: FY 2021 Review Outcomes for Grant by Review Type (N=1,062)



Note: Due to rounding, percentages may not always appear to add up to 100%.

Exhibit 4 shows how review outcomes in FA1 vary by recipient size. In FY 2021, smaller grantees were cited for slightly more noncompliances than larger grantees. For recipients with funded enrollment for less than 100 students, approximately 4.2 percent were cited for at least one noncompliance. In addition, 6.6 percent of recipients with funded enrollments of 101 to 300 and 8.0 percent of recipients with funded enrollments of 301 to 600 students were cited for at least one noncompliance. In comparison, recipients with enrollments of 601 to 1000 and greater than 5,000 were compliant in FY 2021 FA1 reviews. No recipients were cited with deficiencies in FA1 FY 2021 reviews.

Exhibit 4: FY 2021 FA1 Outcomes by Recipient Size (N=555)

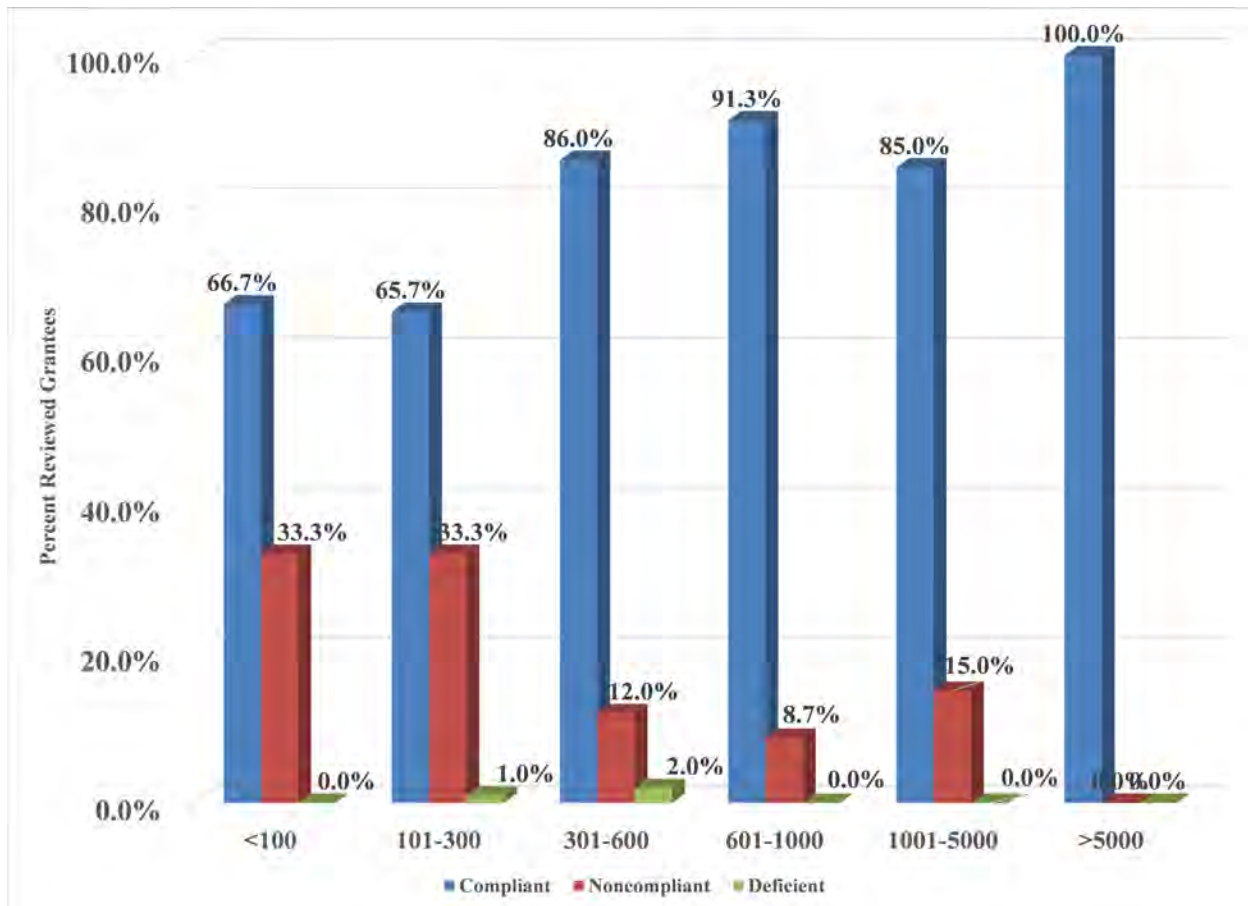


Note: Due to rounding, percentages may not always appear to add up to 100%.

Exhibit 5 shows how review outcomes in FA2 vary by recipient size. In FY 2021, smaller recipients were cited for more noncompliances and deficiencies than larger recipients. For recipients with funded enrollment for less than 100 students or 101 to 300 students, approximately one-third (33.3 percent) of these respective groups were cited for at least one noncompliance and no deficiencies. Recipients with funded enrollments of 301 to 600 (12 percent), 600 to 1,000 students (8.7 percent), 1,001 to 5,000 students (15 percent), and greater than 5,000 students (0.0 percent) all had smaller rates of noncompliance in FY 2021 FA2 reviews.

In FY 2021, there were two recipients that had deficiencies in FA2 reviews. One recipient had a funded enrollment of 101 to 300 students and the other had a funded enrollment of 301 to 600 students.

Exhibit 5: FY 2021 FA2 Outcomes by Recipient Size (N=289)

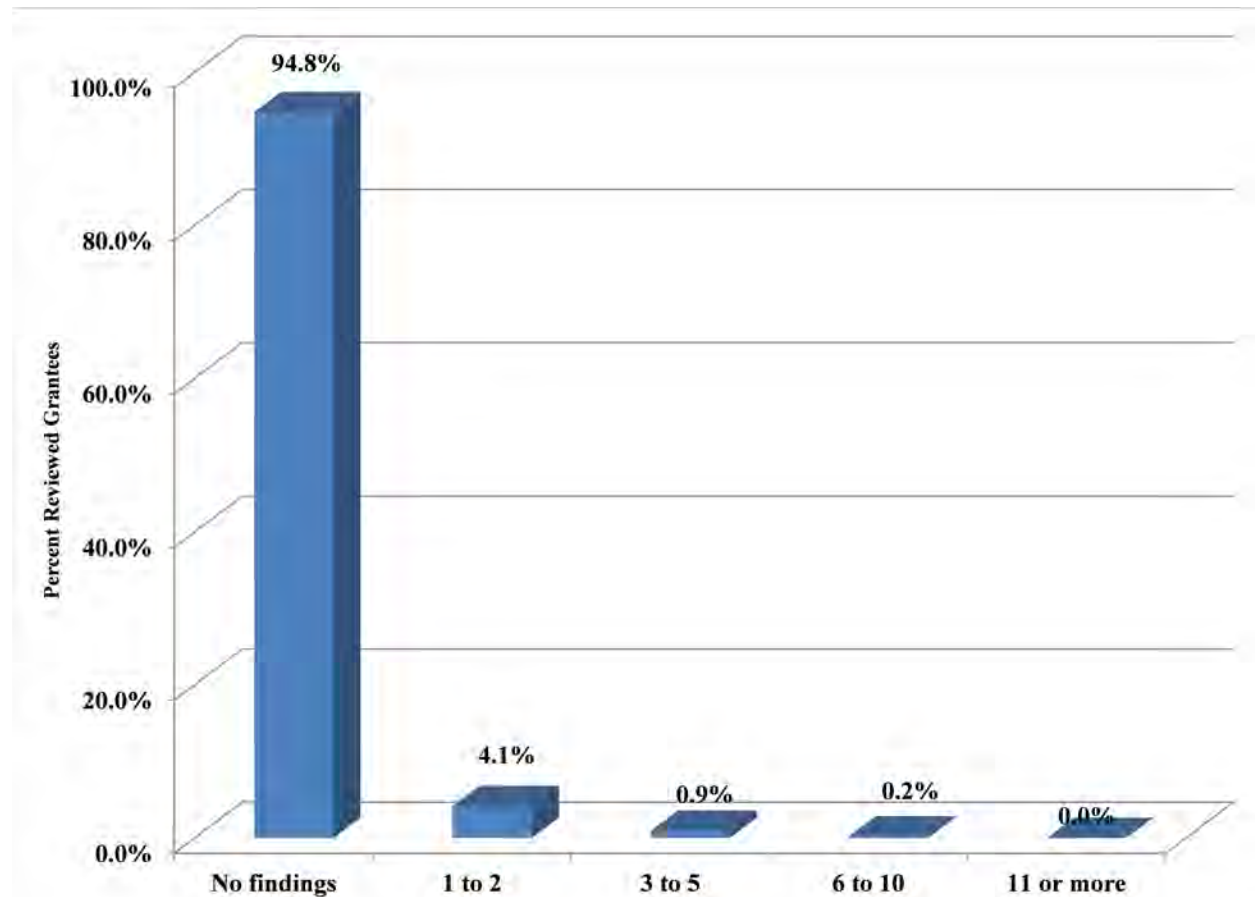


Note: Due to rounding, percentages may not always appear to add up to 100%.

