

**Memorandum**

Date · MAY 7 1992

From

Richard P. Kusserow  
Inspector General

Subject

Report on Compliance with Health and Safety Standards at Native American  
Head Start Facilities (A-09-91-00134)

To

Jo Anne B. Barnhart  
Assistant Secretary for  
Children and FamiliesJames O. Mason, M.D., Dr. P.H.  
Assistant Secretary for Health

The attached report alerts you to our concerns regarding compliance with health and safety standards at Native American Head Start facilities. We found that significant numbers of health and safety deficiencies have been reported at Native American Head Start facilities as follows:

- o Of 106 facilities for which we reviewed safety inspection reports, 76 had fire safety problems, 55 had structural integrity concerns, 54 had water supply or rest room inadequacies, and 53 were identified with playground deficiencies.
- o Recurring, serious deficiencies were reported at 23, or about 22 percent of the 106 facilities reviewed.

In most instances, health and safety inspections were performed by the responsible entities. However, our review disclosed that health and safety inspections: were not standardized; were sometimes inconsistent with previous inspections of the same facility; were not always performed annually; and were conducted by agencies which lacked authority to require correction of deficiencies. Our review also indicated that health and safety inspection reports were not always distributed to the American Indian Program Branch (AIPB) of the Administration for Children and Families (ACF) and that the AIPB did not have an adequate system to follow up when these reports were not received.

Our review focused on 40 grantees located in the States of Alaska, Arizona, California, Idaho, Nevada, Oregon and Washington. These grantees

represent 38 percent of the nationwide total of some 106 Native American grantees. We judgmentally selected 19 grantees for review from these 40. An additional 10 grantees were selected for review judgmentally from the remaining 66 grantees operating throughout the rest of the nation.

We are recommending that the ACF:

- o Reemphasize the importance of complying with health and safety standards that adequately protect the children and staff at Native American Head Start facilities.
- o Ensure that preopening and annual inspections on compliance with prescribed performance criteria are performed at all facilities.
- o Work closely with the Indian Health Service (IHS) to provide specific training to health inspectors and standardize inspections.
- o Require the formulation of corrective action plans and the timely correction of deficiencies.
- o Improve follow-up actions on recurring deficiencies.
- o Use its authority to impose appropriate sanctions or otherwise enforce correction of deficiencies.
- o Improve the dissemination and tracking of inspection reports.

Officials from the ACF generally agreed with our findings, but had comments regarding some of our conclusions and recommendations. Additionally, the Public Health Service concurred with our recommendations involving the IHS. The complete text of the comments to a draft of this report has been incorporated as Appendix C.

We would appreciate your views and the status of any further actions taken or contemplated on our recommendations within 60 days. If you have any questions, please call me or have your staff contact John A. Ferris, Assistant Inspector General for Human, Family and Departmental Services Audits, at (202) 619-1175.

Attachment

Department of Health and Human Services

OFFICE OF  
INSPECTOR GENERAL

REPORT ON COMPLIANCE WITH  
HEALTH AND SAFETY STANDARDS AT  
NATIVE AMERICAN HEAD START  
FACILITIES



Richard P. Kusserow  
INSPECTOR GENERAL

CIN: A-09-91-00134

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MAY 7 1992

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From

Richard P. Kusserow  
Inspector General*Bryan Gilmore*  
for

Subject

Report on Compliance with Health and Safety Standards at Native American Head Start Facilities (A-09-91-00134)

To

Jo Anne B. Barnhart  
Assistant Secretary for  
Children and FamiliesJames O. Mason, M.D., Dr. P.H.  
Assistant Secretary for Health

The purpose of this report is to provide you with the results of our review of Native American Head Start facilities. The objective of our review was to assess whether Head Start grantees are in compliance with health and safety standards at Native American Head Start facilities. We found that significant numbers of health and safety deficiencies have been reported at Native American Head Start facilities as follows:

- o Of 106 facilities for which we reviewed safety inspection reports, 76 had fire safety problems, 55 had structural integrity concerns, 54 had water supply or rest room inadequacies, and 53 were identified with playground deficiencies.
- o Recurring, serious deficiencies were reported at 23 of the facilities.

In most instances, health and safety inspections were performed by the responsible entities. However, our review disclosed that health and safety inspections:

1. were not standardized and were sometimes inconsistent with previous inspections of the same facility;
2. were not always performed annually; and
3. were conducted by agencies which lacked authority to require correction of deficiencies.

Our review also indicated that health and safety inspection reports were not always distributed to the American Indian Program Branch (AIPB) of the Administration for Children and Families (ACF) and that the AIPB did not have adequate follow-up capabilities for reports not received. Based on this review, we are recommending that the ACF:

- o Reemphasize to grantees that the health and safety of Head Start children and staff at Head Start facilities must be adequately protected, as required by the program performance standards.
- o Work closely with the Indian Health Service (IHS), who performs most of the health and safety inspections, to improve inspection procedures.
- o Require corrective action plans and timely execution of the plan to resolve reported deficiencies.
- o Obtain overall assurances that the facilities used to serve the children meet reasonable health and safety standards.
- o Disseminate and track inspection reports.
- o Stress follow-up actions.

#### BACKGROUND

Title V of the Economic Opportunity Act of 1964 (Public Law 88-452) provided the authorization for the Head Start program. The authorization for Fiscal Year 1991 provides the largest single increase in the funding history of the program. The Head Start program is generally administered by the ACF through its 10 regional offices. However, Native American Head Start programs are administered centrally by the AIPB within the Head Start Bureau's Division of Program Operations.

Title 45 of the Code of Federal Regulations (CFR) outlines the program functions, activities and facilities requirements that are necessary to meet the objectives and goals of the Head Start program. These program functions, activities and facilities requirements are referred to as performance standards. Our review concentrated on the performance standards contained in 45 CFR, Subpart B, section 1304.2-3(a) entitled "Education services plan content: facilities." This section requires that space, light, ventilation, heat and other physical arrangements must be consistent with the health, safety

and developmental needs of the children. These standards are referred to as the facilities performance standards in this report.

The facilities performance standards state that, "Evidence that the center meets or exceeds State or local licensing requirements for similar kinds of facilities for fire, health, and safety shall be accepted as prima facie compliance with the fire, health and safety requirements of this section." The guidance for this standard indicates that where no local licensing is required, the grantee should request advice from local fire and health departments in determining safety standards.

Most of the Native American programs are not subject to State and local licensing procedures. Accordingly, for those programs which are not subject to State and local licensing procedures (hereafter unlicensed), alternative health and safety inspection procedures have been implemented. At most of these unlicensed programs, health and safety inspections are performed by local IHS personnel. However, the IHS lacks the authority to enter tribal premises and perform health and safety inspections of facilities if the tribe fails to willingly accept such service. In other instances, the IHS have contracted with local tribal health personnel to perform health and safety inspections under the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638). These inspections and results may differ from one grantee to the other, even within the same State, because of lack of a standardized form and, consequently, different procedures being followed. Two of the Native American Head Start grantees included in this review had State licensed programs and were inspected by the appropriate State licensing authorities.

### SCOPE

The objective of this review was to identify weaknesses in Federal, State and local policies and procedures concerning health and safety standards at Native American Head Start facilities and to measure the grantee's compliance with the Head Start facilities performance standards.

The AIPB provided us with a telephone directory dated January 1990, which contained all Head Start grantees in the Nation. From this directory, we identified 104 active Native American grantees. We were later verbally informed by the AIPB of two additional grantees that began operations in January 1991. Our review concentrated on the grantees located in the States of Alaska, Arizona, California, Idaho, Nevada, Oregon and Washington. We reviewed health and safety inspection reports, judgmentally selected, for 19 of the 40 grantees operating within these States. These 40 grantees account

for about 38 percent of all active Native American grantees. From the remaining grantees operating throughout the rest of the Nation, we selected an additional 10 grantees for review. This review was performed using our internally developed audit guide. Because the grantees were selected judgmentally, we recognize that the results may not be representative of Native American programs on a national scale. However, we believe sufficient work has been done to demonstrate that conditions exist which require immediate action to safeguard children and staff.

