Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

EVALUATING HEAD START EXPANSION THROUGH PERFORMANCE INDICATORS

MAY 1993 OEI-09-91-00762

EXECUTIVE SUMMARY

PURPOSE

This inspection used selected performance indicators to assess the impact of Head Start expansion on grantees and delegates.

BACKGROUND

Head Start operates on the premise that children are best prepared for success in school when they and their parents participate in a comprehensive program that addresses their educational, economic, social, physical, and emotional needs. In addition to providing children with classes and health services, Head Start addresses the needs of the entire family.

Both Congress and the Administration are committed to expanding Head Start. Since Fiscal Year (FY) 1990, the total funding for Head Start has increased more than $1 billion, and the number of children served has increased by almost 300,000.

Within the Department of Health and Human Services (HHS), the Administration for Children and Families (ACF) is responsible for administering Head Start. The ACF, the Assistant Secretary for Management and Budget (ASMB), and the Assistant Secretary for Planning and Evaluation (ASPE) requested that the Office of Inspector General (OIG) review the implementation and status of Head Start expansion because they were concerned that rapid expansion might jeopardize the quality of services. This report is one in a series prepared by the OIG on this subject.

From May through July 1992, we conducted either on-site visits or telephone interviews with a random sample of 80 Head Start grantees and delegates using structured discussion guides. In a companion report entitled "Head Start Expansion: Grantee Experiences" (OEI-09-91-00760), we reported the results of these interviews. According to the grantees, expansion posed problems for them in such areas as child enrollment, facility acquisition, staffing, transportation, and social services. Nevertheless, grantees told us that they were still able to meet all of Head Start's performance standards. This is consistent with the data that grantees report to ACF in their annual Program Information Reports (PIRs). Based on the following findings, however, we question the accuracy of some of these self-reported data and assessments.

In addition to the interviews, we reviewed health, education, and social service files for more than 3100 children as well as other performance data which were maintained by the 80 sampled grantees. We assessed grantee performance by applying 18 specific performance indicators that we developed with input from ACF's Head Start Bureau, ASPE, ASMB, Head Start grantees and delegates, program experts, and researchers. In most cases, the performance indicators mirror ACF's performance standards. We primarily used ACF's policy guidance to grantees on the performance standards to

assess grantees' ability to provide services to children and families and to measure the quality of services provided in general. The results of this assessment are contained in this report.

FINDINGS

The original purpose of this inspection was to assess the impact of expansion on Head Start grantee performance. We did not find any statistically significant difference in grantee performance as a result of expansion. We did, however, find that the level of grantee performance as measured by our indicators was considerably lower than the level of performance reported by grantees and published by ACF. Because of (1) inadequate grantee record keeping, (2) the lack of specificity in the Head Start performance standards, and (3) the fact that many grantees disregard ACF policy guidance, we are unable to determine if the program and performance data weaknesses that we found reflect serious deficiencies in the quality of services provided by Head Start. Our specific findings are:

The ACF'S Program Information Report (PIR) data do not accurately reflect information in children's health records

During our review of grantees' files, we found that grantees are not providing medical and dental services and follow-up to the extent that they report in their PIRs.

Children may not be fully immunized before they leave the Head Start program

Our review of health files and all other available information provided by grantees revealed that only 43.5 percent of Head Start children were fully immunized as defined by ACF guidelines at the end of the 1991-92 school year.

Grantees frequently do not identify or address families' social service needs

Grantees frequently did not administer family needs assessments (FNAs), did not identify family needs or goals when conducting an FNA, rarely used Family Assistance Plans, and did not help families meet all or most of their needs.

Grantees' files and records frequently are incomplete, inconsistent, and difficult to review

Some grantees have developed exemplary internal record keeping requirements, but others prematurely disposed of files and maintained children's files in a haphazard manner.

RECOMMENDATIONS

The Secretary should convene a task force to conduct a formal and thorough review of the management of the Head Start program.

The task force should analyze the respective roles and functions of the Head Start Bureau, ACF regional offices, grantees, and delegates. It should review how the Head Start program is currently organized and managed and how it can best be structured to administer the current and anticipated expansions. The task force should examine the planning, distribution of funds, grants management, oversight, technical assistance, management information systems, and performance standards that are currently used to manage the program.

The Secretary has initiated a comprehensive examination of Head Start with a particular emphasis on quality and accountability. The Secretary's initiative includes (1) immediately identifying poorly performing grantees, designing corrective actions, providing technical assistance, and ensuring that grantees that provide high quality services receive program funds and (2) conducting an in-depth review of the program with the help of an intellectually diverse expert study panel and using the results to design the Head Start program of the future. This plan addresses our concerns and is consistent with our recommendation. We anticipate that the examination will consider all of the issues that we have identified as well as the following recommendations:

The ACF should create, distribute, and mandate specific record keeping and children's file maintenance instructions for grantees

Standardized record keeping and file maintenance would assure easy access to children's files. Grantees could identify missing services or needed follow-up more readily, and on-site reviews could be completed more expeditiously.

The ACF should strengthen its monitoring of grantees to better identify and address problem areas

We believe that ACF should consider restructuring and condensing its on-site program reviews so that more time and resources can be devoted to monitoring and providing technical assistance to the most needy grantees. Furthermore, ACF should randomly sample PIR data to assure its validity.

The ACF should develop a modified FNA form that should be required of all Head Start grantees

The Model FNA should be less cumbersome and be more conducive to an open dialogue with the family. The ACF should require grantees to use the revised FNA throughout the school year to track and follow up on family needs.

AGENCY COMMENTS

As discussed in the first recommendation, the Secretary has initiated a comprehensive review of the management of the Head Start program.

We received written comments on the draft report from ACF, ASPE, and ASMB. The ACF generally concurred with our recommendations but was concerned about the presentation of some of the data and conclusions in our findings. They were particularly concerned about the immunization and social services findings. We found their comments helpful. As a result, we have revised the immunization section and presented additional data to explain and clarify our finding. In addition, we have provided a detailed response to all of ACF's comments, including immunizations and social services, in appendix C. The ASPE and ASMB provided editorial and technical comments and suggestions which have been incorporated in the final report. The complete text of the ASPE and ASMB comments can be found in appendix D.

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INTRODUCTION

PURPOSE

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BACKGROUND

Head Start operates on the premise that children are best prepared for success in school when they and their parents participate in a comprehensive program that addresses their educational, economic, social, physical, and emotional needs. In addition to providing children with classes and health services, Head Start addresses the needs of the entire family.

The Administration for Children and Families (ACF) is responsible for administering Head Start. The ACF, the Assistant Secretary for Management and Budget (ASMB), and the Assistant Secretary for Planning and Evaluation (ASPE) requested that the Office of Inspector General (OIG) review the implementation and status of Head Start expansion because they were concerned that rapid expansion might jeopardize the quality of services. This report is one in a series prepared by the OIG on this subject.

The Head Start Program

Head Start is a child development program funded primarily by the Federal government. At the headquarters level, ACF's Head Start Bureau provides leadership and develops legislative and budgetary proposals for Head Start management and operations. In each regional office, ACF's Head Start and Youth Branch monitors all Head Start programs, except Native American and migrant programs which are monitored by branches within headquarters. According to ACF, Head Start served approximately 622,000 children with Federal support of $2.2 billion in Fiscal Year (FY) 1992.

Head Start programs are community-based, so agencies can respond to local needs and coordinate with other community organizations. As a result, program options, locations, and hours vary. The Federal government awards grants to a public or private nonprofit agency (called a grantee) to operate a Head Start program. A grantee may contract with one or more other public or private nonprofit organizations in the community (called delegates) to run all or part of its Head Start program. For the purposes of this report, we will refer to both grantees and delegates as "grantees" unless specific differences need to be noted.

Head Start programs consist of four major components: *health*, *education*, *social services*, and *parent involvement*. Specific performance standards, which have been

published in the Code of Federal Regulations, require, among other things, that grantees:

- develop children's intellectual skills by encouraging them to solve problems,
- provide children medical and dental screenings and examinations,
- offer children nutritious meals and snacks, and
- identify families' social service needs and work with other community agencies to meet those needs.

All grantees must comply with the performance standards. In addition to the performance standards, ACF has issued guidance material which elaborates on the intent of the performance standards and provides methods and procedures for their implementation. The guidance material, however, is not mandated.

Head Start Expansion

Both the Administration and Congress are committed to expanding Head Start. The Head Start Supplemental Authorization Act of 1989 and the Dire Emergency Supplemental Appropriation of 1990 marked the beginning of expansion for all grantees and provided funding for the first two expansions. Since FY 1990, the total funding for Head Start has increased more than $1 billion, to an FY 1993 total of $2.779 billion. The Human Services Reauthorization Act of 1990 continues the Head Start program through FY 1994 with the goal to serve all eligible children by 1994. The following table summarizes the portions of the funding increases that have been allocated for expanding enrollment:

HEAD START EXPANSIONS, 1990-1993

	Fiscal Year	Announcement Date	Proposed Number of Additional Children	Funds to Expand Enrollment	Additional Expansion Funding
Expansion I	1990	February 6, 1990	37,500	$99,980,000	$51,335,000
Expansion II	1990	June 12, 1990	60,000	$165,315,000	None
Expansion III	1991	undated	51,000	$159,447,000	$240,363,000
Expansion IV	1992	February 19, 1992	38,500	$131,513,000	$118,487,000
Expansion V	1993	December 17, 1992	100,000	$372,706,000	$201,779,600
TOTAL			**287,000**	**$928,961,000**	**$611,964,600**

The additional expansion funding, identified in the chart on the preceding page, was set aside for, among other things, quality improvement, salary enhancement, cost-of-living increases, and training and technical assistance improvement. Grantees generally use quality improvement funding to increase salaries and benefits, strengthen the social service, parent involvement, and/or health components, improve services to disabled children, initiate or improve family literacy programs, and/or otherwise enhance services to children and families.

To receive the allocated funds, grantees submitted expansion proposals. These proposals specified planned objectives, such as the number of additional children they would enroll and the staff they would require to serve these children. The Head Start Bureau advised grantees to prepare proposals that would result in high quality services that fully comply with the Head Start performance standards.

The ACF monitors compliance with Head Start performance standards primarily by conducting on-site reviews. During site visits, review teams assess compliance with the performance standards using the On-Site Performance Review Instrument (OSPRI). The Head Start Act requires that ACF review each grantee or delegate at least once every 3 years to measure compliance with the Head Start performance standards [42 U.S.C. 9836]. The Head Start Improvement Act requires that ACF review each new grantee or delegate after its first year and conduct follow-up reviews of all grantees when appropriate.

In addition to conducting on-site reviews, ACF requires each grantee to report performance data annually using the Program Information Report (PIR). The PIR contains data that ACF can use to assess individual grantee and overall program performance.

Concerns about Expansion

This report is one in a series prepared by the OIG concerning Head Start expansion. A companion report, "Head Start Expansion: Grantee Experiences" (OEI-09-91-00760), describes the problems that Head Start grantees and ACF staff experienced during the 1990 and 1991 expansions as well as concerns about their ability to handle future expansions.