Number and Types of Findings Identified

Exhibit 6 focuses on FY 2021 FA1 reviews alone, showing the number of findings, either noncompliances or deficiencies, per recipient. In FA1 reviews, a large majority (94.8 percent) of recipients reviewed had no findings; 4.1 percent of recipients had 1 to 2 findings; 0.9 percent of recipients had 3 to 5 findings; 0.2 percent of recipients had 6 to 10 findings. No recipients had more than 10 findings.

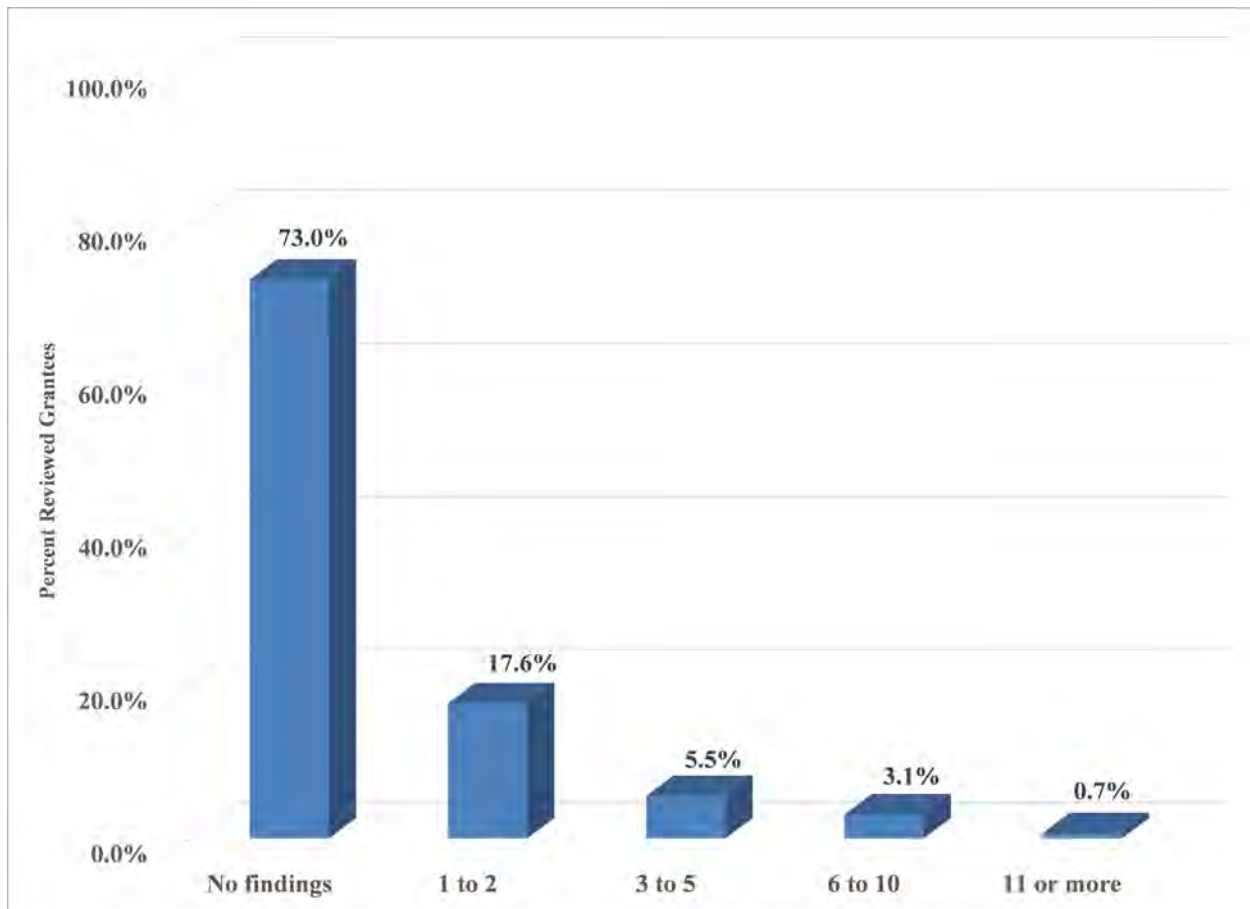
Exhibit 6: FY 2021 Distribution of Reviewed Recipients by Number of Findings in FA1 (N=555)



Note: Due to rounding, percentages may not always appear to add up to 100%.

Exhibit 7 focuses on FY 2021 FA2 reviews alone, showing the number of findings, either noncompliances or deficiencies, per recipient. In FA2 reviews, slightly less than three-quarters of the recipients (73.0 percent) had no findings; 17.6 percent had 1 to 2 findings; 5.5 percent had 3 to 5 findings; 3.1 percent had 6 to 10 findings; 0.7 percent had 11 or more findings.

Exhibit 7: FY 2021 Distribution of Reviewed Recipients by Number of Findings in FA2 (N=289)