We reviewed health and safety inspection reports for all facilities operated by the selected grantees, except for one reviewed grantee. For the Navajo nation, which operates approximately 130 facilities, we selected a sample of 10 facilities to review. The total number of Native American Head Start facilities included in this review was 106. In addition, we contacted all selected grantees via telephone.

We obtained fire clearance documents prepared by State or local fire authorities, when available. We reviewed sanitation and cleanliness inspection reports prepared by IHS, tribal health, State or county health personnel. We also reviewed site-monitoring reports prepared by AIPB and contracted health personnel. We examined the required plan of action, prepared by the grantees, which addressed these AIPB site-monitoring reports.

We made site visits to 38 facilities operated by 11 of the 29 grantees in our review. The grantees visited were selected on a judgmental basis and were headquartered in the States of Arizona, California, Montana and North Dakota. We reviewed health and safety files at facilities that we visited. We discussed health and safety conditions and our observations with the responsible health and safety inspectors. We also accompanied a tribal health inspector during his initial inspection of a recently opened Head Start facility. We were not able to confirm some of the findings contained in the inspection reports during our site visits because some inspection reports were over 12 months old and our technical expertise limitations.

During our review we analyzed certified public accountant reports for Head Start grantees located in the States of Alaska, Arizona, California, Idaho, Nevada, Oregon and Washington. Findings in these reports are codified and entered into the Comprehensive Audit Management program. We performed computer searches intended to identify reports that contained findings related to the health and safety of children attending these Native American facilities.

This review was performed in accordance with Government auditing standards. We performed a limited review of program files maintained by AIPB program specialists at their central office in Washington, District of Columbia. We also reviewed the grant files for selected grantees at the Discretionary Grants Management Branch which is also located in Washington, District of Columbia. In addition, we interviewed IHS officials located at their headquarters office in Rockville, Maryland. We discussed the extent of our review with ACF and IHS officials and they generally agreed with the identified deficiencies contained in the report. The ACF officials plan to initiate corrective actions in the near future.

### RESULTS OF REVIEW

During our analysis of inspection and audit reports, we identified significant problems concerning the health and safety of children attending Native American Head Start facilities. In most instances, health and safety inspections of Native American facilities were performed by the responsible entities. However, our review disclosed that:

- o Significant numbers of health and safety deficiencies were reported in the most recent inspection reports that we reviewed. Of the 106 facilities for which we reviewed safety inspection reports, 76 had fire safety problems, 55 had structural integrity concerns, 54 had water supply or rest room inadequacies, and 53 were identified with playground deficiencies.
- o Recurring, serious deficiencies were reported at 23 of the 106 facilities reviewed.
- o Preopening inspections of Native American facilities were not performed prior to the start of classes at eight facilities opened since September 1989. These inspections were not required for Native American Head Start programs. This differs from the practice we found in regionally administered Head Start programs which requires preopening inspections.

In addition, we found that health and safety inspections were not standardized and were sometimes inconsistent with previous inspections of the same facility. Inspections were, in their majority, performed annually. In most cases they were conducted by agencies with limited authority to require correction of deficiencies. Unlike the State licensing authorities, IHS or tribal health inspectors do not have the authority to revoke operating permits, provide sanctions or otherwise enforce correction of deficiencies.



Consequently, we observed serious recurring deficiencies at many Native American facilities. Our review also indicated that health and safety inspection reports were not always distributed to the AIPB. Additionally, the AIPB did not have an adequate system to follow up on missing reports.

In contrast to Native American facilities, our previous two surveys of regionally administered Head Start programs in Arizona and California disclosed that inspections of facilities were standardized and performed annually. For these States, timely correction of health and safety deficiencies was required and follow-up inspections were usually performed within 30 days after the initial inspection to ensure that the required corrective actions were taken. In instances where the recommended actions were not performed, the State licensing agencies imposed conditions requiring corrections. Accordingly, identified deficiencies observed at the regionally administered facilities in Arizona and California were significantly less than those at Native American facilities.

Two Native American grantees included in this review had facilities that were State licensed. These grantees were the Mississippi Band of Choctaw Indians and the Chickasaw Nation of Oklahoma. The most recent health and safety inspection reports for these two grantees indicated that deficiencies cited on previous reports were corrected. Furthermore, at four of the six facilities operated by the Mississippi Band of Choctaw Indians and at one of three facilities operated by the Chickasaw Nation of Oklahoma, no health and safety deficiencies were identified on the most recent inspection reports. Among the unlicensed grantees that we reviewed, only the Pascua Yaqui facility near Tucson, Arizona had no identified health and safety deficiencies on its most recent inspection report.

We tabulated various health and safety deficiencies indicated on the most recently performed health and safety inspection reports that we obtained for the 106 reviewed facilities. The tabulation was based on seriousness and relevance to the Head Start facilities performance standards. The deficiencies are discussed in the following section and summarized in Appendix A.

#### HEALTH AND SAFETY DEFICIENCIES

In this section we have tabulated specific health and safety deficiencies that have been identified for the Native American Head Start facilities included in our review. Because of our emphasis on the grantees from the States of Alaska, Arizona, California, Idaho, Nevada, Oregon and Washington, 70 of

the 106 facilities were within the aforementioned States. Thus, the percentage of facilities indicated with a specific health and safety deficiency may not be representative of conditions at Native American Head Start facilities nationwide.

### Fire Safety

During our review, we noted serious concerns with the fire safety policies and procedures in effect at many of the facilities operated by Native American grantees. Fire safety deficiencies commented upon in the inspection reports related to fire extinguishers, smoke detectors, kitchen ventilation hoods, fire exits, electrical wiring, fire drills, posting of fire escape routes, storage of flammable materials, fire alarms and the presence of flammable furnishings or decorations. The health and safety inspection reports indicated that 76 facilities had 1 or more of the above fire safety deficiencies.

Only 9 of 29 grantees reviewed indicated that their facilities received any form of fire inspection and/or clearance from local or State fire safety authorities when interviewed via telephone. Two of these nine were the State licensed Native American Head Start grantees mentioned previously. At two other grantees, the Head Start directors informed us that fire safety inspections were requested because they wished to document less than adequate conditions. Due to the remote locations of many Native American Head Start facilities, fire services may not be readily available to conduct inspections and to fight fires. Additionally, many of the buildings housing Native American programs may be more vulnerable to fire, due to their construction, than modern brick or concrete school buildings located in urban areas. For example, the Heart Butte, Montana facility is housed in a log structure constructed during the early 1930's. We also found that 9 of the 106 reviewed facilities were using mobile homes for classroom space. These mobile homes were not modular classroom units, but were structures originally designed for use as private residences. An excerpt from one IHS report comments that, "trailer houses used as classrooms are not recommended due to the fire and safety hazards associated with them." Specific fire safety deficiencies are discussed in the following paragraphs. These deficiencies were identified by IHS and tribal health personnel (under contract from IHS) during their inspections. We were able to corroborate some of them through observation, within our limitations in terms of expertise in this area.

Fire Extinguishers. The most recent health and safety inspection reports for the reviewed facilities indicated 36 facilities had 1 or more deficiencies

associated with fire extinguishers. Some facilities did not have any fire extinguishers or had an inadequate number of them. Other facilities had fire extinguishers that were improperly mounted, not inspected at recommended intervals or not properly charged.

Smoke Detectors. Battery or electric powered smoke detectors provide early warning of fire danger. The most recent health and safety inspection reports for the reviewed facilities indicated that 29 facilities had smoke detector deficiencies. The deficiencies included facilities that did not have any smoke detectors, had an inadequate number, or had units that were inoperable.

Kitchen Ventilation Hoods or Canopies. The IHS officials informed us that one of the most serious fire hazards at Head Start facilities involved the potential for grease fires in the kitchen. They indicated that this issue can be mitigated by the presence of clean, functioning ventilation hoods or canopies over the stoves. Our review of most recent health and safety inspection reports indicated that the kitchens at 25 facilities either did not have a ventilation hood or canopy or had inoperable or otherwise deficient hoods or canopies.

Fire Exits. In case of fire, exits from Head Start facilities should have doors that open easily. Additionally, there should be an adequate number of exits which are readily identified. The most recent health and safety inspection reports identified 24 facilities with problems related to exits. This reported deficiency includes facilities with an inadequate number of exits, or had blocked or unmarked exits.