METHODOLOGY

We selected a random sample of 80 regional and Native American Head Start grantees and delegates. We excluded migrant grantees because of the unique nature of their programs, and we conducted a separate study, "Migrant Head Start Grantees: Perspectives and Challenges" (OEI-09-91-00761), to assess their experiences with expansion. From a universe of the 50 States plus the District of Columbia, Puerto Rico, and the Trust Territories (hereafter referred to as "localities"), we randomly selected 8 localities with probability proportional to size with replacement. As a result, California was selected twice. The total amount of Federal funding received in

FY 1991 determined the size of each of the localities. The following table presents the localities selected, their probability of selection based upon their total budget, and the number of grantees, original and adjusted, in each location:

State	Total Budget, All Grantees	Probability of Selection	Number of Grantees	
			Original	Adjusted
California (One)	$184,762,665	10.87%	133	95
California (Two)	$184,762,665	10.87%	133	95
Florida	$57,466,594	3.38%	49	49
Maine	$7,601,468	0.45%	13	13
Michigan	$71,904,040	4.23%	80	80
Puerto Rico	$70,947,229	4.17%	34	28
Texas	$95,413,705	5.61%	85	60
Washington	$24,586,682	1.45%	29	26
Sampled	$697,445,048	41.03%		
All States	$1,700,448,467			

Because not all grantees and delegates received expansion funds, not all were eligible for selection at the second stage of sampling. At this stage, we selected grantees and delegates using simple random sampling until we obtained 10 grantees or delegates within each locality who received expansion funds in FYs 1990 or 1991.

The adjusted number of grantees in the above table represents the estimated number of grantees and delegates that received expansion funds based upon our sampling results. Projections used in this report are based upon this adjusted number of grantees.

From May through July 1992, we conducted either on-site visits or telephone interviews with each grantee and delegate using structured discussion guides and reviewed children's files and other performance data. For the children's file review, we selected a random sample of 20 children enrolled during the 1988-89 school year and 20 children enrolled during the 1991-92 school year for each program. We reviewed health, education, and social service files for more than 3100 children as well as other performance data which were maintained by the 80 sampled grantees.

Performance Indicators

We assessed grantees' experiences with expansion based on specific performance indicators. The Head Start Bureau developed the initial list of indicators. We modified and expanded the list with input from ASPE, ASMB, Head Start grantees and delegates, program experts, and researchers. In most cases, the performance indicators mirror ACF's performance standards. We primarily used ACF's policy guidance to grantees on the performance standards to assess grantees' ability to

provide services to children and families and to measure the quality of services provided in general. See page 6 for a list of the indicators.

At the completion of the fieldwork, we weighted all data to project to the universe of Head Start grantees and delegates that received expansion funds. We determined statistical significance by assessing overlapping confidence intervals. After we completed our analysis, we conducted follow-up interviews with several grantees to see if we could ascertain the reasons for the discrepancies between our data and theirs (as reported in the PIRs).

Appendix A contains a description of how we collected and reviewed grantee management and performance data. Appendix B compares grantee performance in 1988-89 to 1991-92 using the OIG performance indicators.

We conducted this inspection in accordance with the ***Quality Standards for Inspections*** issued by the President's Council on Integrity and Efficiency.

OIG PERFORMANCE INDICATORS

Indicator	Description	Data Source
1	Percent of children medically screened	Children's health file review
2	Percent of children receiving the needed medical treatment	Children's health file review
3	Percent of children receiving dental exams	Children's health file review
4	Percent of children receiving the needed dental treatment	Children's health file review
5	Percent of children fully immunized	Children's health file review
6	Program provides nutritious meals and snacks	Grantee menu analysis
7	Percent of children for whom the teacher has entered in the child's folder observational comments at least once a month	Children's education file review, teacher/education component files
8	Average class size	Enrollment data, attendance record sample
9	Percent of families for whom a family needs assessment has been completed	Children's social services file review
10	Percent of families with identified needs for whom the Head Start program has attempted to meet these needs	Children's social services file review, social services component log and file review
11	Percent of parents volunteering at least 50 hours per year	Grantee interviews, volunteer and in-kind file review
12	Percent of full enrollment	Enrollment data, attendance data review
13	Average vacancy time	Grantee interviews, attendance data review
14	Program is not at fiscal or program high risk	ACF regional office data
15	Child-to-staff (teaching, social service, health, parent involvement, total) ratio	Program-provided staff tally, enrollment data
16	Number of volunteer trainings and parent workshops	Grantee interviews, volunteer, training, and in-kind file review
17	Average number of contacts with each parent	Children's social services file review, social services component log and file review
18	Average daily attendance	Attendance data review

FINDINGS

The original purpose of this inspection was to assess the impact of expansion on Head Start grantee performance. Using the 18 specific performance indicators listed on the previous page, we reviewed records for pre- and post-expansion school years. We found no statistically significant differences in these indicators before and after the first three expansions. Appendix B contains tables comparing grantees' performance in the 1988-89 and 1991-92 school years.

Although grantee performance was relatively stable in both school years, we found that the level of performance as measured by the OIG performance indicators was considerably lower than that reported in ACF databases and published reports. Because of (1) inadequate grantee record keeping, (2) the lack of specificity in the Head Start performance standards, and (3) the fact that many grantees disregard ACF policy guidance, we are unable to determine if the program and performance data weaknesses that we found reflect serious deficiencies in the quality of services provided by Head Start. Since the level of performance in both school years was lower than the performance indicated in ACF's databases, we focused our analysis on these discrepancies. We present the results in this report.

This report is based primarily on the data related to the OIG performance indicators. A companion report, "Head Start Expansion: Grantee Experiences," describes problems that grantees reported enrolling children, obtaining facilities, hiring qualified staff, providing transportation, providing social services, and planning for past and future expansions. Despite these problems, grantees indicated that they were able to meet ACF's performance standards during expansion. This is consistent with the data reported in their PIRs. Our data, however, question the accuracy of some of these self-reported data and assessments.

THE ACF'S PIR DATA DO NOT ACCURATELY REFLECT INFORMATION IN CHILDREN'S HEALTH RECORDS

Grantees are not completing the minimum health requirements to the extent reported in ACF's "Project Head Start Statistical Fact Sheet" from January 1992. The Statistical Fact Sheet reports aggregate data submitted by grantees in their PIRs. The PIR data are self-reported. The ACF does not verify or confirm the accuracy of PIR data. The following table illustrates the contrast between ACF's statistics and ours:

ACCORDING TO THE OIG PERFORMANCE INDICATORS, PIR DATA ARE INACCURATE

Indicator	ACF's Statistical Fact Sheet, January 1992 (1990-91 Program Year)	OIG's Review of Children's Head Start Health Files for 1991-92 Program Year
Percent of children receiving medical screens	*"97 percent of children enrolled 90 days or more completed medical screening including all of the appropriate tests."*	91.7 percent of children received a medical screen, but only 53.8 percent received all required health screen assessments.* Overall, 70.2 percent of the children received a medical screen within 90 days of enrollment, 11.4 percent received one after 90 days, and 10.1 percent received one during the previous year. The Head Start performance standards simply require grantees to ensure that children receive health screens. The ACF's guidance to grantees urges that the screenings be completed within 90 days of enrollment. The guidance also informs grantees that children who have received screens in the past 12 months do not need to be reevaluated.
Percent of children with medical needs who received the needed treatment	*"97 percent of those identified as needing [medical] treatment received treatment."*	Of the children requiring follow-up medical treatment, 76.2 percent had all of their medical needs met and 5.5 percent had only some of their needs met. Approximately 18.2 percent received no follow-up treatment.
Percent of children receiving dental screens	*"94.5 percent of the children enrolled 90 days or more completed dental examinations."*	84.7 percent of children received a dental screen. While 67.6 percent of children received a dental screen 90 days before or after enrollment, an additional 17.1 percent received the screen after 90 days. In most cases, we found no documentation explaining why a child did not receive a dental screen. The performance standards require that each child receive a dental screen. The ACF's guidance to grantees states that the screen should be performed within 90 days of enrollment.
Percent of children with dental needs who received the needed treatment	*"94.5 percent of those needing dental treatment received treatment."*	Of the children requiring follow-up dental treatment, 66.6 percent had all of their dental needs met and 7.4 percent had only some needs met. Approximately 26 percent received no follow-up treatment.

* *According to the Head Start guidelines, the required elements include growth, speech, and immunization assessments and special needs identification annually and vision testing, hearing testing, and hemoglobin or hematocrit determination every 2 years. Because of the different methods that grantees use to identify special needs and lack of documentation about whether a child was in his second year in the program, we determined that a child received "all appropriate tests" if he received the growth, speech, and immunization assessments.*

CHILDREN MAY NOT BE FULLY IMMUNIZED BEFORE THEY LEAVE THE HEAD START PROGRAM

The Head Start performance standards require that grantees assess each child's immunization status and assure that each child receives all recommended immunizations, as appropriate. To evaluate grantee compliance with this standard, we used ACF's published guidance to grantees which was developed by the Centers for Disease Control and complies with the recommendations of the American Academy of Pediatrics. Our review of health files and all other available information provided by grantees revealed that only 43.5 percent of Head Start children were fully immunized at the end of the 1991-92 school year, according to the following age-specific guidelines:

ACF'S IMMUNIZATION GUIDANCE TO GRANTEES

*The required immunizations include **DPT** (diphtheria, pertussis, tetanus), **polio**, **MMR** (measles, mumps, rubella), and **HIB** (haemophilus influenzae type b). The minimum number of doses by age are:*

3 year-olds:		4-year-olds:	
	4 DPT		5* DPT
	3 POLIO		4* POLIO
	1 MMR		1 MMR
	1 HIB		1 HIB

* *If a child is not immunized as an infant and receives the last dose after his 4th birthday, the child may receive one less dose and be considered fully immunized.*

Some children required several immunizations to be fully immunized. The following chart shows how many immunizations Head Start children required at the end of the 1991-92 school year:

HOW MANY IMMUNIZATIONS DID CHILDREN NEED TO BE FULLY IMMUNIZED?

Number of Needed Immunizations	Percent of Children
0	43.5
1	19.8
2	29.5
3 or More	7.2

Obtaining the serial immunizations (DPT and polio) posed the most problems for grantees. Grantees had not provided any DPT immunizations during the 1991-92 school year for 61 percent of the 378,000 children who were not fully immunized for DPT. In addition, grantees had not provided any polio immunizations during the school year to almost 66 percent of the 244,000 children who were not fully immunized for polio.

In general, children had received the required MMR and HIB immunizations, which they are supposed to receive before entering Head Start. Approximately 97 percent of the children had received the required MMR immunization and 91 percent had received the HIB immunization. The table below illustrates how many DPT, polio, MMR, and HIB immunizations children required to be fully immunized at the end of the 1991-1992 school year:

HOW MANY OF EACH IMMUNIZATION DID CHILDREN NEED TO BE FULLY IMMUNIZED?

Type of Immunization	Number of Needed Immunizations	Percentage of Children
DPT	0	47.6
	1	47.9
	2	3.3
	3	0.9
	4	0.3
	5	0.0
POLIO	0	66.3
	1	32.4
	2	1.0
	3	0.3
	4	0.0
MMR	0	97.4
	1	2.6
HIB	0	91.0
	1	9.0

In contrast to our finding that 43.5 percent of Head Start children are fully immunized, ACF's PIR data indicate that 88 percent of children are fully immunized, and an additional 8 percent, although not fully immunized, are up-to-date in their immunizations. The major reason for this discrepancy is conflicting definitions of what constitutes complete immunization for 4-year-olds. The ACF's guidance to grantees,

which we used to measure full immunization, conflicts with the definition that grantees use to report complete immunization in the PIR. The PIR instructions allow grantees to consider 4-year-olds fully immunized if they have received 4 DPT and 3 polio immunizations. This is one less of each immunization than recommended by the Centers for Disease Control, the American Academy of Pediatrics, and ACF's own published guidance. If we apply the PIR instruction to our data, we find that 84 percent of children are fully immunized. This corresponds much more closely to ACF's published figure of 88 percent.

Several other factors, which were validated in our follow-up conversations with grantees, may contribute to the low immunization rates that we found:

- Some grantees are ignoring ACF's guidance and are applying less-stringent State, local, or other immunization standards to Head Start children;
- Some grantees do not keep children's health files up-to-date;
- A few grantees are having difficulty finding providers who are willing to provide immunizations throughout the school year; and
- Not all parents, who have been referred to providers for immunizations, schedule or keep appointments.