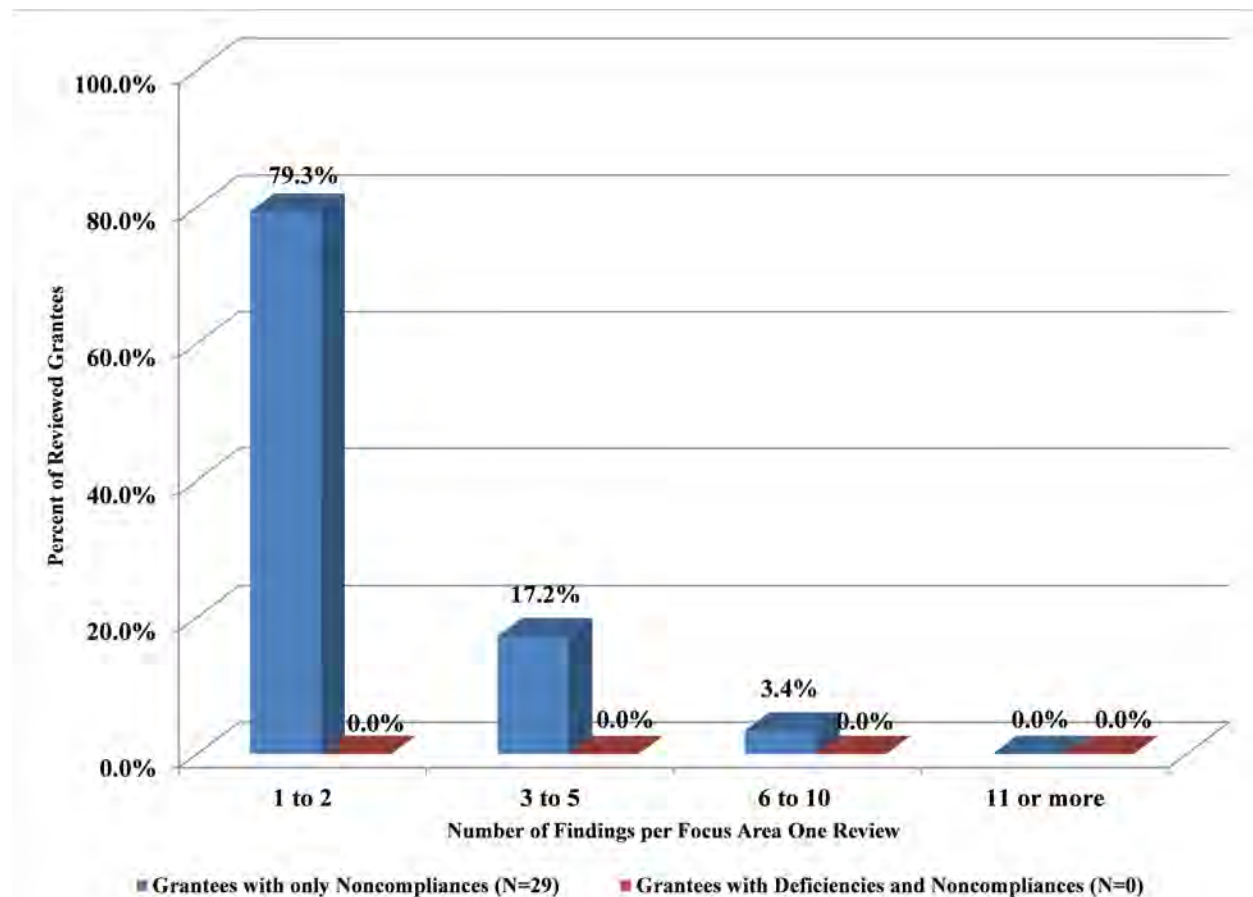


Note: Due to rounding, percentages may not always appear to add up to 100%.

Exhibit 8 focuses on the subset of recipients that had findings in the FY 2021 FA1 reviews. The majority of recipients (79.3 percent) with only FA1 noncompliances had only one or two findings. There were no recipients with FA1 deficiencies for the FY 2021.

Among noncompliant recipients, there was an average of 2.0 “noncompliant” findings per recipient.

Exhibit 8: FY 2021 Distribution of Reviewed Recipients with FA1 Findings by Total Number of Findings (N=29)

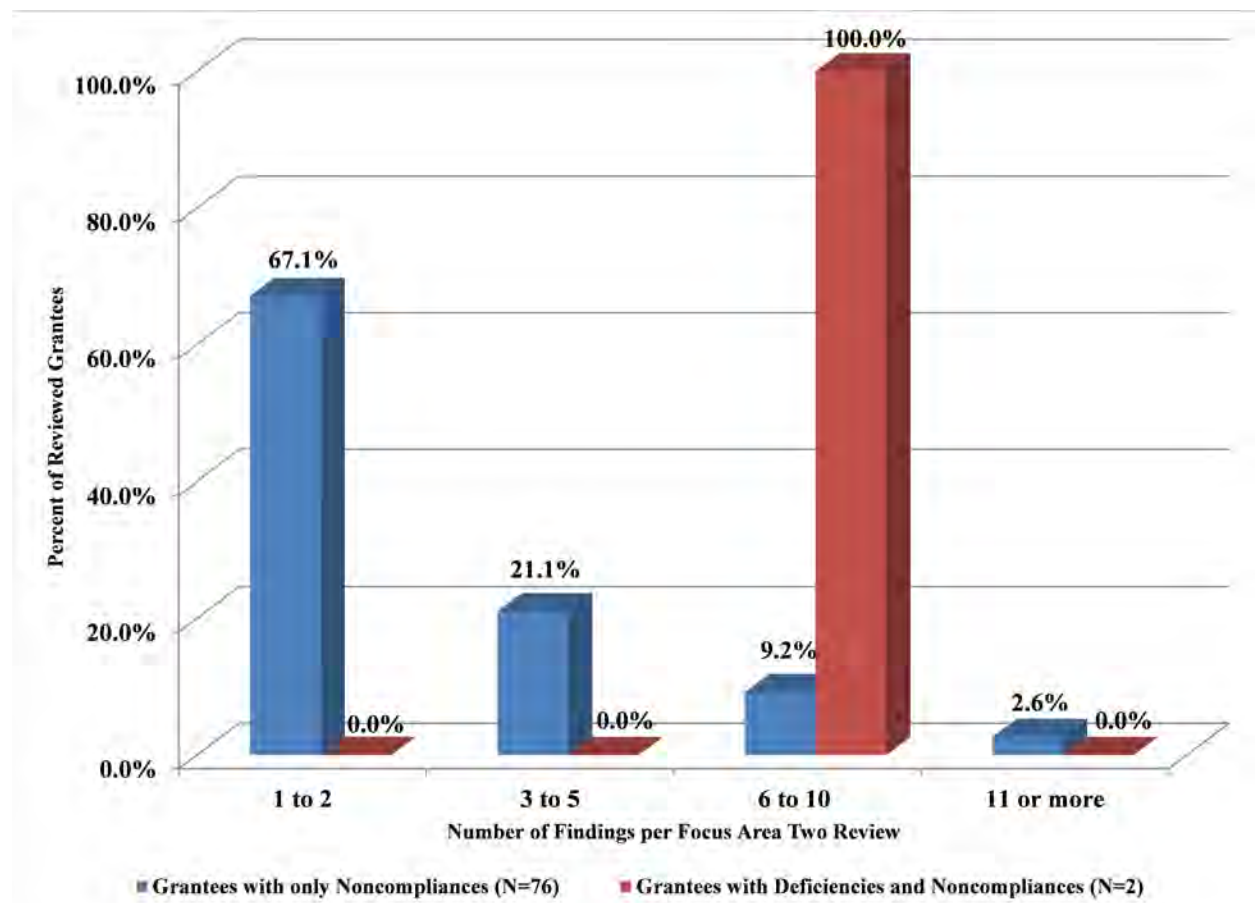


Note: Due to rounding, percentages may not always appear to add up to 100%.

Exhibit 9 focuses on the subset of recipients that had findings in the FY 2021 FA2 reviews. The majority of recipients (67.1 percent) with an FA2 noncompliant review outcome had only one or two findings. All recipients with a deficient outcome had 6 to 10 findings. However, it should be noted that only two recipients had a deficiency in FY 2021.

Among noncompliant recipients, there was an average of 2.6 “noncompliant” findings per recipient. Among recipients cited for at least one deficiency, recipients had, on average, 4.0 “noncompliant” findings and 6.0 “deficient” findings.

Exhibit 9: FY 2021 Distribution of Reviewed Recipients with FA2 Findings by Total Number of Findings (N=78)



Note: Due to rounding, percentages may not always appear to add up to 100%.

Most Frequently Cited Areas of Noncompliance and Areas of Deficiency

Most Frequently Cited Areas of Noncompliance

This section presents the most frequently cited ANCs in the FY 2021 reviews.

Exhibit 10 displays the 10 most frequently cited issues for noncompliant findings in FY 2021 FA1 reviews. In FY 2021, “Supporting Teachers in Promoting School Readiness” was the most frequently cited issue, with 38.6 percent of ANCs focusing on issues such as assisting staff in using data to individualize learning experiences to improve outcomes for children.

“Child Health Status and Care” was the second most frequently cited issue, with 12.3 percent of all noncompliant findings in FA1 reviews were cited in this area.

The third most frequently cited issues in FA1 reviews were “Program Management” and “Mental Health” (10.5 percent). Recipients cited for these issues did not demonstrate how they provide effective management and oversight of all program areas or provide mental health consultants.

Exhibit 10: Performance Issues Most Frequently Cited Among ANC's in FY 2021 FA1 Reviews (N=57)

Rank	Issue	Noncompliant Citations on Focus Area 1 Reviews	
		N	%
1	Supporting Teachers in Promoting School Readiness	22	38.6%
2	Child Health Status and Care	7	12.3%
3	Program Management	6	10.5%
3	Mental Health	6	10.5%
5	Family Engagement in Education and Child Development Services	4	7.0%
5	Program Governance	4	7.0%
5	Fiscal Infrastructure, Capacity, and Responsiveness	4	7.0%
8	Family Well-Being	2	3.5%
8	Determining, Verifying, and Documenting Eligibility	2	3.5%

Note: The number of recipients with at least one cited ANC in an FA1 review = 29. Since recipients may be cited for multiple citations, the sum of all “noncompliant” citations in FA1 reviews is greater than the number of recipients with at least one cited ANC in a FA1 review.