Electrical Wiring. Inadequate electrical wiring can be a potential fire hazard. Some health and safety inspection reports indicated that the facilities' wiring constituted a serious fire hazard. In some cases, complete rewiring was recommended. In other instances, the reports recommended that the wiring be checked by a qualified electrician. The most recent health and safety reports identified 17 facilities with inadequate electrical wiring.

Other Fire Safety Deficiencies. The most recent health and safety inspection reports also identified other items which were considered fire safety deficiencies. These included indications that the required number of fire drills were not performed or that the facility lacked posted fire escape routes or fire alarm systems. Finally, some facilities were cited for unsafely storing flammable materials or the presence of flammable furnishings or decorations.

### Structural Integrity

The most recent health and safety inspection reports identified 55 facilities with serious structural deficiencies. These deficiencies relate to problems with roofs, ceilings, floors, walls or foundations. They also include facilities with windows broken at the time of inspection.

Roof or ceiling inadequacies were usually related to leaking roofs. Flooring deficiencies included trip hazards, missing tiles, inadequate carpeting or uneven surfaces. Wall problems usually involved chipped or peeling paint on interior or exterior walls. Foundation problems were frequently related to inadequate footings or foundations which may not be sufficient to prevent shifting of the building. Broken windows presented heating and ventilation difficulties.

### Water Supply and Rest Room Facilities

The Head Start facilities performance standards state that, "A source of water approved by the appropriate local authority shall be available in the facility; adequate toilets and hand washing facilities shall be made available and easily reached by children."

The most recent health and safety inspection reports indicated that 54 facilities had deficiencies in this area. They included facilities where the hot water available to children was too hot and presented a scalding danger as well as facilities with either no water or no hot water in the children's rest rooms. They also included facilities where adequate toilets or hand washing facilities were not available. Finally, this category included facilities where the source of water had not been tested by the appropriate authority.

The standard often recommended in health and safety inspection reports was that temperature of water available to children should be no higher than 110 degrees. Temperatures as hot as 154 degrees were reported. Guidance also suggests that step stools or low platforms are useful when toilets or hand washing facilities are too high. One facility was identified with inadequate toilets or lavatories due to the height of the toilets or lavatories and the lack of step stools. Other facilities had toilets or lavatories that were inoperable, partially disconnected, not properly secured to the wall or floor, leaked excessively or had broken accessories.

### Playground Safety

The Head Start facilities performance standards require that, "Indoor and outdoor premises shall be kept clean and free, on a daily basis, of undesirable and hazardous material and conditions." The standards also require that, "Outdoor play areas shall be made so as to prevent children from leaving the premises and getting into unsafe and unsupervised areas." The guidance for this standard indicates that whenever possible, playground areas should be enclosed.

During our review of the most recent health and safety inspection reports for the Native American Head Start facilities, we noted that 53 facilities were identified with 1 or more deficiencies related to playground safety. This includes 36 facilities which either lacked playgrounds or had inadequate playground areas. Facilities with inadequate playground areas were those identified with barbed wire coils, construction material, rusty barrels used for burning trash or other undesirable objects inside the playground area. The health and safety inspection reports also identified 26 facilities with unsafe playground equipment that required repair or removal.

During our review of regionally administered Arizona and California Head Start facilities, we noted that both States required child care facilities to maintain a continuous 4 foot high fence around the playground area. Fences are useful in allowing staff to keep track of children as well as preventing access by animals. At Native American facilities, 18 either lacked fences, did not have continuous fencing around the playground area, or had fences which included barbed wire.

### OTHER HEALTH AND SAFETY DEFICIENCIES

Health and safety inspection reports also reported deficiencies associated with the improper disposal of trash or sewage, the improper storage of cleaning supplies or poisons and the lack of emergency lighting, the presence of insects or rodents and facilities which were inaccessible to the physically disabled. Other facilities lacked a safe and effective heating system, had inadequate lighting or had inadequate square feet per child.

#### Disposal of Garbage, Trash or Sewage.

The Head Start facilities performance standards require that, "All sewage and liquid waste shall be disposed of through a sewer system approved by an appropriate responsible authority, and garbage and trash shall be stored in a safe and sanitary manner until collected." The most recent health and safety

inspection reports indicated that 42 facilities had deficiencies related to the safe and sanitary disposal of garbage, trash or sewage.

Deficiencies related to garbage, trash, or sewage included facilities that, because of inadequate disposal containers or practices, failed to safely and sanitarily store their garbage or trash until it could be collected. In one instance, garbage was not stored properly for days, increasing the risk of exposure to a potentially unhealthy environment for children and staff. This category included facilities where the garbage or trash was not ultimately deposited in an approved community landfill. Additionally, six reports (Appendix A, pg. 2) cited deficiencies in the disposal of sewage or liquid wastes.

#### Storage of Cleaning Supplies or Poisons.

The facilities performance standards require that, "dangerous materials and potential poisons shall be stored in locked cabinets or storage facilities accessible only to authorized persons." The guidance for this standard indicates that cleaning materials and other potentially dangerous materials should be stored out of children's reach and separately from food products. During our review, we found that 31 facilities were cited for this deficiency on the most recent health and safety inspection report.

#### Insect or Rodent Infestation.

The facilities performance standards recommend the extermination of rodents and vermin. We noted that 20 facilities were identified as having insect or rodent infestation. Principally, infestation came from cockroaches, ants, rats or mice.

#### Accessibility for the Physically Disabled.

The Head Start facilities performance standards require that, "Adequate provisions shall be made for handicapped children to ensure their safety and comfort." Guidance for this standard indicates that ramps, railings and special materials and equipment should be installed to allow children maximum possible mobility. The most recent health and safety inspection reports identified 18 facilities that did not meet the requirements of this standard. Our review indicated that IHS and tribal health inspectors were not consistent when reporting on this standard.

During site visits we identified 17 facilities where the building was lacking adequate handicapped access to either the building or the rest room facilities. However, at 15 of these 17 facilities, the most recent health and

safety inspection reports did not identify this deficiency. We did not observe during our visits to these facilities any handicapped children or staff within the premises. Accessibility problems might be discouraging handicapped persons from using the facilities.

#### Lack of a Safe and Effective Heating System.

Our review of the most recent health and safety inspection reports identified 11 facilities that did not have a safe and effective heating system. This usually involved facilities with unshielded or improperly insulated heating units which presented a possible danger to the children.

#### Inadequate Lighting.

The most recent health and safety inspection reports cited 11 facilities with inadequate lighting. While tabulating this deficiency we did not include areas where children were unlikely to be, such as janitor closets. Instead, we concentrated on facilities that lacked adequate lighting in classrooms or rest rooms.

#### Lack of Emergency Lighting.

The Head Start facilities performance standards require that, "Emergency lighting shall be available in case of power failure." Guidance for this standard allows the use of high powered flashlights but forbids the use of candles. The most recent health and safety inspection reports cited 20 facilities for not having adequate emergency lighting. No reports of candles being used as emergency lighting were noted during our review of inspection reports.

#### Inadequate Square Feet Per Child.

The Head Start facilities performance standards require that at least 35 square feet of indoor space per child be available exclusive of bathrooms, halls, kitchen, and storage spaces. Nine of the reviewed facilities did not provide adequate indoor space of 35 square feet per child.

#### RECURRING DEFICIENCIES

During our previous surveys of regionally administered Head Start programs in Arizona and California, we noted that the State licensing agencies required corrections when appropriate and performed follow-up inspections to ensure compliance. Tribal health and IHS inspectors, who do not have the same authority as the State licensing agencies, made recommendations

for correction of identified deficiencies but could not require the correction of these deficiencies in a timely fashion at Native American Head Start grantees.

The most recent health and safety inspection reports for the two State licensed Native American grantees indicated that deficiencies cited on previous reports were corrected. Among the unlicensed grantees, only the Pascua Yaqui facility near Tucson, Arizona had no deficiencies on the most recent inspection report. This was not the case for the other unlicensed grantees. We identified from inspection reports serious recurring deficiencies at 23 facilities operated by unlicensed grantees. In instances where we obtained health and safety inspection reports dating back to 1984, we found that some deficiencies were that old. Examples of three of these recurring health and safety deficiencies follow.