GRANTEES FREQUENTLY DO NOT IDENTIFY OR ADDRESS FAMILIES' SOCIAL SERVICE NEEDS

During both the 1988-89 and 1991-92 school years, grantees frequently did not administer family needs assessments (FNAs), did not identify family needs or goals when conducting an FNA, rarely used Family Assistance Plans, and did not help families meet all or most of their needs.

Grantees often did not conduct FNAs or identify family needs and goals

Families who participate in Head Start are low-income and often must struggle to meet their basic needs. The ACF's guidance to grantees states that:

> In order to accomplish the comprehensive objectives of the Social Services component, the Head Start program should use some form of FNA with every family having a child enrolled in the program.... The FNA will identify the interests, desires, goals, needs, and strengths of the family, and will help the Social Services staff determine how Head Start can best work with the family to maximize and maintain its strengths, while strengthening areas of need and/or concern.

Despite this, our file review revealed that grantees frequently did not complete family needs assessments. In other cases, grantees (1) conducted FNAs but did not identify

any family needs, (2) only partially completed FNAs, (3) used scaled-down forms to accelerate the needs assessment process, or (4) substituted intake or application forms for a formal FNA.

Approximately 140,000--or 26.3 percent--families participating in Head Start nationally did not receive an FNA. This represents an improvement over 1988-89 when more than one in three families received no FNA.

Grantees that use the Model FNA developed by the Head Start Bureau were more likely to conduct a needs assessment than grantees that developed their own form. Fewer than 40 percent of grantees use the Model FNA, however. Grantees that use the Model FNA completed it for 87.7 percent of the families they served during the 1991-92 school year. In comparison, grantees that do not use the Model FNA completed a needs assessment for only 63.5 percent of their families. The chart on page 13 describes the key components of the Model FNA.

Grantees that do not use the Model FNA believe that it is too cumbersome, requires too much staff time to administer, and is not conducive to an open dialogue with the family. Five percent of programs claim that they have never received or seen the Model FNA.

Even when grantees administered an FNA, they frequently did not identify family needs or goals. In addition to the approximately 140,000 families who received no FNA, an additional 70,000 families who received an FNA in 1991-92 had no needs or goals identified. This represents approximately 20 percent of all families who received FNAs during the 1991-92 school year. This percentage is virtually the same as in 1988-89.

Grantees rarely utilized comprehensive Family Assistance Plans as a blueprint to meet family needs and goals

Although ACF does not require grantees to use Family Assistance Plans (FAPs), the FAP is an important part of the needs assessment process. It outlines and describes the specific measures that Head Start staff and family members will take to meet the family's needs. Head Start grantees developed comprehensive FAPs for only one-third of the families who received a needs assessment and had needs identified.

Even though the FAP is part of the Model FNA, grantees that administer the Model FNA were only slightly more likely to complete full FAPs (35.9 percent) than grantees that use their own needs assessment (29.5 percent).

Head Start attempted to meet all or most family needs for less than half of the families with identified needs

By reviewing children's files and social service files and logs, we assessed efforts to meet family needs identified in the FNAs. Grantees attempted to meet all or most

WHAT ELEMENTS DOES A COMPREHENSIVE FAMILY NEEDS ASSESSMENT CONTAIN?
A LOOK AT THE MODEL FNA

The Model FNA includes several discrete forms designed to obtain a full picture of a family's social service needs and to develop a strategy to meet these needs. The Model FNA contains:

☞ Intake/Family Profile: This includes information about the family's composition, health, income, education, employment, social services history, and resources.

☞ Family Needs Form: This form prompts social service staff to describe any needs for financial assistance, employment, education or training, housing, transportation, health and nutrition, mental health, family inter-relationships, and parenting. The form also has a space for staff to list any Head Start classes that might help the family meet some of these needs.

☞ Family Goals Sheet: This sheet lists family needs and goals and sets target dates for the family to meet them. The interviewer probes the family to identify the strengths it possesses to meet these goals and identifies community resources they may need to achieve the goal.

☞ Family Assistance Plan: The interviewer uses this form to work with the family on the specific actions that will be necessary to meet family needs, who will take these actions, and when.

☞ Family Contact Notes: Social service staff may use this form throughout the year to document contacts with family members and any referrals made on behalf of the family.

☞ Family Goals Attainment Checklist: Social services staff use this checklist throughout the year to track a family's progress in achieving its goals.

needs for approximately 46.8 percent of families with identified needs during the 1991-92 school year. Overall, this represents 28.0 percent of all families who participated in Head Start.

The following chart illustrates Head Start's attempts to meet identified needs:

Grantees Had Difficulty Meeting Families' Needs During the 1991-92 School Year		
Percent of families for whom Head Start:	Families with identified needs	All families
attempted to meet all or most family needs	46.8	28.0
attempted to meet some family needs	22.7	13.6
attempted to meet few or none of family needs	26.9	16.1
identified family needs, but deemed no action necessary	3.7	2.2
conducted an FNA but did not identify family needs	--------------	13.9
did not conduct an FNA	--------------	26.3

Despite these findings, three-quarters of all Head Start directors believe that their social services components have improved or have not changed because of expansion. Furthermore, based on the results of ACF on-site reviews, less than 13 percent of the grantee directors indicated that they are not able to meet the performance standards for social services.

Nationwide, the Head Start child-to-social-service-staff ratio increased, in contrast to the education, health, and parent involvement components, where the ratios decreased. The number of children per social service staff rose from 91.2 in 1988-89 to 94.5 in 1991-92. This is well above the 35-to-1 ratio recommended by the National Head Start Social Services Task Force in 1988.

The OIG companion report, "Head Start Expansion: Grantee Experiences," describes grantees' difficulties serving children and families with severe problems. Grantees are concerned about providing quality services with the diminishing availability of community services and decreasing numbers of professionals who are willing to donate services.

GRANTEES' FILES AND RECORDS FREQUENTLY ARE INCOMPLETE, INCONSISTENT, AND DIFFICULT TO REVIEW

Some grantees have developed exemplary internal record keeping requirements and procedures, while others need technical assistance and guidance in this area. The ACF's Grants Management Branch has issued instructions that require grantees to maintain children's records for 3 years, but has issued no other record keeping guidelines. As a result, it frequently was difficult to review and verify performance indicator data. In summary:

- Several grantees had already disposed of 1988-89 files despite being informed that they should keep these records for at least 3 years.

- Certain record keeping was haphazard. Grantees generally did not document important events--such as family contacts and services provided to the family--in a manner that is conducive to follow-up. Grantees commonly used logs to document contacts rather than inserting specific notes and documentation into the child's file.

- It was impossible to track individual parents' participation in the program during the school year. The only source of this information was cumbersome in-kind report documentation.

- Education, health, social services, and special needs files remained separated, even after the school year ended. A grantee might have three or four different files for one child, all in different locations.

RECOMMENDATIONS

THE SECRETARY SHOULD CONVENE A TASK FORCE TO CONDUCT A FORMAL AND THOROUGH REVIEW OF THE MANAGEMENT OF THE HEAD START PROGRAM

Because of (1) inadequate grantee record keeping, (2) the lack of specificity in the Head Start performance standards, and (3) the fact that many grantees disregard ACF policy guidance, we are unable to determine if the program and performance data weaknesses that we found reflect serious deficiencies in the quality of services provided by Head Start. This, when considered with the organizational and programmatic concerns expressed by grantees in the companion report entitled "Head Start Expansion: Grantee Experiences" and anticipated major future expansions, leads us to recommend that the Secretary convene a task force to conduct a formal and thorough review of the management of the Head Start program. The task force should analyze the respective roles and functions of the Head Start Bureau, ACF regional offices, grantees, and delegates. It should review how the Head Start program is currently organized and managed and how it can best be structured to administer the current and anticipated expansions. The task force should examine the planning, distribution of funds, grants management, oversight, technical assistance, management information systems, and performance standards that are currently used to manage the program.

The Secretary has initiated a comprehensive examination of Head Start with a particular emphasis on quality and accountability. The Secretary's initiative includes (1) immediately identifying poorly performing grantees, designing corrective actions, providing technical assistance, and ensuring that grantees that provide high quality services receive program funds and (2) conducting an in-depth review of the program with the help of an intellectually diverse expert study panel and using the results to design the Head Start program of the future. This plan addresses our concerns and is consistent with our recommendation. We anticipate that the examination will consider all of the issues that we have identified as well as the following recommendations:

THE ACF SHOULD CREATE, DISTRIBUTE, AND MANDATE SPECIFIC RECORD KEEPING AND CHILDREN'S FILE MAINTENANCE INSTRUCTIONS FOR GRANTEES

Standardized record keeping and file maintenance would assure easy access to children's files. Grantees could identify missing services or needed follow-up more readily, and on-site reviews could be completed more expeditiously.

THE ACF SHOULD STRENGTHEN ITS MONITORING OF GRANTEES TO BETTER IDENTIFY AND ADDRESS PROBLEM AREAS

Although Head Start directors and PIR data indicate that grantees are in compliance with the performance standards, we identified on-going deficiencies in the health and social services components. Although we did not conduct a review of ACF's on-site monitoring process, we believe that ACF should consider restructuring and condensing its on-site program reviews so that more time and resources can be devoted to monitoring and providing technical assistance to the most needy grantees. By conducting a condensed OSPRI, ACF could reduce the time normally required to complete an on-site review. The time and resources saved could be used to conduct follow-up activities and to provide technical assistance to grantees that are having difficulty providing quality services. Furthermore, ACF should randomly sample PIR data to assure its validity.

THE ACF SHOULD DEVELOP A MODIFIED FNA FORM THAT SHOULD BE REQUIRED OF ALL HEAD START GRANTEES

Fewer than 40 percent of grantees use the Model FNA. Grantees do not use the Model FNA because it is cumbersome, requires too much staff time to administer, and is not conducive to an open dialogue with the family. The Model FNA should be revised to reflect these comments. The ACF should require grantees to use the revised FNA throughout the school year to track and follow up on family needs.

AGENCY COMMENTS

As discussed in the first recommendation, the Secretary has initiated a comprehensive review of the management of the Head Start program.

We received written comments on the draft report from ACF, ASPE, and ASMB. The ACF generally concurred with our recommendations but was concerned about the presentation of some of the data and conclusions in our findings. They were particularly concerned about the immunization and social services findings. We found their comments helpful. As a result, we have revised the immunization section and presented additional data to explain and clarify our finding. In addition, we have provided a detailed response to all of ACF's comments, including immunizations and social services, in appendix C. The ASPE and ASMB provided editorial and technical comments and suggestions which have been incorporated in the final report. The complete text of the ASPE and ASMB comments can be found in appendix D.

APPENDIX A

PERFORMANCE DATA COLLECTED

To collect information on some of the performance indicators, we reviewed files for children who had participated in the program during the 1988-89 (pre-expansion) and 1991-92 (post-expansion) school years. We requested that each of the 80 sampled grantees send us rosters of children enrolled during February 1989 and February 1992, in all program options so that we could select a random sample of 20 students per grantee for each school year. To replace children who were in the program less than 120 days or whose files were incomplete, we actually selected 30 children for each school year.

We reviewed each child's medical, social services, education, special needs, and other files. Overall, we reviewed files for 1,598 children for the 1991-92 school year and 1,573 children for the 1988-89 school year.

We also conducted a review of attendance records to evaluate average daily attendance, actual enrollment, and percent of full enrollment. To accomplish this, we requested that grantees send us a list of their classes. We produced a set of tables that allowed the reviewer to randomly select 20 class-days for each year. For each selected class-day, we recorded the funded enrollment, actual enrollment, and the number of children who attended class that day.

To collect information on the other performance indicators, we interviewed directors of all 80 grantees and obtained management and performance data. These data included menus for February 1989 and February 1992, staffing tallies, budget and expansion figures, parent training and workshop documentation, and Federal matching (in-kind) records.