Exhibit 11 displays the 10 most frequently cited issues for noncompliant findings in FY 2021 FA2 reviews. In FY 2021, “Facilities and Equipment” was the issue most frequently cited as noncompliant during FA2 reviews; almost one quarter (23.5 percent) of all noncompliant findings in FA2 reviews were cited in this area.

“Supporting Teachers in Promoting School Readiness” was the second most frequently cited issue, with 14.0 percent of ANC's focusing on issues such as not supporting staff in using data to individualize children's learning experiences or effectively implementing curricula.

The third most frequently cited issue in FA2 reviews was “Safety Practices” (11.0 percent). Recipients cited for this issue did not ensure their facilities are free from environmental toxins and hazards that pose risk to children's health and development or keep their facilities safe through an ongoing system of preventive maintenance.

Exhibit 11: Performance Issues Most Frequently Cited Among ANC's in FY 2021 FA2 Reviews (N=200)

Rank	Issue	Noncompliant Citations on Focus Area Two Reviews	
		N	%
1	Facilities and Equipment	47	23.5%
2	Supporting Teachers in Promoting School Readiness	28	14.0%
3	Safety Practices	22	11.0%
4	Budget Planning and Development	18	9.0%
5	Determining, Documenting, and Verifying Eligibility	17	8.5%
6	Program Governance	14	7.0%
7	Child Health Status and Care	12	6.0%
8	Budget Execution	11	5.5%
9	Alignment with School Readiness	7	3.5%
10	Ongoing Fiscal Capacity	5	2.5%
10	Program Management	5	2.5%

Note: The number of recipients with at least one cited ANC in an FA2 review = 78. Since recipients may be cited for multiple citations, the sum of all “noncompliant” citations in FA2 reviews is greater than the number of recipients, with at least one cited ANC in an FA2 review.

Exhibit 12 displays the most frequently cited ANC's among recipients who received a finding in FY 2021 Special reviews. In FY 2021, “Discipline” and “Supervision” were the issues most frequently cited as a noncompliance during Special reviews; a little over one third (38.6 percent) of noncompliant citations on Special reviews were in each of these respective areas.

The third most frequently cited issue in Special reviews was “Safety Practices,” with 10.5 percent of citations on Special reviews.

Exhibit 12: Performance Issues Most Frequently Cited Among ANCs in FY 2021 Special Reviews (N=57)

Rank	Issue	Noncompliant Citations on Special Reviews	
		N	%
1	Discipline	22	38.6%
1	Supervision	22	38.6%
3	Safety Practices	6	10.5%
4	Inappropriate Release	4	7.0%
5	Effective and Intentional Teaching Practices	1	1.8%
5	Ongoing Monitoring and Continuous Improvement	1	1.8%
5	Program Management	1	1.8%

Note: The number of recipients with at least one cited ANC in a Special review = 41. Since recipients may be cited for multiple citations, the sum of all “noncompliant” citations in Special reviews is greater than the number of recipients with at least one cited ANC in a Special review.

Most Frequently Cited Areas of Deficiency

According to the Head Start Act, a deficiency can fall into one of six categories:

- ▶ A threat to the health, safety, or civil rights of children or staff.
- ▶ A denial to parents of the exercise of their full roles and responsibilities related to program governance.
- ▶ A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management.
- ▶ The misuse of Head Start grant funds, the loss of legal status or financial viability.
- ▶ Any other violation of federal or state requirements that the agency has failed to correct.

In FY 2021, deficiencies were identified in FA2 and Special reviews. There were no deficiencies identified from FA1 reviews in FY 2021. **Exhibits 13** and **14** display the most frequently cited areas of deficiency for FY 2021 FA2 and Special reviews, respectively.

As seen in **Exhibit 13**, around one half (50.0 percent) of FA2 deficiencies pertained to “Budget Execution,” with an additional one third (33.3 percent) to “Ongoing Fiscal Capacity.” Issues pertaining to “Budget Planning and Development” were the third most common deficiency, with 16.7 percent of deficient findings cited for this reason.

Exhibit 13: Performance Issues Most Frequently Cited as Deficient in FY 2021 FA2 Reviews (N = 12)

Rank	Issue	Deficient Citations in FA2 Reviews	
		N	%
1	Budget Execution	6	50.0%
2	Ongoing Fiscal Capacity	4	33.3%
3	Budget Planning and Development	2	16.7%

Note: The number of recipients with at least one cited deficiency in an FA2 review = 2. Since recipients may be cited for multiple citations, the sum of all “deficient” citations in FA2 reviews is greater than the number of recipients with at least one cited deficiency in an FA2 review.

Exhibit 14 focuses on deficiencies identified during Special reviews. More than one-third (38.6 percent) of the deficiencies from Special reviews were for a “Discipline” deficiency. These issues pertained to recipients engaging in inappropriate punishment. Issues pertaining to “Supervision” was the second most common deficiency with over one fifth (22.7 percent) of deficiency citations pertaining to leaving children unattended or unsupervised for significant durations of time. Issues pertaining to “Safety Practices” was the third most common deficiency, with 11.4 percent of deficiency citations.

Exhibit 14: Performance Issues Most Frequently Cited as Deficient in FY 2021 Special Reviews (N=44)

Rank	Issue	Deficient Citations on Special Reviews	
		N	%
1	Discipline	17	38.6%
2	Supervision	10	22.7%
3	Safety Practices	5	11.4%
4	Inappropriate Release	4	9.1%
5	Program Management	3	6.8%
6	Ongoing Fiscal Capacity	2	4.5%
7	Budget Execution	1	2.3%
7	Classroom Size and Staffing	1	2.3%

III. Recipient Monitoring Review Outcomes

Rank	Issue	Deficient Citations on Special Reviews	
		N	%
7	Program Governance	1	2.3%

Note: The number of recipients with at least one cited deficiency in a Special review = 36. Since recipients may be cited for multiple citations, the sum of all “deficient” citations in Special reviews is greater than the number of recipients with at least one cited deficiency in a Special review.

Follow-up Reviews (Correction of Findings)

Overall, most recipients were successful in correcting their findings on follow-up. In FY 2021, 97.3 percent of recipients corrected their previously identified findings.

Exhibit 15 displays the cited standards for elevated findings in FY 2021 reviews. Among FY 2021 reviews, the most commonly cited issues in elevated findings were related to “Budget Planning and Development” (66.7 percent of cited elevated findings).

Exhibit 15: Performance Issues Most Frequently Elevated, FY 2021 (N=27)

Rank	Issue	Elevated Citations in Follow-up Reviews	
		N	%
1	Budget Planning and Development	18	66.7%
2	Family Engagement in Education and Child Development Services	2	7.4%
2	Program Management	2	7.4%
2	Supporting Teachers in Promoting School Readiness	2	7.4%
3	Ongoing Monitoring and Continuous Improvement	1	3.7%
3	Program Governance	1	3.7%
3	Safety Practices	1	3.7%

Note: The number of recipients with at least one elevated finding in a Follow-up review = 4. Since recipients may be cited for multiple citations, there can be an overlap in the categories, and the sum of all “deficient” citations in Follow-up reviews is greater than the number of recipients with at least one cited deficiency in a Follow-up review.

IV. CLASS®

As noted in Section I of this report, on September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.²¹ As a result, CLASS® reviews were suspended for FY 2021.

²¹ See Information Memorandum “*Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)*” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

V. Designation Renewal System Results

On August 27, 2020, OHS announced a final rule updating the DRS.²² Under this final rule, the DRS no longer requires competition for recipients with a single deficiency during their project period. While all deficiencies are serious and substantial or systemic, changing the condition to require competition if a recipient receives two deficiencies during the project period better reflects significant quality failures of an agency. Additionally, the change will appropriately put the focus on recipients having systems in place to ensure health and safety incidents do not occur or are quickly identified and rectified and on financial and human resource systems that support ongoing, high-quality operations. The new DRS conditions were effective on November 9, 2020, and recipient performance after this effective date (including performance for the FY 2022 DRS cohort) is subject to these new conditions.