- o Health and safety inspection reports indicated that fire extinguishers at the Dulce, New Mexico facility have not been properly mounted, inspected or maintained since 1983. The reports also disclosed that since 1986, excess locks on doors and blocked exits have impeded egress from the facility. The most recent report we could find for this facility, dated October 1990, indicated that these conditions still exist. A letter from one of the State's senators to Congress may have made program officials aware of this situation. The AIPB recently funded the construction of a new facility.
- o The IHS health and safety inspection reports for the four San Carlos Apache Tribe facilities indicated that none had smoke detectors. For one of these facilities, in Bylas, Arizona, this was indicated on the first reviewed report (October 1984), and repeated on the February 1986, May 1987, September 1988, October 1989 and the September 1990 reports. At the Seven Mile facility, the absence of smoke detectors was reported in May 1987, August 1988, April 1989 and September 1990. Reports for the Gilson Wash facility reported no smoke detectors in May 1987, August 1988, September 1989 and September 1990. For the Peridot facility the September 1988, September 1989 and September 1990 reports all cited this deficiency. During our site visits in December 1990 we noted that all of these facilities were still lacking smoke detectors.
- o The 51st Avenue facility, operated by the Gila River Indian Community near Phoenix, Arizona, has been at its present



location since December 1986. During this entire period the facility has been using an asphalt parking lot as a playground. All reports reviewed for this facility, including November 1988, February 1990 and March 1991, cited the need for a fenced, outdoor playground. The March 1991 health and safety inspection report comments that, "No longer should the term 'temporary status or location' be used as a shield to avoid or hinder correcting deficiencies to meet national Head Start standards." A photograph of this facility and its playground is shown at Appendix B-1.

### HEALTH AND SAFETY INSPECTIONS

Inspections of Native American Head Start facilities are performed by the IHS Environmental Health Services Branch since inception of the program in the 1960's in accordance with their responsibility to inspect all institutional structures within Indian reservations. The IHS staff in charge of conducting these inspections is required to have a degree in the health sciences area or equivalent experience. A high percentage of these inspectors are registered sanitarians, certified by the State or the National Environmental Health Association.

In contrast, Tribal health personnel (also known as "638 contractors") are not required to abide by these education or experience requirements. These contracts may be entered into by any tribe that so wishes without the consent or approval of the IHS. The IHS has no control or oversight over these contractors as specified under the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638).

Preopening Inspections. Our review identified 11 facilities that had begun operations in new structures since September 1989. Eight of these had not received a preopening health and safety inspection. Preopening inspections are a required practice by the State licensing authority in Arizona and California applicable to the regionally administered Head Start programs. Further, these preopening inspections require a fire department clearance before they are performed. The IHS officials indicated that they may not have been notified of the existence of these new facilities and were not aware of the need to perform an inspection.

A new facility, operated by the Salt River Pima-Maricopa Indian Community near Scottsdale, Arizona, opened in September 1990. We visited this facility in December 1990. At that time, we noted that the facility did not contain any fire extinguishers or smoke detectors. Additionally, we observed that

one of two doors in each classroom would not open. There was one exit sign in the building. The exit sign was placed on one of the inoperative doors. We also observed a nonoperating refrigerator inside the facility. This refrigerator was being used to store play items. No safety measures, such as removal of the door or its magnetic lock, had been taken to prevent the refrigerator from being a safety hazard to children. Photographs taken during this visit are shown at Appendix B-2.

In January 1991, we revisited the facility. The refrigerator was in operation and we observed food stored in it. The inoperative doors had been corrected and could be opened, but the absence of fire extinguishers and smoke detectors had not been corrected. The IHS inspectors, urged by our auditor, performed the initial inspection of this facility on February 13, 1991. This preannounced inspection found fire extinguishers in the premises and that smoke detectors had been installed. However, throughout the facility, smoke detectors were inoperable due to discharged batteries or lack of them, and fire extinguishers were not properly mounted, according to the inspector.

The IHS and Tribal Health and Safety Inspections. The IHS does not follow a specific procedure and does not have a standardized checklist in nationwide use for conducting inspections at Native American Head Start facilities. Officials at IHS headquarters indicated that checklists are used by some area offices although they are not favored because they possess an enforcement overtone. The areas addressed by IHS and tribal health personnel usually parallel, or correlate closely to the Head Start facilities performance standards. However, within the respective area offices, the inspection procedures may vary for different facilities. Officials from IHS headquarters indicated that the development of national standards for the conduct of reviews was addressed by the 12 area branch chiefs during their last meeting and that they expect a central office document to be issued shortly. A considerable amount of procedural training for IHS inspectors is "hands on" and guided largely by the previous inspection reports for the facility. The IHS needs to provide more specialized training to their inspectors.

In some cases, IHS or tribal health personnel did not always perform comprehensive health and safety inspections annually. We could not locate reports for intervals of as long as 31 months at Dulce, New Mexico, 37 months at Santa Rosa, Arizona, 42 months at Busby, Montana, 43 months at Second Mesa, Arizona, and 6 years at Heart Butte, Montana. The Happy Camp, California facility opened in 1978. Representatives of the grantee informed us that this facility had never undergone an independent, comprehensive health and safety inspection.

In some instances, the review reports for facilities were not consistent from 1 year to the next and/or failed to address recurring problems. For example, the 1990 IHS health and safety inspection report for the Seven Mile facility, operated by the San Carlos Apache Tribe in eastern Arizona, recommended that, "the electrical system should be serviced by a electrician." However, the 1989 report for this facility does not indicate any electrical wiring problems. Both the 1988 and 1987 reports indicate wiring problems and state that, "Unsafe wiring poses a shock and fire hazard to staff and students." The 1986 and 1984 reports state that, "the entire electrical system in this building should be thoroughly checked by an electrician." During our December 1990 site visit to the Seven Mile facility, staff indicated that no electrical work or servicing had occurred during this 1984 - 1990 time period.

Authority of IHS Health and Safety Inspections. The IHS has the authority to offer health and safety inspections as a health service. However, according to a 1971 Health, Education and Welfare, Office of General Counsel opinion, the IHS cannot impose the health and safety inspections upon those who fail to willingly accept such service. Additionally, the IHS does not have any authority for enforcing correction of deficiencies identified during inspections. Therefore, unlike the State licensing agencies, the IHS cannot impose sanctions or take other actions against Head Start grantees that fail to correct deficiencies cited on health and safety inspection reports. Officials at IHS headquarters indicated that their role is that of an advocate and not an enforcer. They believe their relationship with Native Americans is good and that having the authority to impose sanctions would greatly impair, if not destroy it. In addition, IHS officials believe enforcement is the program's responsibility since they are the funding source.

Distribution of IHS and Tribal Health Inspection Reports. The IHS Environmental Health Services Branch officials informed us that until recently, IHS area offices forwarded the completed health and safety inspection reports to the IHS central office. The IHS central office then forwarded these reports to the AIPB. The AIPB officials informed us that upon receipt, these reports were delivered to the responsible program specialist. Currently, the IHS area offices review the inspection reports prepared for those Native American Head Start facilities operating within their jurisdictions. Responsibility for forwarding these reports to the AIPB now rests with the IHS area offices, as instructed in a memo addressed to Area Chiefs of the Environmental Health Services Branch dated July 26, 1990.

An IHS area office chief stated that he was unaware of this responsibility to forward these reports to the AIPB, consequently, this was not done. We did

not receive any assurance from the AIPB chief that all IHS or tribal health reports were received. He stated that those reports that he did receive were distributed to the responsible program specialist. We were not able to confirm the number of inspection reports available for Arizona grantees because the responsible program specialist was not present during our visit. The AIPB did not have any controls in place to ensure that a health and safety inspection report was prepared for each Native American Head Start facility. Similarly, not all IHS Area offices ensured that annual inspections were made by IHS service unit personnel or other health and safety inspectors.

Officials from the Environmental Health Division, IHS informed us during discussions at their headquarters office that a facility data system is operating. The system is capable of tracking the status of the approximately 12,000 facilities they have cognizance over, including the 470 identified by them as Native American Head Start facilities. All of these facilities must undergo a health and safety review semi-annually, annually or biannually.