At the completion of the fieldwork, we weighted all data to project to the universe of Head Start grantees and delegates that expanded. We determined statistical significance by assessing overlapping confidence intervals.

APPENDIX B

HOW HEAD START PROGRAM PERFORMANCE CHANGED ACCORDING TO THE OIG PERFORMANCE INDICATORS

INDICATOR #1: Percent of children medically screened

SOURCE: Children's health file review

Percent of all children who:	1988-89	1991-92	Difference
received a medical screen within 90 days of enrollment	74.4	70.2	-4.2
received a medical screen after 90 days of enrollment	8.6	11.4	+2.8
did not a receive a medical screen during the current school year	17.0	18.4	+1.4

Percent of all children who did not receive a medical screen because:	1988-89	1991-92	Difference
they received one during previous 12 months	8.4	10.1	+1.7
parent refused treatment	1.8	0.7	-1.1
screening was not required because child was currently receiving treatment	0.1	0.6	+0.5
No Documentation	5.7	5.2	-0.5
Other	1.1	1.8	+0.7

Out of children who received a medical screen, percent who received each of following assessments as part of the screen	1988-89	1991-92	Difference
charted height/weight assessment	82.0	76.4	-5.6
immunization assessment	97.6	98.4	+0.8
vision screening	92.1	93.2	+1.1
hearing screening	91.0	93.3	+2.3
hemoglobin/hematocrit screen	86.9	88.5	+1.6
tuberculosis test	57.6	60.3	+2.7
speech assessment	77.9	84.5	+6.6
special needs identification	46.2	48.5	+2.3

Percent of all children who received a complete medical screen:	1988-89	1991-92	Difference
Annual requirements**	55.0	53.8	-1.2
Annual and biennial requirements**	43.8	45.7	+1.9

** *According to the Head Start Performance Standards, the required elements include (a) growth, speech, and immunization assessments and special needs identification annually and (b) vision testing, hearing testing, and hemoglobin or hematocrit determination every 2 years. Because of the different methods that grantees use to identify special needs, we omitted this from our list of required elements.*

INDICATOR #2: Percent of children receiving the needed medical treatment

SOURCE: Children's health file review

Extent of need for medical follow-up:	1988-89	1991-92	Difference
Out of children who received a medical screen, percent who had medical needs identified	24.4	24.2	-0.2

Out of children who had medical needs, percent for whom:	1988-89	1991-92	Difference
grantees met all medical needs	74.9	76.2	+1.3
grantees met some medical needs	9.4	5.5	-3.9
grantees met no medical needs	15.7	18.2	+2.5

INDICATOR #3: Percent of children receiving dental exams

SOURCE: Children's health file review

Percent of <u>all</u> children who:	1988-89	1991-92	Difference
received a dental screen within 90 days of enrollment	63.6	67.6	+4.0
received a dental screen after 90 days of enrollment	17.6	17.1	-0.5
did not receive a dental screen	18.8	15.3	-3.5

Percent of <u>all</u> children who did not receive a dental screen because:	1988-89	1991-92	Difference
parent refused treatment	1.4	0.5	-0.9
parent missed appointments	1.0	0.7	-0.3
appointment scheduled, not yet completed	0.2	0.6	+0.4
dental needs were checked only during medical screen	0.8	0.3	-0.5
provider was unable to complete screen	1.6	0.3	-1.3
No Documentation, but child received screen during previous year in Head Start	3.7	3.7	0.0
No Documentation	10.1	9.3	-0.8

INDICATOR #4: Percent of children receiving the needed dental treatment

SOURCE: Children's health file review

Extent of need for dental follow-up:	1988-89	1991-92	Difference
Out of children who received a dental screen, percent who had dental needs	42.9	37.6	-5.3

Out of children who had dental needs, percent for whom:	1988-89	1991-92	Difference
grantees met all dental needs	83.3	66.6	-16.7
grantees met some dental needs	5.3	7.4	+2.1
grantees met no dental needs	11.3	26.0	+14.7

INDICATOR #5: Percent of children fully immunized

SOURCE: Children's health file review

Extent of immunizations:	1988-89	1991-92	Difference
Percent of all children fully immunized	39.9	43.5	+3.6

INDICATOR #6: Grantee provides nutritious meals and snacks

SOURCE: Grantee menu analysis

Percent of grantees that meet Head Start nutrition requirements, by program option:	1988-89	1991-92	Difference
Overall, all grantees	89.1	88.8	-0.3
Part-day grantees	100.0	100.0	0.0
Full-day grantees	60.9	59.8	-1.1

Percent of grantees that meet Head Start nutrition requirements, by meal:	1988-89	1991-92	Difference
Breakfast, all grantees	100.0	100.0	0.0
Snack, all grantees	72.9	79.2	+6.3
Lunch, all grantees	100.0	100.0	0.0

INDICATOR #7: Percent of children for whom the teacher has entered in the child's folder observational comments at least once a month (center-based only)

SOURCE: Children's education file review, teacher/education component files

Extent of observational comments:	1988-89	1991-92	Difference
Percent of all center-based children for whom teacher made observational comments in child's file at least once a month	28.3	34.3	+6.0

INDICATOR #8: Average class size

SOURCE: Enrollment data, attendance record sample

Average class size:	1988-89	1991-92	Difference
Funded enrollment (number of children) per class	17.9	17.8	-0.1
Actual enrollment (number of children) per class	17.5	17.6	+0.1

INDICATOR #9: Percent of families for whom a family needs assessment has been completed

SOURCE: Children's social service file

Percent of all families for whom grantees:	1988-89	1991-92	Difference
conducted a Family Needs Assessment	62.7	73.7	+11.0
completed a family profile	92.1	89.5	-2.6
identified family needs and/or goals	51.3	61.9	+10.6

Percent of all families for whom grantees:	1988-89	1991-92	Difference
developed a full Family Assistance Plan	12.6	20.7	+8.1
developed a partial Family Assistance Plan	14.4	18.3	+3.9
developed no Family Assistance Plan	24.1	23.0	-1.1
identified no needs, therefore did not develop a Family Assistance Plan	48.9	38.0	-10.9

INDICATOR #10: Percent of families with identified needs for whom the Head Start program has attempted to meet these needs

SOURCE: Children's social services file review, social services component log and file review

Out of families with identified needs, percent for whom grantees:	1988-89	1991-92	Difference
attempted to meet all or most needs	39.4	46.8	+7.4
attempted to meet some needs	27.8	22.7	-5.1
attempted to meet few or none of the needs	24.0	26.9	+2.9
deemed no action necessary to meet needs	8.8	3.7	-5.1

Out of families with identified needs, percent for whom grantees:	1988-89	1991-92	Difference
furnished information about available community services	52.7	60.6	+7.9
gave referrals to community agencies	43.6	46.1	+2.5
provided direct services	20.8	19.2	-1.6
followed-up	25.2	30.7	+5.5

INDICATOR #11: Percent of parents volunteering at least 50 hours per year

SOURCE: Grantee interviews, volunteer and in-kind file review

* *Although we reviewed parent volunteer files, they were not organized to track individual parents' volunteer participation. We asked program directors whether the percent of parents volunteering at least 50 hours per year (or 6 hours per month) had increased, decreased, or stayed the same.*

Percent of grantees reporting:	Percent
an increase in parent volunteering since 1988-89	42.6
no change in parent volunteering since 1988-89	34.8
a decrease in parent volunteering since 1988-89	22.6

INDICATOR #12: Percent of full enrollment

SOURCE: Enrollment data, attendance record sample review

Actual enrollment divided by funded enrollment	1988-89	1991-92	Difference
Percent of full enrollment	98.0	99.1*	+1.1

* *The OIG report, "Head Start Expansion: Grantee Experiences" found that 13 percent of grantees were unable to enroll all additional children planned under expansion. The funded enrollment figures used to compute percent of full enrollment in the above table do not include children who could not be enrolled because of problems with expansion.*

INDICATOR #13: Average vacancy time

SOURCE: Grantee interviews, attendance data review

Percent of grantees reporting that their average vacancy time is:	1988-89	1991-92	Difference
one week or less	61.2	72.3	+11.1
8 to 14 days	13.6	12.4	-1.2
15 to 30 days	14.0	13.7	-0.3
Don't know	11.2	1.7	-9.5

INDICATOR #14: Grantee is not at fiscal or program high risk

SOURCE: ACF regional office data

None of the grantees that we visited were at fiscal or program high risk.

INDICATOR #15: Child-to-staff ratio (based on actual enrollment)

SOURCE: Grantee-provided staff tally, enrollment data

Children per:	1988-89	1991-92	Difference
teacher, not including teaching assistants	19.5	18.8	-0.7
teacher, including teaching assistants	9.8	9.4	-0.4
social service staff person	91.2	94.5	+3.3
health staff person	202.2	186.8	-15.4
parent involvement staff person	165.1	150.5	-14.6

INDICATOR #16: Number of volunteer trainings and parent workshops

SOURCE: Grantee interviews, volunteer, training, and in-kind file review

UNABLE TO DETERMINE. *Grantee files were not conducive to analysis.*

INDICATOR #17: Average number of contacts with each parent

SOURCE: Children's social services file review, social services component log and file review

UNABLE TO DETERMINE. *Grantees record parent contacts differently. Our reviewers had limited success attempting to quantify parent contacts.*

INDICATOR #18: Average daily attendance

SOURCE: Attendance data review

Children present divided by funded enrollment	1988-89	1991-92	Difference
Average daily attendance	84.3	86.3	+2.0

APPENDIX C

ACF COMMENTS ON THE DRAFT REPORT AND DETAILED OIG RESPONSE

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

April 7, 1993

IG
PDIG
DIG-AS
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AIG-MP
OGC/IG
EX SEC
DATE SENT 4/7

TO: Bryan B. Mitchell
Principal Deputy Inspector General

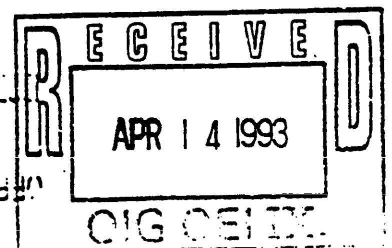
FROM: Laurence J. Love
Acting Assistant Secretary for
Children and Families

SUBJECT: Office of Inspector General Draft Report, "Evaluating Head Start Expansion Through Performance Indicators" (OEI-09-91-00762)

The Administration for Children and Families (ACF) appreciates the opportunity to review and comment on the Office of Inspector General's (OIG) draft Report. While there are clearly service quality problems in some programs, ACF believes that the large majority of Head Start programs are providing their enrolled children and families with good quality services and are striving to be responsive to their needs, to improve program management and to meet Head Start's Performance Standards. The problem is not that service quality is low in any general sense but, rather, that it is uneven. While Head Start programs at the high end of the quality spectrum are excellent, it is evident, based on ACF's own experience managing the program, that some local programs do not fully comply with important elements of the Head Start Performance Standards.

ACF program officials are aware of the variability in quality among local Head Start programs and a variety of steps have been and are being taken to correct deficiencies. These include the strengthening of ACF's program monitoring capacity, modifying Head Start's training and technical assistance delivery system, providing additional funding to local programs for service quality improvement, providing training for Head Start directors, improving management information systems and promulgating needed regulations and guidelines.

To the extent that the OIG's study helps to identify areas requiring further attention it is a useful contribution to our own efforts to upgrade Head Start service quality. However, our overall reaction to the draft Report is mixed. On the one hand, we believe that the Report correctly points to important issues related to specific program components and to local Head Start recordkeeping and reporting that clearly require further examination and action. The two most prominent of these program



components are health and social services. We also believe that a full-scale management review of the program, which broadly examines all of the factors that may be associated with the unevenness in service quality found among Head Start programs, is an appropriate step toward addressing the problem and is welcomed.