OHS has identified 2 grants in the FY 2022 DRS cohort that are required to compete for renewed grant funding. Note that CLASS® reviews were suspended in FY 2021 due to the COVID-19 pandemic and public health emergency. As a result, all recipients in the FY 2022 DRS cohort were subject to recompetention due to “deficient” findings during their 5-year grant cycle.²³

²² See Program Instruction “*Final Rule on Designation Renewal System Changes (ACF-PI-HS-20-05)*” issued on August 27, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-20-05>.

²³ Note that these deficiencies were due to immediate deficiencies, deficiencies, or uncorrected ANCs that were elevated to deficiencies during FY 2021 reviews.

VI. Annual Review of the FY 2021 Fiscal Monitoring Procedures

Section 650(c) of the Head Start Act requires that OHS 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 recipient fiscal infrastructure and required compliance with laws and regulations.

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

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

The Fiscal Infrastructure Protocol monitors recipients in a standardized way. The key areas of the Fiscal Infrastructure 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 HSPPS and other regulations implemented at 45 CFR 1301 to 1311. The Fiscal Infrastructure 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 recipient, RO’s fiscal information, interviews (including with the governing body, the policy council members, and key fiscal personnel), and review of documents, transactions, and agreements as needed.

FY 2021 Fiscal Infrastructure Protocol

In September 2016, OHS issued the first holistic revision and complete reorganization of HSPPS since their original publication in 1975. For the FY 2021 Fiscal Infrastructure Protocol, OHS reviewed the new HSPPS and FY 2020 data and implemented further enhancements to better reflect the changes in policy and procedure and to ensure compliance with the Head Start Act.

The FY 2021 Fiscal Infrastructure Protocol was designed to highlight the program’s intentionality in its fiscal capacity and management; how the program shares information with

the director, managers, the governing body, and the policy council; and how the program uses data to make sound fiscal decisions and ensure fiscal and legal accountability.

The FY 2021 Fiscal Infrastructure Protocol focused on how the recipient develops its annual operating budget and strategies for the budget's implementation, adjustments, and accountability, rather than duplicating the annual audit process. As part of the pre-site document review, the fiscal reviewer reviewed information from the annual audit to guide the on-site monitoring data collection process. Other documents that informed the review included Self-Assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual update to the Community Assessment.

The review included discussions and data tours. Discussions occurred with program management, staff, parents, the governing body, and the policy council. Data tours were conducted with management staff (including the fiscal officer), center leaders, and directors. Data tours were used to review the data the recipient staff shared, used, and evaluated to make informed program decisions.

VII. New Directions in Monitoring for FY 2022

Anticipating the need for flexibility during the current COVID-19 pandemic, OHS plans continued minimal refinements to the FA1 and FA2 Monitoring Protocols in FY 2022, rather than larger-scale enhancements. Refinements will focus on improving the consistency and quality of the monitoring process, while being mindful of COVID-19's impact on recipient operations. OHS also anticipates reviewing the monitoring methodology to improve efficiencies within the monitoring system and enhance the quality of the Head Start Monitoring Report provided to recipients upon completion of a monitoring review event. Examples of some refinements to the monitoring process for FY 2022 include:

- ▶ **Revise in-person Monitoring Protocols to a virtual or hybrid format to comply with pandemic-related restrictions.** OHS will continue to monitor pandemic-related restrictions to ensure the safety of its monitoring reviewers and Head Start staff, children, and families. In-person monitoring procedures (such as classroom and center observations, staff interviews, and document reviews) will be revised to be conducted in a virtual format if necessary.
- ▶ **Refine protocol items to monitor how recipients are adapting their service delivery models to the requirements of pandemic-related restrictions.** Based on the data collected in FY 2021, OHS will revise items in its monitoring review protocols to better understand how service delivery and program operations are continuing to be impacted in the second year of the COVID-19 pandemic, including any potential risk factors such as health and safety fluctuations, and the recruitment and retainment of staff and staff support systems. This will also include an understanding of how the recipient invests in their staff and adapts its approach to providing comprehensive services based on the evolving needs of the children and families receiving Head Start services, as well as any new COVID-19 related restrictions in service delivery.
- ▶ **Refine protocol items to better monitor how recipients are engaging and building the capacity of families and ensure children's health needs are met and they are ready for school.** OHS will revise its monitoring review protocols to better understand how programs are engaging families and supporting family well-being through their family partnership process and goal-setting strategies. Monitoring items will also include how the program's mental health consultant supports staff and families in meeting children's mental health and social and emotional needs. Further, the protocols will be revised to better understand how the program uses its data to ensure children's health and developmental needs are met and the program is achieving its desired child and family outcomes in all service areas.

Appendix: Glossary

Term	Definition
<i>Administration for Children and Families (ACF)</i>	Division of the U.S. Department of Health and Human Services (includes the Regional Offices).
<i>Aligned Monitoring System (AMS) 2.0</i>	<p>In FY 2021, OHS continued to implement AMS 2.0 to monitor the Head Start Program Performance Standards, streamline the monitoring process, and reduce the recipient’s burden of multiple review events from multiple agencies. In addition to Follow-up and Special reviews, AMS 2.0 was comprised of three review events:</p> <ul style="list-style-type: none"> ▶ Focus Area 1 ▶ Focus Area 2 <p>On September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.²⁴ Reviews that were scheduled to be conducted virtually (e.g., Focus Area 1) were minimally impacted. However, Focus Area 2 reviews that are typically scheduled to be conducted onsite were scheduled to be conducted virtually in FY 2021 CLASS® reviews were suspended for FY 2021.</p> <p>Related Terms: CLASS®, Focus Area 1, Focus Area 2, Follow-up review, Special review</p>
<i>Area of Noncompliance (ANC)</i>	<p>An ANC is a type of review decision recorded in a final Head Start Review Report that documents a recipient’s lack of compliance with one or more Head Start program requirements. Depending on the documented severity of the recipient’s lack of compliance and the degree to which the situation poses a threat to the safety and well-being of enrolled children, an ANC may become partial or sole justification for a deficiency determination or for a noncompliance determination.</p> <p>Related Terms: Citation, Deficiency, Determination, Noncompliance, Head Start Program Performance Standards, Head Start Program Requirements, Noncompliance, Review Decision</p>
<i>Citation</i>	<p>A citation is a performance standard referenced on an Area of Noncompliance or a Deficiency.</p> <p>Related Terms: Area of Noncompliance, Deficiency, Head Start Program Performance Standards</p>

²⁴ See Information Memorandum “Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

Term	Definition
<i>CLASS® Review</i>	<p>The CLASS® review event evaluates the quality of teacher-child interactions in three overall domains that promote positive child outcomes: Classroom Organization, Emotional Support, and Instructional Support. Evaluations are based on observations of teacher-child interactions in a randomly selected, statistically driven sample of eligible center-based classrooms.</p> <p>On September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.²⁵ As a result, CLASS® reviews were suspended for FY 2021.</p>
	Related Terms: Monitoring Reviews

²⁵ See Information Memorandum “Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

Term	Definition
Deficiency	<p>The Head Start Act, as amended in 2007, defines a deficiency (section 637 [42 U.S.C. 9832]) as follows:</p> <p>(A) <i>Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i></p> <ul style="list-style-type: none"> (i) <i>A threat to the health, safety, or civil rights of children or staff;</i> (ii) <i>A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i> (iii) <i>A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i> (iv) <i>The misuse of funds received under this subchapter;</i> (v) <i>Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i> (vi) <i>Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i> <p>(B) <i>Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i></p> <p>(C) <i>An unresolved area of noncompliance.</i></p> <p>“Deficiency” is an OHS determination that a recipient has failed to substantially 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).</p> <p>Related Terms: Area of Noncompliance, Determination, Recipient, Head Start Review Report, Quality Improvement Plan, Review Decision</p>
Delegate Agency	<p>A delegate agency is a public or private nonprofit or for-profit organization or agency to which a Head Start recipient 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: Recipient, Head Start Program</p>