#### CONCLUSIONS AND RECOMMENDATIONS

A significant percentage of Native American Head Start facilities have had serious recently reported health and safety deficiencies. Although no instances of death or serious injury came to our attention as a result of these deficiencies, we believe prompt action is needed to safeguard children and staff. Furthermore, many of these deficiencies are recurring and have not been corrected. Preopening and uniform annual health and safety inspections were not always being performed or adequately distributed. Finally, no effective system for requiring correction of these serious and recurring deficiencies is currently operating.

Discussions with ACF officials indicate that corrective action plans will be generated and implemented in the near future. Our recommendations include corrective actions that should be helpful to the ACF in rectifying the currently identified deficiencies.

Based on this review, we recommend that the ACF:

1. Reemphasize to the Native American Head Start grantees that the health and safety of Head Start children and staff must be adequately protected by complying with the applicable performance standards.

2. Evaluate its current policy regarding health and safety inspections of Native American Head Start facilities to ensure that, at a minimum, preopening and annual inspections on compliance with prescribed performance criteria are performed at all facilities.
3. Establish a closer working relationship with the IHS to provide their health and safety inspectors more specialized training to improve and standardize inspections, follow-up on reported deficiencies, and to obtain overall assurances that the facilities used to serve the children meet reasonable health and safety standards. In addition, checklists, specific to the Head Start performance standards, should be made available to the IHS.
4. Establish and implement policy and procedures that would require corrective action plans be prepared and acted upon within a specific time frame by Native American grantees found out of compliance with the applicable standards.
5. Establish and implement procedures to track recurring deficiencies and to secure their final resolution.
6. The AIPB should use its authority to impose appropriate sanctions or otherwise enforce correction of deficiencies, including withholding funding until serious deficiencies are corrected.
7. Establish and implement procedures to assure that IHS inspection reports are tracked, received and disseminated to the appropriate officials at the AIPB.

#### ACF COMMENTS AND OIG RESPONSE

Comments received on a draft of this report from the ACF state that they generally agree with the findings contained in our report and provided the Office of Inspector General (OIG) with their planned corrective actions. However, they did not concur with all of the recommendations and did not comment on the last recommendation regarding the tracking of IHS generated reports.

Specifically, the ACF did not concur with our recommendations dealing with: (1) establishment and implementation of policy and procedures requiring corrective action plans and the time frame for accomplishment of

corrections; (2) procedures to track recurring deficiencies and securing their resolution; and (3) the use by the AIPB of their authority to enforce correction of deficiencies.

ACF Response - Corrective Action Plans

The ACF indicated that Head Start already has a requirement that each grantee be monitored every 3 years and that during the conduct of these reviews, time frames are established for the correction of identified deficiencies. In addition, the ACF stated that they provide funding and technical assistance to the extent that resources are available to help bring grantees into compliance.

OIG Comments - Corrective Action Plans

Our draft report concluded that there was no effective system for requiring correction of serious and recurring deficiencies currently in operation. Although the ACF performs monitoring on-site visits to all grantees every 3 years, we believe that timely correction of deficiencies is of primary importance. Documentation provided by the AIPB indicated that 35, or approximately 34% of the grantees were scheduled to be visited during fiscal year 1991. However, prior to 1990 the number of on-site monitoring visits performed was considerably less than that.

Furthermore, because of their size, it is doubtful that all facilities operated by a grantee are visited by the monitoring team, e.g. visits to the approximately 130 Navajo facilities would be very time consuming and unlikely to occur in the time span normally allocated for these visits.

Some of the reported deficiencies at Native American facilities were serious enough to warrant the revocation of operating licenses if these grantees were subject to State Health and Safety Standards like the regionally administered grantees. Additionally, lack of timely correction leads to recurring deficiencies, possible loss of facilities and equipment, and in the worst case, could lead to accidents or even loss of life.

We believe that it is necessary to establish a timely and effective procedure to correct identified deficiencies at Native American grantees. The requirement to develop corrective action plans would provide a more timely resolution to these deficiencies.

ACF Response - Tracking and Resolution of Deficiencies

The ACF indicated that the Head Start Bureau currently has a monitoring/tracking system which allows analysis of cited deficiencies and tracking until resolution. They also state that a separate system for purposes of health and safety standards is not necessary.

OIG Comments - Tracking and Resolution of Deficiencies

The ACF indicated that the Head Start Bureau currently has a monitoring/tracking system which allows analysis of cited deficiencies and tracking until resolution. We agree with the ACF that a separate system for tracking and resolution of health and safety deficiencies is not necessary. However, given our audit findings, it appears that the existing system does not adequately address recurring deficiencies at Native American Head Start facilities. Changes to the current system are required to ensure that the AIPB is capable of tracking and securing the resolution of the cited deficiencies.

As stated in our report, the IHS has implemented a system that tracks inspections and resolution of deficiencies covering all the facilities they inspect. The possibility of augmenting the accuracy of the Head Start Bureau's system by comparing their data to the data contained in the IHS system could provide the solution to this problem.

ACF Response - Enforcement by the AIPB

The ACF indicated that the Head Start Bureau regularly exercises its authority to enforce correction of identified health and safety deficiencies by closing unsafe facilities until the cited deficiencies have been satisfactorily corrected.

OIG Comments - Enforcement by the AIPB

The ACF indicated that the Head Start Bureau regularly exercised its authority to enforce correction of identified health and safety deficiencies by closing unsafe facilities until the deficiencies have been corrected to the bureau's satisfaction. We were related the story of the closing of the San Felipe, NM facility during the entrance conference. This closing occurred after a site visit by the chief of the AIPB. However, if the AIPB is unaware of health and safety deficiencies, it cannot take appropriate action.

The fact is that for 1991, the AIPB planned to visit 35 grantees (34 percent of the Native Americans) during that year. Prior to 1990 that number of visits was considerably less per year. Unless the AIPB makes better use of the resources available to them, such as the IHS inspection reports and tracking system, at least 75 percent of the grantees will not be visited in any given year, precluding proper monitoring of identified deficiencies and their correction. Again, timely knowledge and enforcement by the AIPB is of the essence to correct serious recurring deficiencies.

ACF Response - Tracking, Receipt and Dissemination of Reports

The ACF did not comment on this recommendation.

OIG Comments - Tracking, Receipt and Dissemination of Reports

We found during our review that not all of the reports produced by the IHS were sent to the AIPB for their review and subsequent action. Procedures to track and assure receipt of these reports should be established so that the AIPB is aware of grantees with deficiencies and those that may need assistance in correcting such deficiencies.

PHS COMMENTS AND OIG RESPONSE

The Public Health Service (PHS) indicated in their comments to our draft report that although there were no recommendations addressed to PHS, they concurred with those recommendations directed to the ACF which involved the IHS.

In addition, the PHS included in their response three technical comments to a draft of this report. These comments are addressed separately, following a brief description of each one.

PHS Comment - Structural Integrity

The PHS indicated that the paragraph entitled "Structural Integrity" of our draft report contains inconsistent statements. The complete text of their comment was:

"On page 9, the paragraph entitled "Structural Integrity," contains inconsistent statements. At the beginning of the paragraph, there is a statement regarding 55 facilities which have "serious structural deficiencies." To PHS, a lack of structural integrity and a serious structural deficiency means a



building near collapse. However, the rest of the paragraph does not bear this judgement out, e.g., "Wall problems usually involved chipped or peeling paint on interior or exterior walls."

OIG Response - Structural Integrity

Although PHS' comment regarding problems such as wall deficiencies involving chipped or peeling paint have merit and the fact that these deficiencies are not serious enough to warrant a classification as a structural integrity problem, the rest of the deficiencies identified in this paragraph may be classified as structural integrity problems. Leaking roofs and ceilings, and foundation problems dealing with improper footings or foundations that may shift are serious enough to warrant such a classification. We believe that these deficiencies raise serious doubts concerning the integrity of any structure that display these problems.

PHS Comment - Terminology Used

We received the following comment regarding the use of the term "they" in our draft report:

"On page 16, under Authority of IHS Health and Safety Inspections, the last sentence states "In addition, they believe enforcement is the program's responsibility since they are the funding source." The term "they" is used twice in the same sentence to designate two different entities."