On the other hand, however, we believe that the Report overstates the magnitude of the problems identified and that it is misleading--certainly with respect to immunization and to some extent in other areas as well. In addition, despite the Report's cautionary language regarding the distinction between recordkeeping deficits and actual service quality deficits, the manner in which the OIG study data are discussed and interpreted betray at least a partial disposition toward concluding that what may be recordkeeping problems are, in fact, service delivery problems. This gives the Report a more negative and conclusive tone than may be warranted or intended.

Outlined below in greater detail are ACF's specific concerns and comments on the Report's findings and recommendations.

OIG Report Findings

1) Children may not be fully immunized before they leave the Head Start Program

The ACF believes that the data and conclusions presented in the OIG Report relative to the immunization of Head Start children are misleading. The Report states that "only 43.2 percent of children were fully immunized as defined by Head Start guidelines." While 97 percent of all children were fully immunized for MMR and 90 percent had received the HIB immunization, the Report states that children frequently did not receive needed DPT and polio immunizations.

To be considered "fully immunized," Head Start guidelines recommend 5 doses of DPT and 4 doses of polio vaccine for four-year-olds and 4 doses of DPT and 3 doses of polio vaccine for three-year-olds. However, the guidelines make allowances for children who were not immunized as infants and eliminate the fifth DPT and fourth polio vaccine doses for children whose previous doses of these vaccines were given after the child's fourth birthday. The Head Start guidelines also provide a schedule which indicates the timing and spacing of the vaccinations.

To the extent that there may be a shortcoming in the immunization of children, it is largely related to children not receiving the last in the series of doses for DPT and polio and not to a general disregard of immunization requirements. On the contrary,

according to the OIG's findings, 98.4 percent of all Head Start children were assessed for current immunization status (not 80 percent as stated on page 9; see table on page B-2), 97 percent received the MMR immunization and 90 percent received the HIB immunization. These data strongly suggest that Head Start programs recognize the importance of immunization and argue for the exercise of caution before concluding that Head Start is grossly deficient in immunizing children.

Part of the problem associated with the OIG Report's analysis may lie in the differing interpretations of what is required in the serial immunizations for DPT and polio. Head Start guidelines notwithstanding, some States, including the study States of Michigan and Washington for example, do not require that children receive a fifth dose of DPT vaccine and/or a fourth dose of polio vaccine, and Head Start programs and their health service providers typically do not provide children with these final doses.

Another source of confusion is the reporting specifications of the Head Start Program Information Report (PIR), the annual survey instrument on which Head Start programs provide information about their operations. As the OIG Report itself notes, the PIR does not reference a fifth dose of DPT vaccine or a fourth dose of polio vaccine as a requirement for reporting four-year-olds as having completed their immunizations. Rather, for reporting purposes, Head Start programs are instructed to use 4 doses of DPT and 3 doses of polio vaccine as the threshold for a child having satisfied immunization requirements, irrespective of whether the child is three or four years of age.

Using the 4 doses of DPT/3 doses of polio vaccine threshold specified in the PIR instructions, Head Start programs reported that 88 percent of their enrollees were fully immunized. Based on verbal communications with OIG study team staff, we were informed that using this service standard the OIG's study data are very close to the PIR data: 88 percent immunized according to the PIR and 84 percent immunized according to the OIG study team's data.

By using Head Start's 5 DPT/4 polio vaccine dose guideline as the standard to be met by all four-year-olds in Head Start, the Report exacerbated the apparent discrepancy which the study found between the data reported by Head Start programs on the PIR and the data collected on site by the OIG study team. Since approximately 63 percent of the Head Start children are four-year-olds, the manner in which they are dealt with is critical in any assessment of immunizations in Head Start.

ACF will need to examine the issue of what threshold should be used for reporting children's immunization status on the PIR, recognizing that programs in some States may not meet the 5 DPT/4 polio vaccination guideline for four-year-olds and also that some four-year-olds should not receive these final boosters. It should also be noted that using the more stringent 5 DPT/4 polio standard for reporting four-year-old children as fully immunized on the PIR is not likely to alter immunization practices. The principal result is likely to be that more children are reported as up-to-date as opposed to having completed immunizations.

Finally, we wish to point out that, apart from the issue of what constitutes "fully immunized," the Report gives the impression that large numbers of Head Start children are not up-to-date in their immunizations. It asserts that "Approximately 69.4 percent of the children who required polio immunizations during the program year did not receive all they needed, 58.6 percent of the children who required DPT immunizations during the program year did not receive all they needed" (page 9).

According to the Head Start guidelines, children should begin immunizations during infancy and should have received 4 doses of DPT and 3 doses of polio vaccine by their 18th month and another dose of each vaccine between the ages of 4 and 6. However, some children, especially in low-income communities, do not receive immunizations on time and must be immunized according to a revised schedule which is also specified in the Head Start guidelines. For example, a three-year-old entering Head Start without any prior immunizations receives his first shots in August. The child should receive DPT-1, polio-1, MMR and HIB. Two months later, in October, the child should receive DPT-2 and polio-2. Then, in December, the child should receive DPT-3. The child should not receive another booster until the period between June and December of the following year. Thus, the child should not have more than 3 doses of DPT and 2 doses of polio vaccine during the Head Start year. Additional doses of vaccine during that time period would be of no benefit. The same schedule would apply to a four-year-old with no prior immunizations.

No data are presented either in the body of the OIG Report or in Appendix B concerning how OIG's analysis took into account the child's age of first vaccination, the child's age and vaccination status upon entry into Head Start and the child's length of stay in the program before concluding that children did not receive "all they needed" by way of immunizations.

For the reasons cited above, we recommend a full and careful reanalysis of the OIG study data. The reanalysis should present immunization rates for four-year-olds using the immunization

thresholds in both the Head Start guidelines and the PIR. In determining whether the children are up-to-date in their immunizations, the reanalysis should make appropriate adjustments for children's ages at first immunization and other relevant factors. We also recommend that all of the data used in the analysis be presented in the Report along with such explanations of methodology as are necessary to understand how the data were compiled and analyzed. Absent this, we recommend that the finding that only 43.2 percent of Head Start children were fully immunized be dropped from the Report and that the immunization section be recast to reflect only what can be asserted with confidence.

2) <u>The ACF's PIR data do not accurately reflect information in children's health records</u>.

The ACF has several suggestions related to this finding. First, the tables on page B-1, which provide some of the information used to illustrate this conclusion, should be modified. The first table is misleading in representing 18.4 percent of Head Start children as not having received a medical screen. The information in the second table indicates that 10.1 percent did not require screening because they had been screened during the previous 12 months and an additional 0.6 percent did not require screening because they were under treatment. The data on these two categories of children should be removed from the second table and included in the first table so as to clearly show that only 7.7 percent of the children who required a medical screening did not receive it. The fact that 92.3 percent of all Head Start children received a medical screen and that only 7.7 percent did not should be highlighted on page 8 along with the other information presented.

Second, it would be helpful if the Report provided additional information regarding how it was determined that only 53.8 percent of Head Start children received growth, speech and immunization assessments (pages 8 and B-2). More information about this aspect of Head Start program performance might shed some light on why this figure is so much lower than, and in apparent conflict with, the data on assessments presented in the table on the top of page B-2. The data on page B-2 show that 76.4 percent of children received height/weight assessments, 84.5 percent received speech assessments and 98.4 received immunization assessments. We also suggest the need for clarification of the note at the bottom of page B-2 which seems at variance with the notation on page 8 regarding the threshold for determining whether a child had received "all appropriate

3) Grantees frequently do not identify or address families' social service needs.

The OIG Report indicates that 26.3 percent of families participating in Head Start did not receive a family needs assessment (FNA). It also states that, in some cases, Head Start programs only partially completed FNAs, used "scaled down" forms to accelerate the needs assessment process or substituted intake or application forms for a formal FNA. Two points related to these observations are unclear: First what criteria did the OIG study team use to determine what constitutes an acceptable FNA? Might not at least some Head Start programs believe that the "family profile" forms completed for 89.5 percent of enrolled families (see table on page B-8) contain sufficient information to serve as family needs assessments? Second, how detrimental is the use of locally developed forms and protocols which may be less comprehensive and elaborate than the model FNA developed by the Federal government? It should be noted that the use of the model FNA is not required. Head Start guidance merely indicates that programs should use "some form of FNA."

With respect to Head Start programs' efforts to actually address family needs, we suggest that the tables on the top of page B-9 and on page 13 be modified and made consistent. The table on page B-9 indicates that the percent of families with identified needs for whom Head Start programs "attempted to meet few or none of the needs" was 26.9 percent. No definition is given for what is meant by "few...of the needs" or how these families were distinguished from the preceding category on the table, families on whose behalf programs attempted to meet "some of the needs." Unless satisfactorily distinguishable, we suggest that families in the few-needs-met category be included with the families in the some-needs-met category and that the 26.9 percent figure be adjusted downward to reflect only those families who apparently received no assistance.

A corresponding modification should be made to the table on page 13. Please note in this connection that, as it stands, the table on page 13 is inconsistent with the table on page B-9 in that it acknowledges no Head Start program efforts whatsoever on behalf of the 26.9 percent of families with identified needs.

4) Grantees' files and records frequently are incomplete, inconsistent and difficult to review.

This finding provides an important contextual consideration within which the entire OIG Report should be viewed and has a material bearing on each of the other three major findings. As noted in the Report itself, and as apparent in our own review of it, the OIG study team found it difficult in many instances to determine whether a problem identified during the review was an

actual service delivery weakness or the result of inadequate record keeping. Since the issue of records and record keeping permeates so much of the Report, we suggest that this finding be presented first.

As indicated earlier in this memorandum, we also suggest modifying some of the language used to present findings and conclusions which is inconsistent with the Report's own cautionary note regarding the study team's inability "to determine if the program and performance data weaknesses...reflect serious deficiencies in the quality of services provided by Head Start" (pages ii and 7). A few examples of language which appear to disregard this caveat are: "Grantees are not completing the minimum health requirements to the extent reported..." (page 7); "apparently...percent received no follow-up treatment" (page 8); "Approximately 140,000--or 26.3 percent--families participating in Head Start nationally did not receive an FNA" (page 10); and "made no attempt to meet family needs" (page 13). In these and other instances, it would be more appropriate to use language such as "the study team could find no documentation that..." or "local Head Start program records were inadequate/incomplete with respect to...," etc.

Finally, we also recommend that the Report include information on the results of the OIG study team's follow-up interviews with selected programs which are mentioned on page 5. The purpose of these interviews was to ascertain the reasons for the apparent discrepancies between the data collected by the study teams on site and the PIR data. Since the reliability of the PIR data is presented as an issue in the Report, it would be helpful to know the results of this follow-up, including the perceptions of the programs whose operations were the subject of the OIG review. Our own informal discussions about immunizations with 18 of the programs reviewed by the OIG study team indicate that these Head Start programs do not consider their records to be inadequate and that they believe that the PIR information which they submit at the end of the program year is accurate. However, several programs indicated that, although services may have been provided, an individual child's health record might be incomplete because of several factors: the lag-time associated with several centers reporting to central recordkeeping locations; the difficulty of obtaining actual copies of medical records from physicians not reimbursed by the Head Start program itself; and the fact that all of a child's records may not be in the master file for each child prior to the actual close-out of the program year.

OIG Report Recommendations

1) The Secretary of HHS should convene a task force to conduct a formal and thorough review of the management of the Head Start program.

The ACF believes that a management review of Head Start would be useful in helping to identify and address issues bearing upon program quality. In a March 31, 1993 letter to Senator Kennedy, Chairman of the Senate Labor and Human Resources Committee, the Secretary indicated that she has asked for a "top-to-bottom look" at the program. The review would be undertaken with the help of an expert study panel and the results used to design an improved Head Start program.