Term	Definition
<i>Determination</i>	<p>A determination is an OHS decision regarding a recipient’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, and the required corrective actions (Follow-up review and/or Quality Improvement Plan).</p> <p>Related Terms: Area of Noncompliance, Deficiency, Head Start Review Report, Noncompliance, Quality Improvement Plan</p>
<i>Early Head Start Program</i>	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services to children from birth to 3 years of age and pregnant women.</p> <p>Related Terms: Delegate Agency, Head Start Program</p>
<i>Fiscal Year (FY)</i>	Twelve-month accounting period (Federal FY 2021 began on October 1, 2020, and ended on September 30, 2021).
<i>Focus Area 1 Review</i>	An off-site review that entailed reviewing recipient documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the recipient’s program design, management, and governance structure. Also referred to as an “FA1” review.
<i>Focus Area 2 Review</i>	<p>Typically, an on-site review that, through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers, assessed how recipients operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements. Also referred to as an “FA2” review.</p> <p>On September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions.²⁶ Focus Area 2 reviews that are typically scheduled to be conducted onsite were scheduled to be conducted virtually in FY 2021.</p>

²⁶ See Information Memorandum “Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

Term	Definition
<i>Follow-up Review</i>	<p>Return visits made to recipients to verify whether corrective actions have been implemented. Determinations in Focus Area 1, Focus Area 2, or Special reviews indicate whether a Follow-up review is required, and the timeframe within which the recipient must correct the areas of noncompliance (ANCs). If the initial Follow-up review team identifies that one or more ANCs have not been corrected, OHS may decide a second Follow-up review is required. Less often, a third or fourth Follow-up review is conducted.</p> <p>Related Terms: Focus Area 1 review, Focus Area 2 review, Monitoring reviews, Special review</p>
<i>Grant</i>	<p>A federally funded monetary award that is provided to an agency to perform Head Start, Early Head Start, or Head Start/Early Head Start services either directly or through delegate agencies.</p> <p>Related Terms: Recipient, Head Start Program</p>
<i>Grantee</i>	<p>An agency (i.e., public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families to administer one or more Head Start, Early Head Start, or Head Start/Early Head Start programs or to oversee the programs administered by a delegate agency.</p> <p>On July 28, 2021, OHS updated terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. These changes are part of a concerted effort encouraging consistency across all U.S. Department of Health and Human Services agencies, where applicable. Among the updated terms, “grantee” has been updated to “recipient.”</p> <p>Related Terms: Delegate Agency, Noncompliance, Program Type, Recipient</p>
<i>Head Start Program</i>	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.</p> <p>Related Terms: Delegate Agency, Early Head Start Program, Program Type</p>
<i>Head Start Program Performance Standards (HSPPS) and Other Regulations</i>	<p>Regulations applicable to program administration and grants management for all Head Start program grants under the Act. The regulations encompass requirements to provide education, health, mental health, nutrition, and family and community engagement services, as well as rules for local program governance and aspects of federal administration of the program.</p>

Term	Definition
	Related Terms: Area of Noncompliance, Head Start Program Requirements, Monitoring Reviews
<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 recipients operating a Head Start program must adhere. During the on-site monitoring review, Review Teams assess a recipient's compliance with the Head Start Program Requirements.
	Related Terms: Area of Noncompliance, Head Start Program Performance Standards, Monitoring Reviews
<i>Head Start Review Report</i>	The Head Start Review Report serves as legal notice to a Head Start recipient of the results of the monitoring review. It provides the recipient with detailed information on the areas in which the recipient is not meeting Head Start Program Requirements. The Head Start Review Report also documents the corrective action timeframes that the recipient must resolve the issues addressed in the report.
	Related Terms: Deficiency, Noncompliance
<i>Health and Human Services (HHS)</i>	The Federal Government agency that oversees the Administration for Children and Families.
<i>Monitoring Reviews</i>	In FY 2021, there were four main types of monitoring reviews or review types – Focus Area 1, Focus Area 2, Special, and Follow-up.
	On September 24, 2020, OHS suspended on-site reviews due to the COVID-19 pandemic and public health emergency, and the COVID-19-related travel and social distancing restrictions. ²⁷ Reviews that were scheduled to be conducted virtually (e.g., Focus Area 1) were minimally impacted. However, Focus Area 2 reviews that are typically scheduled to be conducted onsite were scheduled to be conducted virtually in FY 2021. CLASS® reviews were suspended for FY 2021.
	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.

²⁷ See Information Memorandum “Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees (ACF-IM-HS-20-05)” issued on September 24, 2020: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-05>.

Term	Definition
	Related Terms: CLASS® review, Focus Area 1 review, Focus Area 2 review, Review Lead, Follow-up review, Head Start Program Performance Standards, Head Start Program Requirements, Review Decision, Special review, Triennial review
<i>Noncompliance</i>	A noncompliance is a failure to comply with one or more Head Start Program Performance Standards and related to a noncompliance determination in the completed Head Start Review Report.
	Related Terms: Area of Noncompliance, Determination, Recipient, Head Start Review Report, Quality Improvement Plan, Review Decision
<i>Office of Head Start (OHS)</i>	Within the Administration for Children and Families in the U.S. Department of Health and Human Services, 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.
	Related Terms: Administration for Children and Families, Health and Human Services
<i>Office of Head Start Monitoring System Software</i>	Also referred to as IT-AMS, the Office of Head Start Monitoring System Software is an integrated technology solution supporting a broad spectrum of monitoring review activities: pre-site planning and document sharing, on-site review coordination and documentation, and post-review report development.
<i>Program Type</i>	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 – Head Start, Early Head Start, and Head Start/Early Head Start.
	Related Terms: Early Head Start Program, Head Start Program

Term	Definition
<i>Protocol</i>	In the Aligned Monitoring System, each review event has a Monitoring Protocol designed to assess the performance and compliance of Head Start recipients in monitored content areas. In FY 2021, Focus Area 1 and Focus Area 2 monitoring protocols focused on areas such as program design and management; quality education and child development services; quality health program services; quality family and community engagement services; fiscal infrastructure; and eligibility, recruitment, selection, enrollment, and attendance (ERSEA). Each protocol contains a set of compliance questions that are linked directly to a regulation; therefore, any review activity, including interviews, observations, or document review, relates to a clearly defined performance requirement. Review Teams are required to adhere to a uniform and defined set of compliance questions, increasing focus, efficiency, fairness, and comprehensiveness of the scope of the review.
<i>Quality Improvement Plan (QIP)</i>	Once a recipient is determined to have one or more deficiencies, the recipient must submit for approval a QIP to the Regional Office outlining the deficiencies to be corrected, the actions to be taken to correct each deficiency, and the timeframe for accomplishing the corrective actions specified.
	Related Terms: Deficiency, Determination, Noncompliance
<i>Recipient</i>	Previously termed “grantee,” a recipient is 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 to administer one or more Head Start, Early Head Start, or Head Start/Early Head Start programs or to oversee the programs administered by a delegate agency.
	On July 28, 2021, OHS updated terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. These changes are part of a concerted effort encouraging consistency across all U.S. Department of Health and Human Services agencies, where applicable. Among the updated terms, “grantee” has been updated to “recipient.”
	Related Terms: Delegate Agency, Grantee, Noncompliance, Program Type,

Term	Definition
<i>Recipient Compliance Status</i>	<p>The final determination made on the recipient by OHS based on the results of the on-site monitoring review. The status is one of the following:</p> <ul style="list-style-type: none"> (1) Compliant: Recipients without a “noncompliant” or “deficient” finding. (2) Having one or more noncompliances: Recipients with one or more “noncompliant” findings. (3) Having one or more deficiencies: Recipients with one or more “deficient” findings. Deficient recipients may have one or more “noncompliant” findings in addition to one or more “deficient” findings.
	Related terms: Deficiency, Noncompliance
<i>Review Decision</i>	<p>Decision about a recipient’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>
	Related Terms: Area of Noncompliance, Deficiency, Determination, Monitoring Reviews, Noncompliance
<i>Review Lead (RL)</i>	<p>Individual who leads the monitoring Review Team. The RL delegates tasks, assigns reviewers to complete sections of the Monitoring Protocol, and facilitates and coordinates interaction between recipient staff and Review Team members.</p>
	Related Terms: Monitoring Reviews
<i>Reviewer</i>	<p>Member of a monitoring Review Team who, under the guidance of the monitoring Review Lead, gathers evidence through observations, interviews, and document reviews to assess the performance of a Head Start recipient being reviewed.</p>
	Related Terms: Review Lead, Monitoring Reviews
<i>Special Review</i>	<p>Alerted to a potential performance issue or concern with a recipient, OHS may resolve to conduct an out-of-cycle review, referred to as a “Special review.” Special reviews, unlike Focus Area 1, Focus Area 2, or CLASS® reviews, are non-routine in nature.</p>
	Related Terms: Follow-Up Review, Monitoring Reviews, Triennial Review