OIG Response - Terminology Used

We concur with PHS' comment on the use of the term and made the appropriate correction to our report.

PHS Comment - Exit Conference

The PHS had the following comment to a draft of this report:

"The Inspector General memorandum which transmitted the draft report states that ". . . IHS Headquarters officials generally agreed with the contents of the report." However, no exit conference was held with IHS staff at Headquarters regarding the results of OIG's review."

OIG Response - Exit Conference

During the month of September 1991, OIG personnel met and discussed a draft of this report with IHS officials from the Environmental Health Services Branch at their Headquarters located in Rockville, Maryland. It was during this meeting that these IHS officials generally agreed with the contents of this report. The agreement made at this time was to hold an exit conference with IHS officials if the findings and recommendations in the draft report were substantially changed as a result of additional work being performed at that time at IHS. Since no substantial changes were made to the discussion draft IHS officials had agreed with, an exit conference was not necessary.

NATIVE AMERICAN HEAD START PROGRAMS  
MOST RECENTLY REPORTED HEALTH AND SAFETY  
DEFICIENCIES AT 106 SURVEYED FACILITIES

HEALTH AND SAFETY DEFICIENCY	Facilities	Percent
<b><u>I. FIRE SAFETY</u></b>	<b>76</b>	<b>71.6%</b>
A. <u>Fire Extinguishers</u>	36	33.9%
1. Inappropriate location or improperly mounted	17	16.0%
2. Recharge needed or lacking inspection	14	13.2%
3. None present or inadequate number	10	9.4%
B. <u>Smoke Detectors</u>	29	27.3%
1. None present or inadequate number	17	16.0%
2. Present but inoperable	14	13.2%
C. <u>Kitchen Ventilation Hoods or Canopies</u>	25	23.5%
1. Inoperable or otherwise deficient	15	14.1%
2. None present	10	9.4%
D. <u>Exits</u>	24	22.6%
1. Inadequate number of exits or blocked exits	16	15.0%
2. None or inadequate number of exit signs	10	9.4%
E. <u>Electrical Wiring</u>	17	16.0%
F. <u>Fire Drills</u>	11	10.3%
G. <u>Fire Escape Routes Not Posted</u>	8	7.5%
H. <u>Unsafe Storage of Flammable Materials</u>	6	5.6%
I. <u>Fire Alarms</u>	4	3.7%
J. <u>Presence of Flammable Furnishings or Decorations</u>	1	.9%

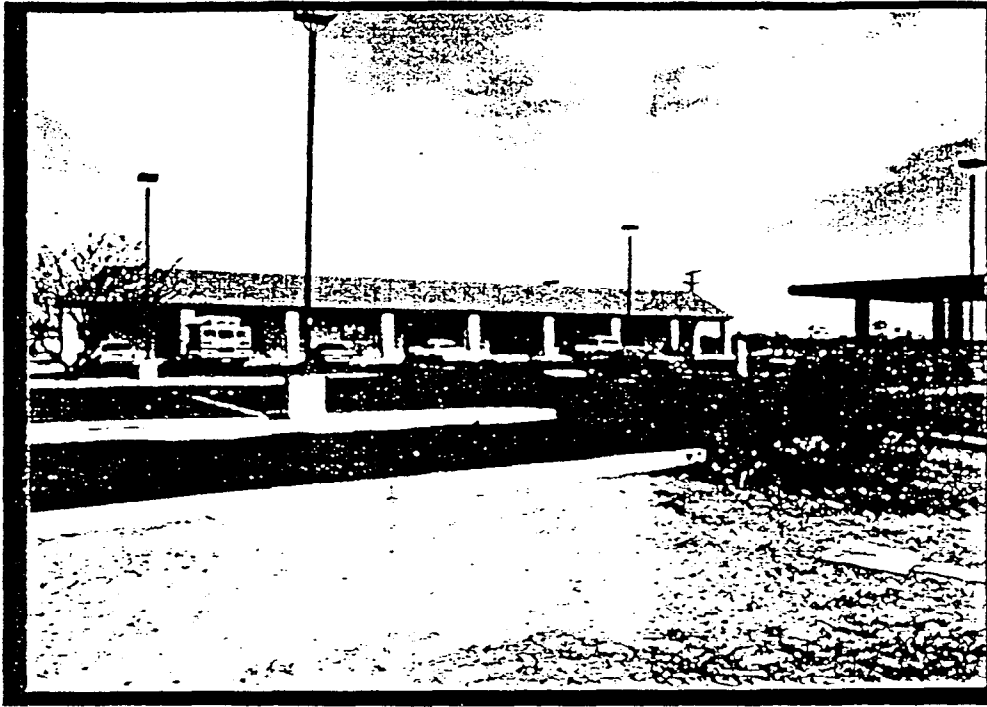
NATIVE AMERICAN HEAD START PROGRAMS  
MOST RECENTLY REPORTED HEALTH AND SAFETY  
DEFICIENCIES AT 106 SURVEYED FACILITIES

HEALTH AND SAFETY DEFICIENCY	Facilities	Percent
<b>II. STRUCTURAL INTEGRITY</b>	<b>55</b>	<b>51.8%</b>
1. Roof or ceiling inadequacies	30	28.3%
2. Floor deficiencies	29	27.3%
3. Foundation or wall problems	18	16.9%
4. Broken windows	4	3.7%
<b>III. WATER SUPPLY</b>	<b>54</b>	<b>50.9%</b>
1. Hot water available to children too hot	35	33.0%
2. Adequate toilets or lavatories not available	21	19.8%
3. No water or no hot water available in children's rest rooms	10	9.4%
4. Water not tested by appropriate authority	6	5.6%
<b>IV. PLAYGROUND SAFETY</b>	<b>53</b>	<b>50.0%</b>
1. No playground or inadequate playground area	36	33.9%
2. Unsafe equipment	26	24.5%
3. Inadequate or noncontinuous fencing	18	16.9%
<b>V. DISPOSAL OF GARBAGE, TRASH OR SEWAGE</b>	<b>42</b>	<b>39.6%</b>
A. <u>Safe and Sanitary Disposal of Garbage or Trash</u>	38	35.8%
1. Inadequate containers or practices	26	24.5%
2. Community landfill inadequate	16	15.0%
B. <u>Sewage and Liquid Waste Disposal</u>	6	5.6%
<b>VI. STORAGE OF CLEANING SUPPLIES OR POISONS</b>	<b>31</b>	<b>29.2%</b>

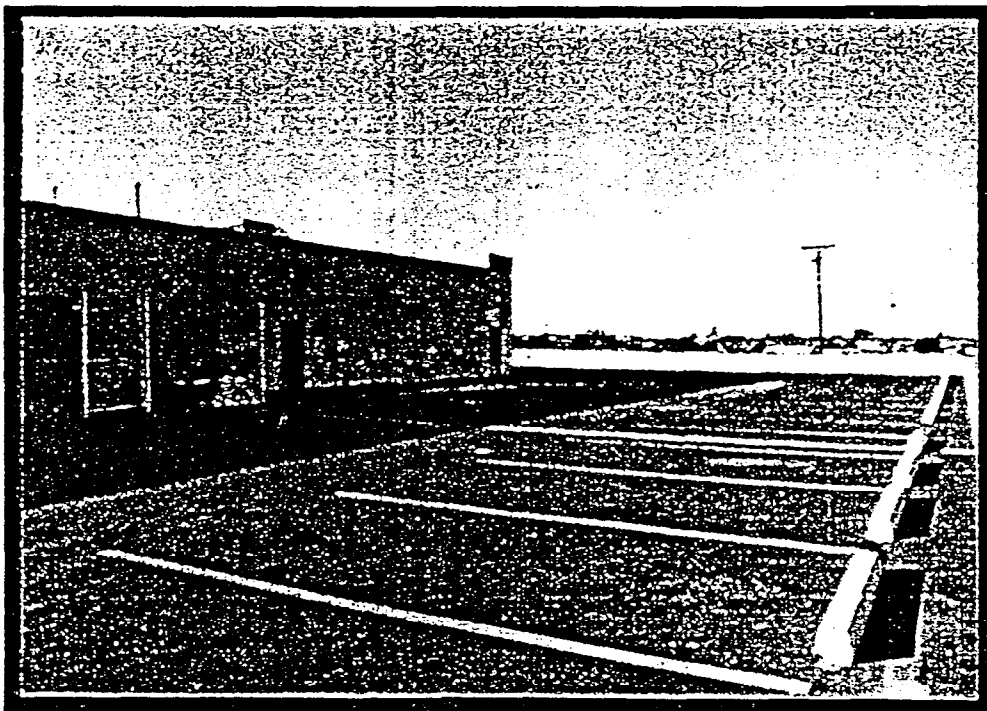
NATIVE AMERICAN HEAD START PROGRAMS  
MOST RECENTLY REPORTED HEALTH AND SAFETY  
DEFICIENCIES AT 106 SURVEYED FACILITIES