2) The ACF should create, distribute and mandate specific recordkeeping and children's files maintenance instructions for grantees.

The ACF believes this recommendation has merit. The agency has already begun work on the implementation of new recordkeeping and reporting protocols for Head Start, entitled the Head Start Family Information System (HSFIS). The new system will include information on the services provided to individual Head Start children as well as on family needs and how they are being addressed. As envisioned, HSFIS would meet the recordkeeping needs of local Head Start programs and also facilitate their reporting of information to ACYF. A request for clearance to field test HSFIS in 22 Head Start programs is currently at the Office of Management and Budget for approval.

3) The ACF should strengthen its monitoring of grantees to better identify and address problem areas.

The ACF agrees with the suggestion under this recommendation that the PIR data should be checked for validity on a sample basis. However, other aspects of this recommendation, as amplified in the text on page 15 which follows it, are problematic.

First, although we agree that we need to continue to strengthen our monitoring capacity, it is not clear what the Report means when it states that ACF should consider "restructuring and condensing its on-site program reviews." The OIG's study did not examine how monitoring visits are conducted, and the Report itself presents no findings or analyses concerning on-site monitoring.

Second, while we agree with the intent of the suggestion that ACF should devote more time and resources to monitoring and providing technical assistance to the most problematic grantees, there are severe constraints related to its implementation. The Head Start legislation requires that ACF conduct an on-site monitoring visit to one-third of the Head Start grantees each year (approximately 460 programs), that all newly established programs be visited early in their second year of operation and that follow-up visits to Head Start agencies be conducted when appropriate. Currently available staffing and travel resources are barely adequate to meet these statutory requirements, particularly the follow-up visit requirement. In so far as existing resources permit follow-up visits, they are already being targeted on programs identified as having significant problems. Any expansion of on-site monitoring to additional programs would require more resources than are currently available.

We suggest that this recommendation focus on validating the PIR data and that the topic of ACF's monitoring processes and priorities be examined as part of the larger management review of Head Start envisioned by the Report's first recommendation.

4) The ACF should develop a modified FNA form that should be required of all Head Start grantees.

We believe that the HSFIS will satisfy the intent of this recommendation.

If you have any questions about our comments or if we can be of further assistance, please do not hesitate to call.

OIG RESPONSE TO ACF'S COMMENTS

ACF COMMENT (Page 1): *"While there are clearly service quality problems in some programs, ACF believes that the large majority of Head Start programs are providing their enrolled children and families with good quality services and are striving to be responsive to their needs, to improve program management and to meet Head Start's Performance Standards. The problem is not that service quality is low in any general sense but, rather, that it is uneven. While Head Start programs at the high end of the quality spectrum are excellent, it is evident, based on ACF's own experience managing the program, that some local programs do not fully comply with important elements of the Head Start Performance Standards."*

"ACF program officials are aware of the variability in quality among local Head Start programs and a variety of steps have been and are being taken to correct deficiencies. These include the strengthening of ACF's program monitoring capacity, modifying Head Start's training and technical assistance delivery system, providing additional funding to local programs for service quality improvement, providing training for Head Start directors, improving management information systems and promulgating needed regulations and guidelines."

OIG RESPONSE: Based on our experiences while conducting on-site visits, we generally agree with ACF's assessment that some grantees provide better and more complete services than others. Given the variation in quality, we believe that certain grantees require greater technical assistance and oversight than others. This was the reason that we recommended that ACF concentrate its resources on the most needy grantees, rather than on the ones that provide high quality services already (who could receive a condensed on-site review). Although we did not conduct a full study of ACF's on-site review process and we recognize that there may be legislative constraints, we believe that ACF should consider this option.

ACF COMMENT (Page 2): *"On the other hand, however, we believe that the Report overstates the magnitude of the problems identified and that it is misleading--certainly with respect to immunization and to some extent in other areas as well. In addition, despite the Report's cautionary language regarding the distinction between record keeping deficits and actual service quality deficits, the manner in which the OIG study data are discussed and interpreted betray at least a partial disposition toward concluding that what may be record keeping problems are, in fact, service delivery problems. This gives the Report a more negative and conclusive tone than may be warranted or intended."*

OIG RESPONSE: While the report includes many references to the poor file maintenance, we cannot reject the probability that many grantees are not providing the services required by the performance standards. The immunization problem, in particular, should not be dismissed as merely a record keeping problem, since we found conflicting ACF immunization guidelines and learned that many grantees disregard ACF/CDC immunization guidance, anyway.

Given the inconsistency and poor condition of files maintained by many grantees, it is impossible for any reviewer, including ACF staff, to ascertain whether grantees are adequately providing services to children and families. The OIG reviewers conducted extensive file reviews of all available information, including logs that were maintained by the grantees. They also gave grantees the benefit of the doubt, whenever possible.

ACF COMMENT (Page 2): *"The ACF believes that the data and conclusions presented in the OIG Report relative to the immunization of Head Start children are misleading. The Report states that "only 43.2 percent of children were fully immunized as defined by Head Start guidelines." While 97 percent of all children were fully immunized for MMR and 90 percent had received the HIB immunization, the Report states that children frequently did not receive needed DPT and polio immunizations."*

"To be considered 'fully immunized,' Head Start guidelines recommend 5 doses of DPT and 4 doses of polio vaccine for four-year-olds and 4 doses of DPT and 3 doses of polio vaccine for three-year-olds. However, the guidelines make allowances for children who were not immunized as infants and eliminate the fifth DPT and fourth polio vaccine doses for children whose previous doses of these vaccines were given after the child's fourth birthday. The Head Start guidelines also provide a schedule which indicates the timing and spacing of the vaccinations."

OIG RESPONSE: Our analysis took all of these factors into consideration.

ACF COMMENT (Page 2): *"To the extent that there may be a shortcoming in the immunization of children, it is largely related to children not receiving the last in the series of doses for DPT and polio and not to a general disregard of immunization requirements."*

OIG RESPONSE: We agree that most children who are not fully immunized require only DPT and/or polio immunizations. We found, however, that children sometimes required more than simply the last in the series of immunizations. We have added additional narrative and tables in the report to clarify this and provide additional information for ACF.

ACF COMMENT (Page 3): *"On the contrary, according to the OIG's findings, 98.4 percent of all Head Start children were assessed for current immunization status (not 80 percent as stated on page 9; see table on page B-2)..."*

OIG RESPONSE: The ACF did not interpret the tables correctly. The narrative on page 9 of the draft report referred to the percentage <u>of all children</u> who received immunization assessments. Therefore, children who did not receive medical screens were included in this computation. The table on page B-2 refers to the percentage of the children <u>who received medical screens</u> and received an immunization assessment as part of the screen. This excluded children who did not receive medical screens.

ACF COMMENT (Page 3): *"These data strongly suggest that Head Start programs recognize the importance of immunization and argue for the exercise of caution before concluding that Head Start is grossly deficient in immunizing children."*

OIG RESPONSE: In no section of the report did we conclude or imply that Head Start is grossly deficient in immunizing children. At the same time, the data do not lead us to conclude that all Head Start grantees are vigilant in ensuring that children obtain all immunizations as required by Head Start's published guidance. We have added additional narrative and tables to the report to clearly document the extent to which children have not received all required immunizations.

ACF COMMENT (Page 3): *"Part of the problem associated with the OIG Report's analysis may lie in the differing interpretations of what is required in the serial immunizations for DPT and polio. Head Start guidelines notwithstanding, some States, including the study States of Michigan and Washington for example, do not require that children receive a fifth dose of DPT vaccine and/or a fourth dose of polio vaccine, and Head Start programs and their health service providers typically do not provide children with these final doses."*

OIG RESPONSE: We agree that grantees use different standards to determine how many DPT and polio immunizations are required. However, ACF's reference to Michigan and Washington using lower standards is somewhat inappropriate. In fact, almost half of the Michigan and Washington grantees were above the mean in terms of children fully immunized according to Head Start's published guidance. In addition, senior-level ACF staff commented during meetings that the presence of less-stringent State standards would not be an appropriate rationale for grantees to obtain fewer immunizations than those published in ACF's guidance. The ACF should clarify what is expected of grantees and assess compliance with the performance standards based on clear and consistent guidelines.

ACF COMMENT (Page 3): *"Another source of confusion is the reporting specifications of the Head Start Program Information Report (PIR), the annual survey instrument on which Head Start programs provide information about their operations. As the OIG Report itself notes, the PIR does not reference a fifth dose of DPT vaccine or a fourth dose of polio vaccine as a requirement for reporting four-year-olds as having completed their immunizations. Rather, for reporting purposes, Head Start programs are instructed to use 4 doses of DPT and 3 doses of polio vaccine as the threshold for a child having satisfied immunization requirements, irrespective of whether the child is three or four years of age."*

"Using the 4 doses of DPT/3 doses of polio vaccine threshold specified in the PIR instructions, Head Start programs reported that 88 percent of their enrollees were fully immunized. Based on verbal communications with OIG study team staff, we were informed that using this service standard the OIG's study data are very close to the PIR data: 88 percent immunized according to the PIR and 84 percent immunized according to the OIG study team's data."

OIG RESPONSE: We agree with ACF's assessment. This also indicates that grantees' immunization records are fairly accurate. From this, we can conclude that grantees are, to a large extent, disregarding the ACF's immunization guidance, and our statement that 43.5 percent are fully immunized as measured by ACF's guidance is accurate.

ACF COMMENT (Page 3): "*By using Head Start's 5 DPT/4 polio vaccine dose guideline as the standard to be met by all four-year-olds in Head Start, the Report exacerbated the apparent discrepancy which the study found between the data reported by Head Start programs on the PIR and the data collected on site by the OIG study team. Since approximately 63 percent of the Head Start children are four-year-olds, the manner in which they are dealt with is critical in any assessment of immunizations in Head Start.*"

OIG RESPONSE: We agree that the percent of children fully immunized as tabulated by ACF and OIG are not comparable. This discrepancy was caused by conflicting ACF criteria for determining full immunization. While its guidance suggests that 5 DPT and 4 polio are necessary, ACF's published data--the 88 percent stated in ACF's Statistical Fact Sheet--uses the less stringent PIR criteria. In addition, ACF does not validate PIR data. Our random sample of children is a clear, accurate measure of the extent of immunizations that Head Start grantees provide.

ACF COMMENT (page 4): "*ACF will need to examine the issue of what threshold should be used for reporting children's immunization status on the PIR, recognizing that programs in some States may not meet the 5 DPT/4 polio vaccination guideline for four-year-olds and also that some four-year-olds should not receive these final boosters. It should also be noted that using the more stringent 5 DPT/4 polio standard for reporting four-year-old children as fully immunized on the PIR is not likely to alter immunization practices. The principal result is likely to be that more children are reported as up-to-date as opposed to having completed immunizations.*"

OIG RESPONSE: We agree that ACF should examine its criteria for reporting full immunization on the PIR. This is far less important, however, than clarifying its guidance to grantees on how many immunizations each child should receive. If ACF believes that grantees should have the option of ignoring the guidelines created by the Centers for Disease Control and distributed by ACF in favor of State or other standards, then it should issue formal guidance to grantees that states this policy.