Term	Definition
<i>Triennial Review</i>	In the previous Office of Head Start Monitoring System, Head Start recipients underwent monitoring reviews every 3 years. These types of reviews were referred to as “Triennial reviews.” Triennial reviews were implemented prior to FY 2015. In FY 2015 through FY 2017, OHS no longer conducted Triennial reviews and implemented a new Aligned Monitoring System, which conducts specific content area reviews and a CLASS [®] review across the first 3 years of a recipient’s 5-year grant cycle.
	Related Terms: Follow-up Review, Monitoring Reviews, Special Review

Appendix: Tables

The following appendix tables present the most frequently cited Head Start Program Performance Standards for FA1, FA2, and Special reviews combined.

Exhibit A1: FY 2021 Performance Standards Most Frequently Cited as Deficient

Performance Standard	Standard Description	Number of Deficient Citations	
		N	%
1302.90(c)(1)(ii)(G)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (G) Physically abuse a child.	9	15.3%
1302.90(c)(1)(v)	(v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	7	11.9%
1302.47(b)(5)(iv)	(iv) Only releasing children to an authorized adult	5	8.5%
1302.101(a)(1)	(1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part.	4	6.8%
75.303(a)	(a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government," issued by the Comptroller General of the United States or the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	4	6.8%
1302.90(c)(1)(ii)(A)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment.	3	5.1%
1303.72(a)(3)	(3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route;	3	5.1%
75.302(b)(4)	(4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and ensure that they are used solely for authorized purposes. See §75.303.	3	5.1%
1302.47(b)(5)(iii)	(iii) Appropriate indoor and outdoor supervision of children at all times;	2	3.4%
1302.90(c)	1302.90 Personnel policies. (c) Standards of conduct.	2	3.4%
642(c)(1)(E)(iii)	(iii) be responsible for ensuring compliance with Federal laws (including regulations) and applicable State, tribal, and local laws (including regulations);	2	3.4%
642(c)(1)(E)(iv)(VI I)	(VII) approving financial management, accounting, and reporting policies, and compliance with laws and regulations related to financial statements	2	3.4%
75.303(d)	75.303 Internal controls. The non-Federal entity must: d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.	2	3.4%

Performance Standard	Standard Description	Number of Deficient Citations	
		N	%
75.327(a-c)	75.327 General procurement standards(a) The non-Federal entity must use its own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in this part.(b) Non-Federal entities must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders. (c)(1) The non-Federal entity must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-Federal entities may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity.	2	3.4%
1302.102(c)(2)(i)	(i) Ensure data is aggregated, analyzed, and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;	1	1.7%
1302.21(b)(1)	(1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of program operation	1	1.7%
1302.90(c)(1)(ii)(A, F-G)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment. (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child. (G) Physically abuse a child.	1	1.7%
1302.90(c)(1)(ii)(B, F-G)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (B) Use isolation to discipline a child. (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child. (G) Physically abuse a child.	1	1.7%
1302.90(c)(1)(ii)(C-F,H)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards	1	1.7%

Performance Standard	Standard Description	Number of Deficient Citations	
		N	%
	of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (C) Bind or tie a child to restrict movement or tape a child's mouth. (D) Use or withhold food as a punishment or reward. (E) Use toilet learning/training methods that punish, demean, or humiliate a child. (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child. (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family.		
1302.90(c)(1)(ii)(E-F)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (E) Use toilet learning/training methods that punish, demean, or humiliate a child. (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.	1	1.7%
1302.90(c)(1)(ii)(H)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or children's family.	1	1.7%
1302.91(a)	(a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.	1	1.7%
642(c)(1)(E)(ii)	(ii) adopt practices that assure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection (d)(1), and fully participate in the development, planning, and evaluation of the Head Start programs involved;	1	1.7%