HEALTH AND SAFETY DEFICIENCY	Facilities	Percent
<b>VII. INSECT OR RODENT INFESTATION</b>	20	18.8%
1. Evidence of insects	11	10.3%
2. Evidence of rodents	10	9.4%
<b>VIII. ACCESSIBILITY FOR THE PHYSICALLY DISABLED</b>	18	16.9%
<b>IX. LACK OF A SAFE AND EFFECTIVE HEATING SYSTEM</b>	11	10.3%
<b>X. INADEQUATE LIGHTING</b>	11	10.3%
<b>XI. LACK OF EMERGENCY LIGHTING</b>	20	18.8%
<b>XII. INADEQUATE SQUARE FEET PER CHILD</b>	9	8.4%

51st Avenue Facility - Komatke, Arizona  
Gila River Indian Community

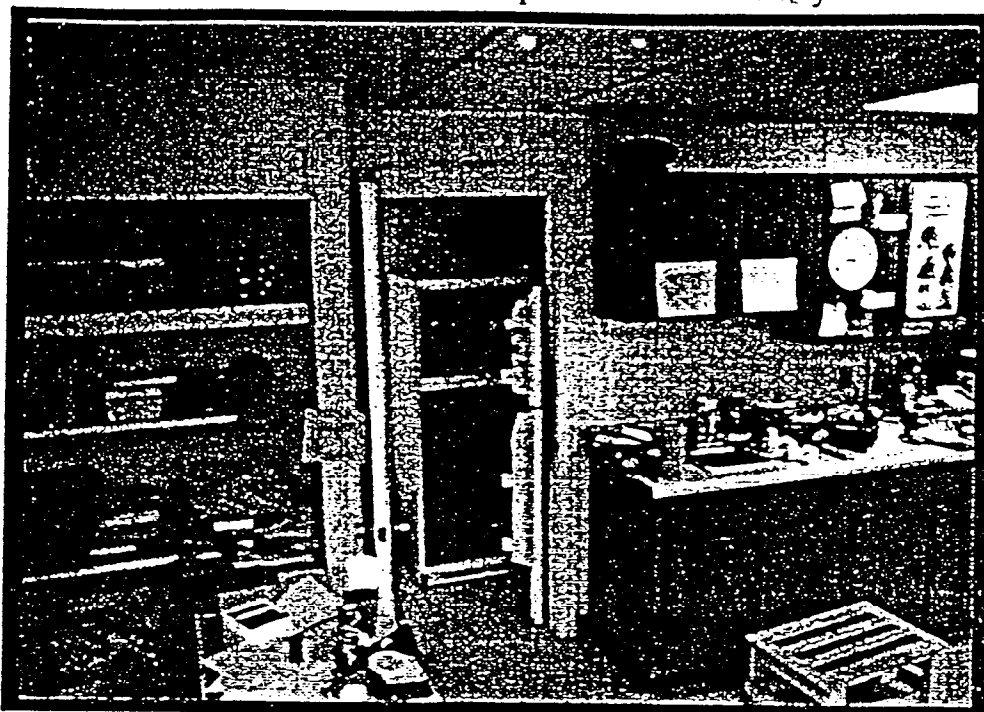


Commercial Building  
Head Start Facility is on Left  
Gas Station/Convenience Store is on Right

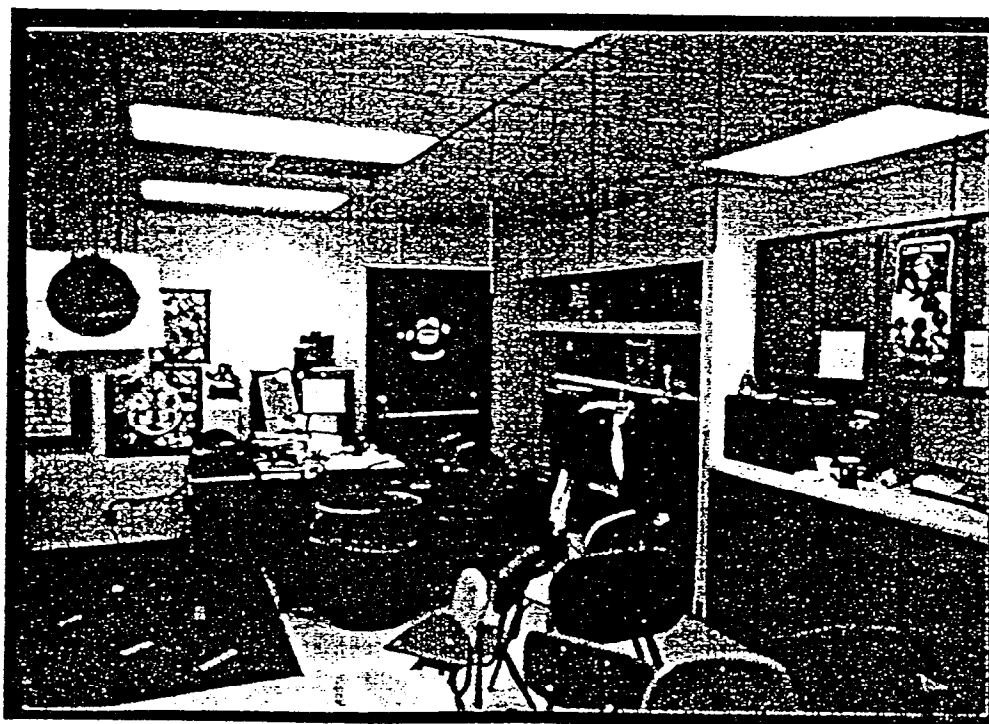


Playground

Salt River, Arizona Facility  
Salt River Pima-Maricopa Indian Community



Nonoperating Refrigerator



Blocked and Unmarked Exit

March 23, 1992

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Office of the Assistant Secretary, Suite 600  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20441G

TO: Richard P. Kusserow  
Inspector General

FROM: Jo Anne B. Barnhart *JAB*  
Assistant Secretary  
for Children and Families

SUBJECT: Response to Draft Report on "Compliance with Health and  
Safety Standards at Native American Head Start  
Facilities" (A-09-91-00134)

PDIG	<input checked="" type="checkbox"/>
DIG-AS	<input checked="" type="checkbox"/>
DIG-EI	<input checked="" type="checkbox"/>
DIG-OI	<input type="checkbox"/>
AIG-MP	<input checked="" type="checkbox"/>
OGC/IG	<input type="checkbox"/>
EX SEC	<input checked="" type="checkbox"/>
DATE SENT	3/24

Thank you for the opportunity to comment on this draft report. As previously discussed at the exit conference, we generally agree with the findings contained in the draft report on "Compliance with the Health and Safety Standards at Native American Head Start Facilities." However, we wish to comment on the conclusions and the six recommendations provided on pages 17 and 18 of the report.

OIG Recommendation

1. That the ACF reemphasize to the Native American Head Start grantees that the health and safety of Head Start children and staff must be adequately protected by complying with the applicable performance standards.

ACF Comment

We concur with this recommendation. The Head Start Bureau will develop and send a letter to all American Indian grantees reiterating Head Start Program Performance Standards requirements and providing guidance for compliance with State, local, and Tribal codes for health and safety.

Staff of the Bureau will also discuss with the National Tribal Chairman's Association the possibility of developing Tribal licensing codes that are consistent with Head Start Performance Standards.