ACF COMMENT (page 4): "*Finally, we wish to point out that, apart from the issue of what constitutes 'fully immunized,' the Report gives the impression that large numbers of Head Start children are not up-to-date in their immunizations. It asserts that 'Approximately 69.4 percent of the children who required polio immunizations during the program year did not receive all they needed, 58.6 percent of the children who required DPT immunizations during the program year did not receive all they needed' (page 9).*"

"*According to the Head Start guidelines, children should begin immunizations during infancy and should have received 4 doses of DPT and 3 doses of polio vaccine by their*

18th month and another dose of each vaccine between the ages of 4 and 6. However, some children, especially in low-income communities, do not receive immunizations on time and must be immunized according to a revised schedule which is also specified in the Head Start guidelines. For example, a three-year-old entering Head Start without any prior immunizations receives his first shots in August. The child should receive DPT-1, polio-1, MMR and HIB. Two months later, in October, the child should receive DPT-2 and polio-2. Then, in December, the child should receive DPT-3. The child should not receive another booster until the period between June and December of the following year. Thus, the child should not have more than 3 doses of DPT and 2 doses of polio vaccine during the Head Start year. Additional doses of vaccine during that time period would be of no benefit. The same schedule would apply to a four-year-old with no prior immunizations."

OIG RESPONSE: As we commented during meetings with ACF, we were unable to determine whether underimmunized children were indeed up-to-date in their immunizations. The up-to-date measure would represent a very small percentage of Head Start children who were severely underimmunized when entering Head Start and could not receive all required immunizations during the school year. Clearly, very few children come into Head Start as underimmunized as the one used by ACF as an example. In fact, OIG reviewers were unable to recall a single instance in which a child had no immunizations when entering Head Start. In addition, ACF data indicate that only 8 percent of all Head Start children are "up-to-date" rather than fully immunized or not fully immunized. Even assuming that 8 percent of our sample was up-to-date (rather than not fully immunized), approximately half of all Head Start children still are not fully immunized or up-to-date as defined by Head Start's published guidance.

We have revised the report to exclude references to children "receiving all immunizations they need." The final report focuses on whether children who are not fully immunized received <u>any</u> of their needed immunizations during the school year. We believe that this gives grantees the benefit of the doubt, given that it is possible for a child to receive as many as 3 DPTs and 2 polios during the school year.

ACF COMMENT (Page 4): *"No data are presented either in the body of the OIG Report or in appendix B concerning how OIG's analysis took into account the child's age of first vaccination, the child's age and vaccination status upon entry into Head Start and the child's length of stay in the program before concluding that children did not receive 'all they needed' by way of immunizations."*

OIG RESPONSE: We have revised the final report to include more information about how we assessed immunizations. We ascertained whether each child received his first DPT and polio immunizations by the time she was 4-months-old. In addition, we used this and the child's age to determine how many immunizations were necessary. All children were in the program for at least 120 days.

It should be noted that only 39 percent of children who required DPT immunizations received at least one and only 34 percent of children who required polio immunizations received at least one during the school year. The final report incorporates this information.

ACF COMMENT (Pages 4-5): *"For the reasons cited above, we recommend a full and careful reanalysis of the OIG study data. The reanalysis should present immunization rates for four-year-olds using the immunization thresholds in both the Head Start guidelines and the PIR. In determining whether the children are up-to-date in their immunizations, the reanalysis should make appropriate adjustments for children's ages at first immunization and other relevant factors. We also recommend that all of the data used in the analysis be presented in the Report along with such explanations of methodology as are necessary to understand how the data were compiled and analyzed. Absent this, we recommend that the finding that only 43.2 percent of Head Start children were fully immunized be dropped from the Report and that the immunization section be recast to reflect only what can be asserted with confidence."*

OIG RESPONSE: The immunization finding, as written, presents clear, accurate information about the extent of immunization among Head Start children. We have revised the report to address ACF's concerns, but our main concerns remain:

1. 43.5 percent of children are fully immunized as defined by Head Start guidelines (the draft report figure was 43.2 percent). These guidelines are the same as those published by CDC and many other organizations. Using the PIR reporting guidelines, 84.0 percent are fully immunized. We are unaware, however, of any policy that states that grantees should use PIR reporting as the standard requirement for immunizations.

2. Grantees do not have clear instructions about how many immunization they should obtain for children. The PIR and Head Start published guidance are in conflict.

3. Many children participating in Head Start are missing key immunizations, and some need several immunizations to be fully immunized.

4. Many children did not receive immunizations during the program year, although they needed them, according to ACF/CDC guidelines. Less than 40 percent of children who required DPT and/or polio immunizations received any during the 1991-92 school year.

ACF COMMENT (Page 5): *"The ACF's PIR data do not accurately reflect information in children's health records. The ACF has several suggestions related to this finding. First, the tables on page B-1, which provide some of the information used to illustrate this conclusion, should be modified. The first table is misleading in representing 18.4 percent of Head Start children as not having received a medical screen. The information in the second table indicates that 10.1 percent did not require screening because they had been*

screened during the previous 12 months and an additional 0.6 percent did not require screening because they were under treatment. The data on these two categories of children should be removed from the second table and included in the first table so as to clearly show that only 7.7 percent of the children who required a medical screening did not receive it. The fact that 92.3 percent of all Head Start children received a medical screen and that only 7.7 percent did not should be highlighted on page 8 along with the other information presented."

OIG RESPONSE: We have modified the table on page B-1 to indicate that 18.4 percent of Head Start children did not receive a medical screen during the current year. While we understand that ACF does not require grantees to obtain screens for second year participants, we found no documentation or guidance that would allow grantees to do this. The performance standard guidance states that "screening tests should be carried out for all the Head Start children" (page 17). In this regard, we believe the distinction in the table on Page B-1 is appropriate. We found that some model grantees obtained health screens for all children, regardless of whether they had one the previous year.

A broader concern that ACF does not address is the lack of complete health screens. Only about half of the children in Head Start received all three required annual assessments during their screens (growth, speech, and immunization--we gave grantees the benefit of the doubt for the special needs assessment). This does not include the biennial assessments (vision testing, hearing testing, and hemoglobin or hematocrit determination). If we used "complete health screens" as the measurement for whether children received a health screen, grantee performance would be much lower.

ACF COMMENT (Page 5): *"Second, it would be helpful if the Report provided additional information regarding how it was determined that only 53.8 percent of Head Start children received growth, speech and immunization assessments (pages 8 and B-2). More information about this aspect of Head Start program performance might shed some light on why this figure is so much lower than, and in apparent conflict with, the data on assessments presented in the table on the top of page B-2. The data on page B-2 show that 76.4 percent of children received height/weight assessments, 84.5 percent received speech assessments and 98.4 received immunization assessments. We also suggest the need for clarification of the note at the bottom of page B-2 which seems at variance with the notation on page 8 regarding the threshold for determining whether a child had received 'all appropriate tests.'"*

OIG RESPONSE: We clarified the wording of the tables in the final report. The 53.8 percent refers to the percent of all Head Start children who received a full health screen. This includes children who did not receive any screen. The table on page B-2 refers to the assessments received by children who received a health screen. We also have revised the report to ensure that the footnotes--which describe the criteria for determining whether a child received a "complete" health screen--are consistent.

ACF COMMENT (Page 6): *Grantees frequently do not identify or address families' social service needs. The OIG Report indicates that 26.3 percent of families participating in Head Start did not receive a family needs assessment (FNA). It also states that, in some cases, Head Start programs only partially completed FNAs, used 'scaled down' forms to accelerate the needs assessment process or substituted intake or application forms for a formal FNA. Two points related to these observations are unclear: First what criteria did the OIG study team use to determine what constitutes an acceptable FNA? Might not at least some Head Start programs believe that the 'family profile' forms completed for 89.5 percent of enrolled families (see table on page B-8) contain sufficient information to serve as family needs assessments?"*

OIG RESPONSE: We used ACF's performance indicator guidance to determine the intent of the FNA process. The guidance states: "The FNA will identify the interests, desires, goals, needs and strengths of the family, and will help the Social Services staff determine how Head Start can best work with the family to maximize and maintain its strengths, while strengthening areas of need and/or concern." In addition, we examined each component of ACF's Model FNA, which is described on page 12 of the report. While we did not assess grantees' forms against the model FNA, we looked for an attempt to identify needs and goals at a minimum.

The family profiles we saw merely list family members and ages. We frequently found that this information was part of the enrollment application, rather than part of a social services file. If a family profile contained an assessment of family needs, we considered it to be an FNA (as well as a family profile). However, we did not deem a listing of family members and ages as a suitable substitute for an assessment of the reasons the family is in poverty and the services it requires.

We would consider it a severe program weakness if ACF found grantees in compliance with social service requirements if they systematically failed to ascertain parents needs for income supplements, education, job assistance, medical and mental health services, and other assistance.

In addition, we found little evidence that grantees used and updated FNAs throughout the year. This is critical because families may be hesitant to share their needs and problems during intake. Overall, grantee efforts to identify needs are clearly a problem.

ACF COMMENT (Page 6): *"...how detrimental is the use of locally developed forms and protocols which may be less comprehensive and elaborate than the model FNA developed by the Federal government? It should be noted that the use of the model FNA is not required. Head Start guidance merely indicates that programs should use 'some form of FNA.'"*

OIG RESPONSE: The report does not state that grantees' development of forms is detrimental. However, ACF should be aware that some grantees have developed forms that clearly make no attempt to identify family needs or goals or develop action

plans. In addition, OIG reviewers often found that enrollment forms were used as FNAs and contained few or none of the elements in the Model FNA. Some model grantees have developed scaled-down forms that comprehensively identify family needs and help develop a framework to address these needs.

Our fourth recommendation addresses the weaknesses we found in the social services component. Achieving social service objectives is critical to meeting the Adminstration's goal of "empowerment rather than entitlement." Grantees' failure to identify and address family needs severely limits the Department's ability to achieve this.

ACF COMMENT (Page 6): *"With respect to Head Start programs' efforts to actually address family needs, we suggest that the tables on the top of page B-9 and on page 13 be modified and made consistent. The table on page B-9 indicates that the percent of families with identified needs for whom Head Start programs 'attempted to meet few or none of the needs' was 26.9 percent. No definition is given for what is meant by 'few...of the needs' or how these families were distinguished from the preceding category on the table, families on whose behalf programs attempted to meet 'some of the needs.' Unless satisfactorily distinguishable, we suggest that families in the few-needs-met category be included with the families in the some-needs-met category and that the 26.9 percent figure be adjusted downward to reflect only those families who apparently received no assistance."*

OIG RESPONSE: The data in the two tables are consistent. We have modified the category names to ensure that they are not misunderstood.

The OIG reviewers examined the extent to which grantees attempted to meet each family's needs. We excluded families who had no identified needs. If a family had needs, we considered any documented effort by the grantee to address the need--including providing direct services, making a referral, or even simply making a telephone call--to be an attempt to meet the need.

The ACF's comments indicate that it is unaware that grantees are not addressing family needs to a large extent. We found clear evidence that many grantees do not or are unable to address <u>any</u> family needs due to excessive social service staff caseloads, general staff overload, lack of available community services, and other reasons. The "few or none" category was one category. If we found absolutely no attempt to meet the family's needs, we judged the effort to be an attempt to meet few or no needs. If a family had many serious needs and the grantee made minimal efforts to address only one or perhaps two--with no follow-up--we determined that they had met "few or none."

During training, we instructed reviewers that moderate attempts to meet a portion of family needs should be judged as an attempt to meet "some" needs. The ACF should note that we also combined "most" and "all" into one category, which makes this category's data somewhat higher than if we had split them.

ACF COMMENT (Page 6): *"A corresponding modification should be made to the table on page 13. Please note in this connection that, as it stands, the table on page 13 is inconsistent with the table on page B-9 in that it acknowledges no Head Start program efforts whatsoever on behalf of the 26.9 percent of families with identified needs."*

OIG RESPONSE: We have revised the table on page 13 so that "made no attempt to meet family needs" is replaced by "attempted to meet few or no family needs."