Exhibit A2: FY 2021 Performance Standards Most Frequently Cited as Noncompliant

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
1302.91(e)(1)	(1) Early Head Start center-based teacher qualification requirements. As prescribed in Section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.	24	6.8%
648A(g)(3)	(3) obtain — (A) a State, Tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children; (B) a State, Tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or (C) a criminal record check as otherwise required by Federal law.	21	6.0%
1302.102(d)(1)(ii)	(ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law	20	5.7%
1302.90(c)(1)(v)	(v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	17	4.8%
75.343	75.343 Reporting on real property. The HHS awarding agency or pass-through entity must require a non-Federal entity to submit reports at least annually on the status of real property in which the Federal Government retains an interest, unless the Federal interest in the real property extends 15 years or longer. In those instances where the Federal interest attached is for a period of 15 years or more, the HHS awarding agency or pass-through entity, at its option, may require the non-Federal entity to report at various multi-year frequencies (e.g., every two years or every three years, not to exceed a five-year reporting period; or an HHS awarding agency or pass-through entity may require annual reporting for the first three years of a Federal award and thereafter require reporting every five years).	17	4.8%
1302.91(e)(2)(ii)	(ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.	16	4.5%
1302.42(b)(1)(i)	(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up to date on a schedule of age-appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;	14	4.0%
1302.92(c)(1)	(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching	10	2.8%
1302.90(c)(1)(ii)(G)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not	9	2.6%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
	maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (G) Physically abuse a child.		
1302.51(b)	(b) A program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.	8	2.3%
1303.46(b)(1)	1303.46 (b) Recording notices of Federal interest. (1) If a grantee uses Federal funds to purchase real property or a facility, excluding modular units, appurtenant to real property, it must record a notice of Federal interest in the official real property records for the jurisdiction where the facility is or will be located. The grantee must file the notice of Federal interest as soon as it uses Head Start funds to either fully or partially purchase a facility or real property where a facility will be constructed or as soon as it receives permission from the responsible HHS official to use Head Start funds to continue purchase on a facility.	7	2.0%
1303.46(b)(2)	1303.46 (b) Recording notices of Federal interest. (2) If a grantee uses Federal funds in whole or in part to construct a facility, it must record the notice of Federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to construct the facility.	7	2.0%
1303.46(b)(3)	1303.46 (b) Recording notices of Federal interest. (3) If a grantee uses Federal funds to renovate a facility that it, or a third party owns, the grantee must record the notice of Federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to renovate the facility.	7	2.0%
1303.46(b)(4)	1303.46 (b) Recording notices of Federal interest. (4) If a grantee uses Federal funds in whole or in part to purchase a modular unit or to renovate a modular unit, the grantee must post the notice of Federal interest, in clearly visible locations, on the exterior of the modular unit and inside the modular unit.	7	2.0%
1302.12(l)	1302.12 Determining, verifying, and documenting eligibility. (l) Program policies and procedures on violating eligibility determination regulations. A program must establish written policies and procedures that describe all actions taken against staff who intentionally violate Federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Early Head Start or Head Start services.	6	1.7%
1302.12(m)	1302.12 Determining, verifying, and documenting eligibility. (m) Training on eligibility.	6	1.7%
75.303(a)	(a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government," issued by the Comptroller General of the United States or the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	6	1.7%
1302.102(c)(2)(iv)	(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development,	5	1.4%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
	child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement;		
642(d)(2)(A)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (A) monthly financial statements, including credit card expenditures.	5	1.4%
1301.2(b)(2)	(2) The governing body must use ongoing monitoring results, data on school readiness goals, other information described in §1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.	4	1.1%
1302.101(a)(2)	(2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;	4	1.1%
1302.12(k)	Determining, verifying, and documenting eligibility. (k) Records.	4	1.1%
1302.45(a)(2)	(2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;	4	1.1%
1302.45(b)(1)	(1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;	4	1.1%
1302.45(b)(2)	(2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;	4	1.1%
1302.52(c)(3)	(3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary	4	1.1%
642(d)(2)(B)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (B) monthly program information summaries.	4	1.1%
642(d)(2)(C)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (C) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency.	4	1.1%
642(d)(2)(D)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (D) monthly reports of meals and snacks provided through programs of the Department of Agriculture.	4	1.1%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
642(d)(2)(E)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (E) the financial audit.	4	1.1%
642(d)(2)(F)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (F) the annual self-assessment, including any findings related to such assessment.	4	1.1%
642(d)(2)(G)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (G) the communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates.	4	1.1%
642(d)(2)(H)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (H) communication and guidance from the Secretary.	4	1.1%
642(d)(2)(I)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration – (2) CONDUCT OF RESPONSIBILITIES – Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including: (I) the program information reports.	4	1.1%
1302.101(a)(1)	(1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part.	3	0.9%
1302.102(a)(3)	(3) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the requirements of subpart B of part 1304 of this part;	3	0.9%
1302.102(d)	1302.102 Achieving program goals. (d) Reporting.	3	0.9%
1302.33(b)(1)	(1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.	3	0.9%
1302.40(b)	(b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.	3	0.9%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
1303.11	1303.11 Limitations and prohibitions. An agency must adhere to sections 644(e), 644(g)(3), 653, 654, 655, 656, and 657A of the Act. These sections pertain to union organizing, the Davis-Bacon Act, limitations on compensation, nondiscrimination, unlawful activities, political activities, and obtaining parental consent.	3	0.9%
642(c)(1)(C)(iii)	Sec. 642 Powers and Functions of Head Start Agencies (c) Program Governance (1) Governing Body (C) Conflict of Interest – Members of the Governing Body shall -- (iii) not be employed, nor shall members of their immediate family be employed, by the Head Start agency (including any delegate agency)	3	0.9%
1301.3(b)(1)	(1) A program must establish a policy council in accordance with section 642(c)(2)(B) of the Act, or a policy committee at the delegate level in accordance with section 642(c)(3) of the Act, as early in the program year as possible. Parents of children currently enrolled in each program option must be proportionately represented on the policy council and on the policy committee at the delegate level.	2	0.6%
1301.5	1301.5 Training. An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in Section 1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.	2	0.6%
1302.101(a)(4)	1302.101 Management System (a) Implementation. A program must maintain a management system that: (4) Maintains an automated accounting and record keeping system adequate for effective oversight.	2	0.6%
1302.102(c)(2)(iii)	(iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;	2	0.6%
1302.12(a)(ii)	1302.12 Determining, verifying, and documenting eligibility. (a) Process overview. (1) Program staff must: (ii) Verify information as required in paragraphs (h) and (i) of this section.	2	0.6%
1302.47(b)(5)(i)	(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable Federal, state, local, and tribal laws;(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable Federal, state, local, and tribal laws;	2	0.6%
1302.47(b)(5)(iv)	(iv) Only releasing children to an authorized adult;	2	0.6%
653(b)(1)	(1) IN GENERAL- Notwithstanding any other provision of law, no Federal funds may be used to pay any part of the compensation of an individual employed by a Head Start agency, if such compensation, including non-Federal funds, exceeds an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5, United States Code.	2	0.6%
75.303(c)	75.303 Internal controls. The non-Federal entity must: c) Evaluate and monitor the non-Federal entity's compliance with statutes, regulations, and the terms and conditions of Federal awards.	2	0.6%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
75.308(c)(1)(xi)	75.308 Revision of budget and program plans. (c)(1) For non-construction Federal awards, recipients must request prior approvals from HHS awarding agencies for one or more of the following program or budget-related reasons: (xi) The recipient wishes to dispose of, replace, or encumber title to real property, equipment, or intangible property that are acquired or improved with a Federal award. See §§75.318, 75.320, 75.322, and 75.323.	2	0.6%
75.430(b)	(b) Reasonableness. Compensation for employees engaged in work on Federal awards will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the non-Federal entity. In cases where the kinds of employees required for Federal awards are not found in the other activities of the non-Federal entity, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the non-Federal entity competes for the kind of employees involved.	2	0.6%
1302.90(c)(1)(ii)(H)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or children's family.	2	0.6%
1301.3(a)	(a) Establishing policy councils and policy committees. Each agency must establish and maintain a policy council responsible for the direction of the Head Start program at the agency level, and a policy committee at the delegate level. If an agency delegates operational responsibility for the entire Head Start or Early Head Start program to one delegate agency, the policy council and policy committee may be the same body.	1	0.3%
1301.3(b)(2)	(2) The program must ensure members of the policy council, and of the policy committee at the delegate level, do not have a conflict of interest pursuant to sections 642(c)(2)(C) and 642(c)(3)(B) of the Act. Staff may not serve on the policy council or policy committee at the delegate level except parents who occasionally substitute as staff. In the case of tribal grantees, this exclusion applies only to tribal staff who work in areas directly related to or which directly impact administrative, fiscal, or programmatic issues.	1	0.3%
1302.101(a)(3)	(3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part;	1	0.3%
1302.102(b)	1302.102 Achieving program goals. (b) Monitoring program performance.	1	0.3%
1302.102(b)(1)(iv)	(iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.	1	0.3%
1302.12(c)	1302.12 Determining, verifying, and documenting eligibility. (c) Eligibility requirements.	1	0.3%
1302.14(c)	(c) Waiting lists. A program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria.	1	0.3%
1302.15(a)	(a) Funded enrollment. A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.	1	0.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
1302.32(a)(2)	(2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.	1	0.3%
1302.34(b)(2)	(2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;	1	0.3%
1302.41(a)	(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.	1	0.3%
1302.45(a)(1)	(1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;	1	0.3%
1302.47(b)(5)(ii)	(ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used;	1	0.3%
1302.47(b)(7)(vi)	(vi) Child-specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.	1	0.3%
1302.50(b)(1)	(1) Recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and support parent-child relationships, including specific strategies for father engagement;	1	0.3%
1302.90(c)	1302.90 Personnel policies. (c) Standards of conduct.	1	0.3%
1302.90(c)(1)(ii)(A)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment.	1	0.3%
1302.90(c)(1)(ii)(B, F)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (B) Use isolation to discipline a child. (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.	1	0.3%
1302.90(c)(1)(ii)(E, G-H)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (E) Use toilet learning/training methods that punish, demean, or humiliate a child. (G) Physically abuse a child. (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family.	1	0.3%
1302.90(c)(1)(ii)(F)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not	1	0.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
	maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.		
1302.91(a)	(a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.	1	0.3%
1302.91(c)	(c) Fiscal officer. A program must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016, is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.	1	0.3%
1302.91(d)(2)	(2) Education management. As prescribed in section 648A(a)(2)(B)(i) of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.	1	0.3%
642(c)(1)(C)(ii)	(ii) not receive compensation for serving on the governing body or for providing services to the Head Start agency;	1	0.3%
642(c)(1)(E)(ii)	(ii) adopt practices that ensure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection (d)(1), and fully participate in the development, planning, and evaluation of the Head Start programs involved;	1	0.3%
642(c)(1)(E)(iv)(VI I)(bb)	(bb) annual approval of the operating budget of the agency	1	0.3%
642(c)(2)(C)(i)	(i) not have a conflict of interest with the Head Start agency (including any delegate agency)	1	0.3%
642(c)(2)(D)(i)	(i) Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.	1	0.3%
75.303(b)	75.303 Internal controls. The non-Federal entity must: b) Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.	1	0.3%
75.305(b)(1)	(1) The non-Federal entity must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the non-Federal entity, and financial management systems that meet the standards for fund control and accountability as established in this part. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program	1	0.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		N	%
	or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.		
75.308	75.308 Revision of budget and program plans.	1	0.3%
75.327(a)	§75.327 General procurement standards. (a) The non-Federal entity must use its own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in this part.	1	0.3%
75.403(a)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (a) Be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles.	1	0.3%
75.403(b)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (b) Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.	1	0.3%
75.403(g)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (g) Be adequately documented. See also 75.300 through 75.309.	1	0.3%