OIG Recommendation

2. That the ACF evaluate its current policy regarding health and safety inspections of Native American Head Start facilities to ensure that, at a minimum, preopening and annual inspections on compliance with prescribed performance criteria are performed at all facilities.



Page 2 - Richard P. Kusserow

ACF Comment

We concur with this recommendation and will work with the Indian Health Service (IHS) to ensure the expansion of inspection criteria to include annual inspections for compliance with State, local, and Tribal codes at all facilities.

OIG Recommendation

3. That the ACF establish a closer working relationship with the IHS to provide their health and safety inspectors more specialized training, to improve and standardize inspections, follow-up on reported deficiencies, and to obtain overall assurances that the facilities used to serve the children meet reasonable health and safety standards. In addition, checklists, specific to the Head Start performance standards, should be made available to the IHS.

ACF Comment

We concur with this recommendation. We will recommend that the Indian Health Service's (IHS) Environmental Health Services Branch utilize Head Start Performance Standards and other State, local, and Tribal codes in conducting their surveys. Also, we will encourage the IHS to develop standards for the IHS Sanitarians.

OIG Recommendation

4. That the ACF establish and implement policy and procedures that would require corrective action plans be prepared and acted upon within a specific time frame by Native American grantees found out of compliance with the applicable standards.

ACF Comment

Head Start already has a requirement that each grantee be monitored every three years. During the conduct of these reviews, timeframes are established for the correction of identified deficiencies. Funding and technical assistance are provided to the extent that resources are available to help bring grantees into compliance.

OIG Recommendation

5. That the ACF establish and implement procedures to track recurring deficiencies and to secure their final resolution.

Page 3 - Richard P. Kusserow

ACF Comment

The Head Start Bureau currently has a monitoring/tracking system which allows analysis of cited deficiencies and tracking until resolution. A separate system for purposes of health and safety standards is not necessary.

OIG Recommendation

6. The AIPB should use its authority to impose appropriate sanctions or otherwise enforce correction of deficiencies, including withholding funding until serious deficiencies are corrected.

ACF Comment

The Head Start Bureau regularly exercises its authority to enforce correction of identified health and safety deficiencies by closing unsafe facilities until the cited deficiencies have been satisfactorily corrected.

Thank you again for the opportunity to respond to the draft report. If I may be of further assistance, please do not hesitate to contact me.



## Memorandum

Date . MAR 25 1992

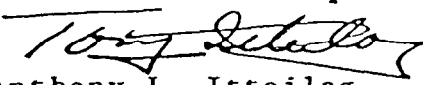
From Deputy Assistant Secretary for Health Management Operations

Subject PHS Comments on the Office of Inspector General (OIG) Draft Report "Report on Compliance with Health and Safety Standards at Native American Head Start Facilities," (A-09-91-00134)

To Deputy Inspector General for Audit Services, OS

Attached are the PHS comments on the subject OIG draft report. This report provides the results of OIG's review of health and safety standards at Native American Head Start facilities.

Although there are no recommendations addressed to PHS, we concur with those recommendations directed to the Administration for Children and Families which involve the Indian Health Service.

  
Anthony L. Itteilag

Attachment

COMMENTS OF THE PUBLIC HEALTH SERVICE ON THE OFFICE OF  
INSPECTOR GENERAL (OIG) DRAFT REPORT "REPORT ON COMPLIANCE  
WITH HEALTH AND SAFETY STANDARDS AT NATIVE AMERICAN HEAD START  
FACILITIES," A-09-91-00134

General Comments

This review is beneficial because it may serve as a catalyst to strengthen relations between the Indian Health Service (IHS) and the American Indian Programs Branch (AIPB) of the Administration for Children and Families.

Also, the report demonstrates the need to continue stressing the importance of hiring and training competent personnel. We believe we need to reassess the sanitarian registration requirement, and make it mandatory for all newly filled positions at the GS9/C0-03 and above level. This requirement would be enforced for all positions that have responsibility for surveying, monitoring, or evaluating Head Start health and safety conditions.

The report implies that IHS environmental health services offered to the Head Start program are substandard to services offered by State programs. The following sets forth the OIG conclusions and our position on them.

1. The OIG staff stated that it was not aware of the differences between environmental health services offered by the IHS and those offered by tribal contractors under P.L. 93-638. Reportedly, the first facility visited by the OIG staff was a P.L. 93-638 operation in California. Statements regarding unqualified or unregistered sanitarians, who are not Federal employees, at P.L. 93-638 facilities may be true, but all IHS sanitarians are fully qualified.

A statement is made by OIG on page 14 that P.L. 93-638 contracts may be entered into by any tribe that so wishes without the consent or approval of the IHS, and that the IHS has no control or oversight over these contractors. This is not the intent of the Indian Self-Determination and Education Assistance Act of 1975 and is not IHS policy. Tribes enter into P.L. 93-638 contracts with the consent and approval of IHS. Further, IHS oversees the contractor's activities to ensure that the services provided are in accord with those that IHS would have otherwise provided.

2. There appears to be confusion about the health advocacy role of IHS versus the typical enforcement approach of State programs. While we do not enforce Head Start regulations, we do recommend appropriate action to the tribes. In most instances, this approach works well.

3. There may be a failure to comprehend the harsh environment where many of the Head Start centers are located. These isolated communities may have limited services. The criticism regarding lack of enforcement of handicapped accessibility standards may be unrealistic. There are native villages in Alaska where there are no roads, and wheelchair-bound individuals are seldom found in these environments. Furthermore, it is debatable whether a State enforcement-oriented program would function effectively in such a unique environment.
4. The report criticizes IHS for inadequate distribution of reports, lack of follow-up, and poor coordination. Apparently one Area Office failed to forward reports to the AIPB contrary to a memorandum issued by IHS Headquarters on July 26, 1990. This is a problem, but it is not indicative of every case in the entire program. We believe there is adequate follow-up where serious, life-threatening hazards are identified.

The Navajo Area is currently using a computer network that will greatly improve report distribution and follow-up. The approach shows promise and may be used in other Area Offices. We are attempting to improve program coordination. A letter was written to Mr. Lee Fields, Director, AIPB, to discuss the possibility of establishing an intra-agency agreement to improve program coordination. Mr. Fields responded favorably to this proposal.

5. A statement is made by OIG on page 15 that Head Start centers were not evaluated annually by the IHS. The IHS requires semi-annual surveys of institutional food service operations and annual health and safety reviews. Centers may be evaluated more frequently as conditions warrant. The IHS Division of Environmental Health maintains a data system which tracks the performance of the surveys and reviews.

Our records reveal that approximately 70 percent of the required facility surveys were current as of January 1990. Because of staffing and geographic limitations there may be situations where a center is not visited within 12 months; however, in general, Head Start centers are given a high priority attention. Our California Area Office was not aware that the Happy Camp center existed. This explains why it was not surveyed. It is unclear why the other four centers were overdue for survey. This matter will be reviewed within the next 3 months.

6. IHS was criticized for not using a standard survey protocol from Area Office to Area Office. This is a valid criticism, and we are developing comprehensive institutional guidelines for Head Start surveys that will be consistent with Head Start requirements. IHS will complete and disseminate such guidelines within the next 12 months.

In addition, there is no definitive statement as to which Head Start facilities are subject to State or other regulation. Although the report implies that none of the facilities which OIG staff visited came under State regulation, it does not state it. If that is the case, it should be stated. If it is not, there should be a differentiation made between the facilities which are subject to State regulation and those that are not.

#### Technical Comments

On page 9, the paragraph entitled "Structural Integrity," contains inconsistent statements. At the beginning of the paragraph, there is a statement regarding 55 facilities which have "serious structural deficiencies." To PHS, a lack of structural integrity and a serious structural deficiency means a building near collapse. However, the rest of the paragraph does not bear this judgement out, e.g., "Wall problems usually involved chipped or peeling paint on interior or exterior walls".

On page 16, under Authority of IHS Health and Safety Inspections, the last sentence states "In addition, they believe enforcement is the program's responsibility since they are the funding source." The term "they" is used twice in the same sentence to designate two different entities.

The Inspector General memorandum which transmitted the draft report states that ". . . IHS Headquarters officials generally agreed with the contents of the report." However, no exit conference was held with IHS staff at Headquarters regarding the results of OIG's review.