ACF COMMENT (Page 6): *"Grantees' files and records frequently are incomplete, inconsistent and difficult to review. This finding provides an important contextual consideration within which the entire OIG Report should be viewed and has a material bearing on each of the other three major findings. As noted in the Report itself, and as apparent in our own review of it, the OIG study team found it difficult in many instances to determine whether a problem identified during the review was an actual service delivery weakness or the result of inadequate record keeping. Since the issue of records and record keeping permeates so much of the Report, we suggest that this finding be presented first."*

OIG RESPONSE: We believe that the lack of documented evidence that children received the required health and social services is the most important finding. The ACF should examine the issue of inadequate record keeping under the context that serious service delivery problems may exist. Each finding refers to record keeping problems, if these indeed exist and influence the findings.

ACF COMMENT (Page 7): *"As indicated earlier in this memorandum, we also suggest modifying some of the language used to present findings and conclusions which is inconsistent with the Report's own cautionary note regarding the study team's inability 'to determine if the program and performance data weaknesses...reflect serious deficiencies in the quality of services provided by Head Start' (pages ii and 7). A few examples of language which appear to disregard this caveat are: 'Grantees are not completing the minimum health requirements to the extent reported...' (page 7); 'apparently...percent received no follow-up treatment' (page 8); 'Approximately 140,000--or 26.3 percent--families participating in Head Start nationally did not receive an FNA' (page 10); and 'made no attempt to meet family needs' (page 13). In these and other instances, it would be more appropriate to use language such as 'the study team could find no documentation that...' or 'local Head Start program records were inadequate/incomplete with respect to...,' etc."*

OIG RESPONSE: As it is written, the report emphasizes that some grantees were unable to provide documentation or data to prove that certain services had been provided. In other cases, OIG reviewers concluded that service delivery problems exist, and the problems are not solely related to record keeping problems.

We are unable to conclude that the absence of documentation is related to file incompleteness. The absence of documentation could also indicate that the services were not provided. The finding states that "it frequently was difficult to review and

verify performance indicator data." Other grantees were exemplary in their internal record keeping.

The OIG reviewers frequently found blank FNAs in children's files. To a large extent, we found underimmunized children who did not receive any immunizations during the year, according to the charts in their files. We found health screen documentation that clearly showed that certain assessments were not completed. The ACF should understand that these service delivery weaknesses clearly exist. We are unable to ascertain the <u>extent</u> of these weaknesses, however, because of some grantees' poor record keeping.

ACF COMMENT (Page 7): "*Finally, we also recommend that the Report include information on the results of the OIG study team's follow-up interviews with selected programs which are mentioned on page 5. The purpose of these interviews was to ascertain the reasons for the apparent discrepancies between the data collected by the study teams on site and the PIR data. Since the reliability of the PIR data is presented as an issue in the Report, it would be helpful to know the results of this follow-up, including the perceptions of the programs whose operations were the subject of the OIG review. Our own informal discussions about immunizations with 18 of the programs reviewed by the OIG study team indicate that these Head Start programs do not consider their records to be inadequate and that they believe that the PIR information which they submit at the end of the program year is accurate.*"

OIG RESPONSE: We have incorporated information obtained during follow-up calls in the final report. We also found that grantees believe that their files are adequate. This clearly indicates the need for ACF to take leadership to provide file maintenance guidelines.

We would expect grantees to assert that their PIR information is accurate. Without a process to audit or otherwise validate PIR data, neither ACF nor OIG could verify its accuracy.

ACF COMMENT (Page 7): "*...several programs indicated that, although services may have been provided, an individual child's health record might be incomplete because of several factors: the lag-time associated with several centers reporting to central record keeping locations; the difficulty of obtaining actual copies of medical records from physicians not reimbursed by the Head Start program itself; and the fact that all of a child's records may not be in the master file for each child prior to the actual close-out of the program year.*"

OIG RESPONSE: We contacted the grantees well before our visit and provided them with the names of the children whose files we wished to review. We clearly instructed them to obtain <u>all appropriate files including health, social services, enrollment, special needs, education, and any other files related to the child or family</u>. When we found a pattern of missing information, we coded it as "missing" in our analysis and removed these children from the statistical calculations. In addition, all grantees should have

been able to provide complete 1988-89 files. We found that grantees performed similarly in 1988-89 compared to 1991-92, and the issues of concern--medical and dental follow-up, immunizations, and social services among others--have not changed since 1988-89.

RECOMMENDATION #1: The Secretary of HHS should convene a task force to conduct a formal and thorough review of the management of the Head Start program.

ACF COMMENT: *"The ACF believes that a management review of Head Start would be useful in helping to identify and address issues bearing upon program quality. In a March 31, 1993 letter to Senator Kennedy, Chairman of the Senate Labor and Human Resources Committee, the Secretary indicated that she has asked for a "top-to-bottom look" at the program. The review would be undertaken with the help of an expert study panel and the results used to design an improved Head Start program."*

OIG RESPONSE: No response is necessary.

RECOMMENDATION #2: The ACF should create, distribute and mandate specific record keeping and children's files maintenance instructions for grantees.

ACF COMMENT: *"The ACF believes this recommendation has merit. The agency has already begun work on the implementation of new record keeping and reporting protocols for Head Start, entitled the Head Start Family Information System (HSFIS). The new system will include information on the services provided to individual Head Start children as well as on family needs and how they are being addressed. As envisioned, HSFIS would meet the record keeping needs of local Head Start programs and also facilitate their reporting of information to ACYF. A request for clearance to field test HSFIS in 22 Head Start programs is currently at the Office of Management and Budget for approval."*

OIG RESPONSE: We have not reviewed the HSFIS and do not know if it should be a mandated record keeping system for all grantees.

RECOMMENDATION #3: The ACF should strengthen its monitoring of grantees to better identify and address problem areas.

ACF COMMENT: *"The ACF agrees with the suggestion under this recommendation that the PIR data should be checked for validity on a sample basis. However, other aspects of this recommendation, as amplified in the text on page 15 which follows it, are problematic."*

"First, although we agree that we need to continue to strengthen our monitoring capacity, it is not clear what the Report means when it states that ACF should consider "restructuring and condensing its on-site program reviews." The OIG's study did not examine how monitoring visits are conducted, and the Report itself presents no findings or analyses concerning on-site monitoring."

"Second, while we agree with the intent of the suggestion that ACF should devote more time and resources to monitoring and providing technical assistance to the most problematic grantees, there are severe constraints related to its implementation. The Head Start legislation requires that ACF conduct an on-site monitoring visit to one-third of the Head Start grantees each year (approximately 460 programs), that all newly established programs be visited early in their second year of operation and that follow-up visits to Head Start agencies be conducted when appropriate. Currently available staffing and travel resources are barely adequate to meet these statutory requirements, particularly the follow-up visit requirement. In so far as existing resources permit follow-up visits, they are already being targeted on programs identified as having significant problems. Any expansion of on-site monitoring to additional programs would require more resources than are currently available."

"We suggest that this recommendation focus on validating the PIR data and that the topic of ACF's monitoring processes and priorities be examined as part of the larger management review of Head Start envisioned by the Report's first recommendation."

OIG RESPONSE: We do not believe that a review of the on-site review process is necessary in order to suggest that ACF focus its resources to target and provide technical assistance and oversight to the grantees that are having the most problems. Clearly, some grantees require more assistance than others. We suggest that ACF consider conducting a scaled-down on-site review to assess a grantee's general performance. Based on ACF's findings, further review and technical assistance could be provided, depending on the grantee's need. This would also avoid wasting time and resources conducting a thorough on-site review of a grantee with excellent performance and clean documentation.

We are not suggesting that ACF expand its on-site review program. Conducting a scaled-down initial on-site review would allow ACF to continue to meet its requirement to visit all new grantees and all existing grantees every 3 years. Initial visits could be completed in a fraction of the time that ACF currently spends at each grantee. This would allow more time for follow-up visits.

We agree with ACF that this issue should be addressed during the review of the management of Head Start made in Recommendation #1.

RECOMMENDATION #4: The ACF should develop a modified FNA form that should be required of all Head Start grantees.

ACF COMMENT: *"We believe that HSFIS will satisfy the intent of this recommendation."*

OIG RESPONSE: As mentioned above, we have not reviewed the HSFIS. If ACF mandates it and it includes a modified FNA, it would satisfy the intent of the recommendation.

APPENDIX D

ASPE AND ASMB COMMENTS ON THE DRAFT REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

FEB 19 1993

TO: Bryan B. Mitchell
Principal Deputy Inspector General

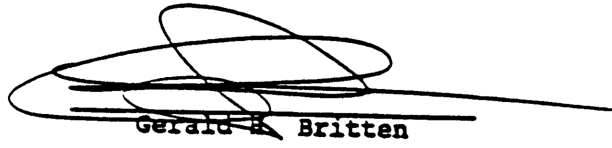
FROM: Acting Assistant Secretary
for Planning and Evaluation

SUBJECT: OIG Draft Report "Evaluating Head Start Expansion Through Performance Indicators," OEI-09-91-00762 -- CONCURRENCE

Thank you for the opportunity to review this draft report. As my staff and I have noted in previous discussions, this report and its companion report on grantee experiences highlight a number of issues which will become central to planning for future expansions of the Head Start Program. I commend the work your staff have done in preparing both reports.

Your staff have done an excellent job of responding to the concerns ASPE expressed with regard to the working draft of this report. We believe the executive summary and recommendations now much better represent the policy implications of this study and make the findings more useful for upcoming discussions. In addition, the findings are now presented in terms to recognize the limitations in our ability to infer the quality of health services from the unclear information in children's health records.

We look forward to working closely with your staff on upcoming reports as well. I believe the process of discussing a working draft prior to this clearance document was beneficial and, from our standpoint at least, clears the way for quick approval of this version.



Gerald H. Britten

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

MAR 8 1993

TO: Bryan B. Mitchell
Principal Deputy Inspector General

FROM: Elizabeth M. James
Acting Assistant Secretary for Management and Budget

SUBJECT: OIG Draft Report: "Evaluating Head Start Expansion Through Performance Indicators," OEI-09-91-00762

Thank you for the opportunity to review the draft report Evaluating Head Start Expansion Through Performance Indicators. This report as well as OIG's two other companion reports on Head Start expansion will be very valuable to the program at this point in its history. I have several specific comments concerning this report.

Page ii and Page 9 - Finding "Children may not be fully immunized before they leave the Head Start Program." Children who enter Head Start without any previous immunizations or are seriously behind with their serial immunizations cannot be "fully immunized" by the time they leave Head Start. Suggested replacement sentence: "Children may not be fully immunized, or up-to-date with their immunizations, before they leave the Head Start Program."

P. 2 - We recommend replacing the column "Additional Expansion Funding" with "COLA/Quality Improvement." The current column shows the COLA and Quality Improvement along with Training and Technical Assistance. We believe that the Training and Technical Assistance number should not be included because these funds are not as directly related to improving a grantees quality as the COLA or Quality Improvement funds are. Also, please verify final column numbers with the Head Start Bureau.

Suggested replacement column:

	COLA/Quality Improvement
Expansion I	$49,000,000
Expansion II	------------
Expansion III	$195,000,000
Expansion IV	$108,535,000
Expansion V	$189,828,000

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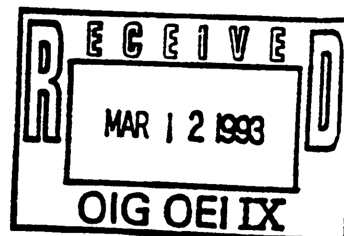
P. 3 - Please revise the first sentence in the first paragraph to reflect the change in the table on the previous page. Suggested replacement: "The COLA/Quality Improvement funds, identified on the chart on the preceding page, were set-aside funds given to

grantees to provide cost-of-living increases for staff salaries and to improve program quality during expansion."

If you have any questions or concerns regarding these comments, please contact Karen Shafer (690-6238) of my staff.



Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

EVALUATING HEAD START EXPANSION THROUGH PERFORMANCE INDICATORS

MAY 1993

OFFICE OF INSPECTOR GENERAL

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